

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: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 11/23/2015 7:21 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/23/2015 Time: 7:21 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 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 GENESIS MEDICAL CENTER (160033) for the cost reporting period beginning 07/01/2014 and ending 06/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 VICE PRESIDENT, FINANCE/CFO
 Title

 11/24/2015
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	651,476	68,050	694,716	0	1.00
2.00 Subprovider - IPF	0	19,777	1		0	2.00
3.00 Subprovider - IRF	0	74,864	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	746,117	68,051	694,716	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: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/23/2015 7:19 am
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
Street: 1227 EAST RUSHOLME		PO Box:	Zip Code: 52803-	County: SCOTT
2.00	City: DAVENPORT	State: IA		2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	GENESIS MEDICAL CENTER	160033	19340	1	07/01/1984	N	P	O	3.00
4.00	Subprovider - IPF	GMC PSYCH	16S033	19340	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF	GMC REHABILITATION	16T033	19340	5	07/01/1984	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	GMC RENAL	162303	19340		07/01/1984				18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2014	06/30/2015	20.00
21.00	Type of Control (see instructions)	2		21.00

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
								1.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	7,370	1,967	1,059	296	3,315	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	575	486	61	17	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/23/2015 7:19 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	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.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	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)				Y	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	GENESIS FAMILY MEDICINE RESIDENCY	1350	6.71	9.47	0.414710	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)	GENESIS FAMILY MEDICINE RESIDENCY	1350	2.72	14.95	0.153933
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.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N
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
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
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					N
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
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V 1.00		XIX 2.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			
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			
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			
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N	
				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	
				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	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			
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.	2			
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	372,707		0	
				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			
119.00	DO NOT USE THIS LINE				
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	
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			
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			
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/23/2015 7:19 am									
		1.00	2.00										
140.00	All Providers Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	H55790	140.00									
		1.00	2.00	3.00									
141.00	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.												
141.00	Name: GENESIS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05001									
142.00	Street: 1227 EAST RUSHOLME STREET	PO Box:											
143.00	City: DAVENPORT	State: IA		Zip Code: 52803-2459									
				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					
155.00	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)												
155.00	Hospital	N		N		N		N					
156.00	Subprovider - IPF	N		N		N		N					
157.00	Subprovider - IRF	N		N		N		N					
158.00	SUBPROVIDER	N		N		N		N					
159.00	SNF	N		N		N		N					
160.00	HOME HEALTH AGENCY	N		N		N		N					
161.00	CMHC	N		N		N		N					
								1.00					
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00								
		Name		County		State		Zip Code		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)												
												0.00	
												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											
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)	168.01											
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.25											
		Beginni ng		Endi ng									
		1.00		2.00									
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2014		06/30/2015		170.00							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/23/2015 7:19 am	
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/23/2015 7:19 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		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	11/04/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/23/2015 7:19 am
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	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.			Y	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.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARTY		ORWITZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	GENESIS HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	563-421-4175		ORWITZM@GENESISHEALTH.COM	43.00

		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)	11/04/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
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.	REIMBURSEMENT DIRECTOR	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: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
11/23/2015 7:19 am

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	198	72,270	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)		198	72,270	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,490	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	32.01	20	7,300	0.00	0	9.01
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)		244	89,060	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	22	8,030		0	16.00
17.00 SUBPROVIDER - IRF	41.00	36	13,140		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		302				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: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
11/23/2015 7:19 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	24,693	5,374	49,118			1.00
2.00 HMO and other (see instructions)	5,789	6,031				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	356	667				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)	24,693	5,374	49,118			7.00
8.00 INTENSIVE CARE UNIT	2,584	643	5,206			8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	0	908	2,612			9.01
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,051	3,944			13.00
14.00 Total (see instructions)	27,277	7,976	60,880	17.08	1,278.78	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,147	89	4,853	0.59	22.79	16.00
17.00 SUBPROVIDER - IRF	3,206	248	6,210	0.00	30.93	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				17.67	1,332.50	27.00
28.00 Observation Bed Days		605	4,454			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			791			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
11/23/2015 7:19 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	6,607	4,035	15,298	1.00
2.00 HMO and other (see instructions)				1,272	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
9.01 NICU							9.01
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	6,607	4,035		15,298	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	195	20		1,095	16.00
17.00 SUBPROVIDER - IRF	0.00	0	272	19		487	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part II
Date/Time Prepared:
11/23/2015 7:19 am

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	86,673,630	0	86,673,630	2,704,065.00	32.05
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		1,128,770	0	1,128,770	36,364.00	31.04
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,407,110	770,697	4,177,807	181,599.00	23.01
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,746,414	0	4,746,414	91,280.00	52.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		806,331	0	806,331	9,079.00	88.81
14.00	Home office salaries & wage-related costs		31,290,139	0	31,290,139	662,962.00	47.20
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		24,193,412	0	24,193,412		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,166,938	0	1,166,938		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	326,415	0	326,415	4,484.00	72.80
27.00	Administrative & General	5.00	3,771,487	-1,036,924	2,734,563	87,194.00	31.36
28.00	Administrative & General under contract (see inst.)		586,516	0	586,516	4,734.00	123.89
29.00	Maintenance & Repairs	6.00	2,351,735	0	2,351,735	107,818.00	21.81
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	59,211	0	59,211	5,861.00	10.10
32.00	Housekeeping	9.00	1,107,474	-135,401	972,073	73,908.00	13.15
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,260,837	-575,295	685,542	47,241.00	14.51
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,687,781	0	1,687,781	66,511.00	25.38
39.00	Central Services and Supply	14.00	450,604	0	450,604	27,333.00	16.49
40.00	Pharmacy	15.00	4,817,486	0	4,817,486	124,818.00	38.60

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part II
Date/Time Prepared:
11/23/2015 7:19 am

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

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 160033		Period: From 07/01/2014 To 06/30/2015		Worksheet S-3 Part III Date/Time Prepared: 11/23/2015 7:19 am	
	Worksheet A Line Number	Amount Reported	Recl assifi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	86,131,376	0	86,131,376	2,672,435.00	32.23	1.00
2.00	Excluded area salaries (see instructions)	3,407,110	770,697	4,177,807	181,599.00	23.01	2.00
3.00	Subtotal salaries (line 1 minus line 2)	82,724,266	-770,697	81,953,569	2,490,836.00	32.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	36,842,884	0	36,842,884	763,321.00	48.27	4.00
5.00	Subtotal wage-related costs (see inst.)	24,193,412	0	24,193,412	0.00	29.52	5.00
6.00	Total (sum of lines 3 thru 5)	143,760,562	-770,697	142,989,865	3,254,157.00	43.94	6.00
7.00	Total overhead cost (see instructions)	16,419,546	-1,747,620	14,671,926	549,902.00	26.68	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 11/23/2015 7:19 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		742,772	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		5,905,414	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)		7,031,390	8.00
9.00	Prescription Drug Plan		1,496,760	9.00
10.00	Dental, Hearing and Vision Plan		629,392	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		112,629	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)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		365,422	14.00
15.00	'Workers' Compensation Insurance		2,141,571	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		6,288,107	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		308,243	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances		840	22.00
23.00	Tuition Reimbursement		337,810	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		25,360,350	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: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part V
Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,332,930	0	1.00
2.00	Hospital	5,332,930	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

		Outpatient		Training		Home				
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD			
		1.00	2.00	3.00	4.00	5.00	6.00			
1.00	Number of patients in program at end of cost reporting period	122	0	0	0	0	0	1.00		
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00		
3.00	Average patient dialysis time including setup	5.90	0.00	0.00	0.00			3.00		
4.00	CAPD exchanges per day				0.00			4.00		
5.00	Number of days in year dialysis furnished	78	0					5.00		
6.00	Number of stations	24	0	0	0			6.00		
7.00	Treatment capacity per day per station	3	0					7.00		
8.00	Utilization (see instructions)	0.85	0.00					8.00		
9.00	Average times dialyzers re-used	0.00	0.00					9.00		
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00		
							Y/N			
							1.00			
ESRD PPS										
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01		
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02		
							Prior to 1/1	After 12/31		
							1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03	
TRANSPLANT INFORMATION										
11.00	Number of patients on transplant list						10		11.00	
12.00	Number of patients transplanted during the cost reporting period						0		12.00	
EPOETIN										
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00	
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00	
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00	
16.00	Number of EPO units furnished relating to the home dialysis department								16.00	
ARANESP										
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00	
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00	
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00	
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00	
							MCP	INITIAL METHOD		
							1.00	2.00		
PHYSICIAN PAYMENT METHOD										
21.00	Enter "X" if method(s) is applicable						X		21.00	
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.				
		1.00	2.00	3.00	4.00	5.00				
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	22.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet S-10 Date/Time Prepared: 11/23/2015 7:19 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.292990	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		33,279,526	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		137,610,593	6.00
7.00	Medicaid cost (line 1 times line 6)		40,318,528	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)		7,039,002	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		25,880	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)		7,039,002	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	9,947,411	0	9,947,411
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,914,492	0	2,914,492
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	2,914,492	0	2,914,492
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		11,310,989	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		354,215	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		10,956,774	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,210,225	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,124,717	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,163,719	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet A
Date/Time Prepared:
11/23/2015 7:19 am

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		9,812,115	9,812,115	288,281	10,100,396	1.00
2.00	00200		9,107,679	9,107,679	0	9,107,679	2.00
4.00	00400		10,684,914	11,011,329	0	11,011,329	4.00
5.01	00590	326,415	66,182,734	68,676,568	-3,295,739	65,380,829	5.01
5.02	00560	2,493,834	991,035	2,268,688	0	2,268,688	5.02
5.03	00591	0	0	0	0	0	5.03
6.00	00600	2,351,735	5,222,374	7,574,109	-1,919,189	5,654,920	6.00
6.01	00601	0	0	0	-18,186	-18,186	6.01
6.02	00602	0	0	0	-15,409	-15,409	6.02
6.03	00603	0	0	0	-57,378	-57,378	6.03
6.04	00604	0	0	0	-40,124	-40,124	6.04
6.05	00605	0	0	0	-23,909	-23,909	6.05
6.06	00606	0	0	0	-22,866	-22,866	6.06
6.07	00607	0	0	0	-71,062	-71,062	6.07
6.08	00608	0	0	0	-49,148	-49,148	6.08
6.09	00609	0	0	0	-44,875	-44,875	6.09
6.10	00610	0	0	0	-25,028	-25,028	6.10
7.00	00700	0	0	0	2,286,664	2,286,664	7.00
8.00	00800	59,211	155,698	214,909	0	214,909	8.00
9.00	00900	1,107,474	2,311,105	3,418,579	-417,448	3,001,131	9.00
10.00	01000	1,260,837	3,188,805	4,449,642	-2,030,287	2,419,355	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	1,687,781	343,668	2,031,449	0	2,031,449	13.00
14.00	01400	450,604	359,369	809,973	0	809,973	14.00
15.00	01500	4,817,486	244,265	5,061,751	0	5,061,751	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	2,983,387	2,983,387	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	20,897,908	5,598,458	26,496,366	-2,360,101	24,136,265	30.00
31.00	03100	2,905,640	1,452,998	4,358,638	0	4,358,638	31.00
32.01	03201	1,075,873	180,453	1,256,326	0	1,256,326	32.01
40.00	04000	1,468,903	904,412	2,373,315	190,750	2,564,065	40.00
41.00	04100	1,551,442	241,728	1,793,170	212,035	2,005,205	41.00
43.00	04300	0	0	0	2,360,101	2,360,101	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,144,371	8,247,621	14,391,992	0	14,391,992	50.00
54.00	05400	5,059,300	12,696,175	17,755,475	0	17,755,475	54.00
55.00	05500	1,913,515	6,773,173	8,686,688	0	8,686,688	55.00
57.00	05700	609,755	414,354	1,024,109	0	1,024,109	57.00
58.00	05800	252,198	354,217	606,415	0	606,415	58.00
59.00	05900	2,771,649	2,702,158	5,473,807	0	5,473,807	59.00
60.00	06000	3,516,158	4,583,092	8,099,250	0	8,099,250	60.00
63.00	06300	0	1,797,333	1,797,333	0	1,797,333	63.00
65.00	06500	2,002,627	497,922	2,500,549	0	2,500,549	65.00
66.00	06600	9,869,014	2,249,896	12,118,910	-42,328	12,076,582	66.00
69.00	06900	2,072,175	1,401,115	3,473,290	0	3,473,290	69.00
70.00	07000	662,521	414,926	1,077,447	0	1,077,447	70.00
71.00	07100	0	37,495,811	37,495,811	-17,114,940	20,380,871	71.00
72.00	07200	0	0	0	17,114,940	17,114,940	72.00
73.00	07300	0	13,427,558	13,427,558	0	13,427,558	73.00
74.00	07400	520,509	648,204	1,168,713	0	1,168,713	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	223,057	23,165	246,222	0	246,222	90.01
90.02	09002	1,017,957	1,359,427	2,377,384	0	2,377,384	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	309,604	520,464	830,068	0	830,068	90.04
90.05	09005	552,451	349,521	901,972	0	901,972	90.05
91.00	09100	5,057,208	2,938,075	7,995,283	0	7,995,283	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		86,286,865	215,876,017	302,162,882	-2,111,859	300,051,023	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	36,173	31,213	67,386	1,854	69,240	190.00
190.01	19001	1,808	143,424	145,232	39,092	184,324	190.01
190.02	19002	0	0	0	0	0	190.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet A
Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	217,684	48,240	265,924	0	265,924	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	357,681	357,681	99,364	457,045	192.01
192.02	19202	FOUNDATION	0	0	0	3,074	3,074	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	39,183	6,605	45,788	0	45,788	192.03
192.04	19204	OUTREACH PROGRAMS	0	3,162,144	3,162,144	5,359	3,167,503	192.04
192.05	19205	PHASE III REHAB	0	0	0	17,869	17,869	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	1,945,247	1,945,247	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	91,917	37,117	129,034	0	129,034	192.08
200.00		TOTAL (SUM OF LINES 118-199)	86,673,630	219,662,441	306,336,071	0	306,336,071	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet A
Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,621,784	7,478,612	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	9,107,679	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,721,989	6,289,340	4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL	-45,553,551	19,827,278	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	23,387,334	25,656,022	5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS	7,526,874	7,526,874	5.03
6.00	00600	MAINTENANCE & REPAIRS	-258,450	5,396,470	6.00
6.01	00601	MOB I	639,930	621,744	6.01
6.02	00602	MOB II	764,113	748,704	6.02
6.03	00603	BETT MED PARK	376,407	319,029	6.03
6.04	00604	NW CLINICS	372,301	332,177	6.04
6.05	00605	CPMP I	712,581	688,672	6.05
6.06	00606	CPMP II	808,195	785,329	6.06
6.07	00607	BETT PLAZA	914,499	843,437	6.07
6.08	00608	HEART INSTITUTE	1,531,426	1,482,278	6.08
6.09	00609	53RD STREET	282,531	237,656	6.09
6.10	00610	ELDRI DGE	166,436	141,408	6.10
7.00	00700	OPERATION OF PLANT	0	2,286,664	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	49,000	263,909	8.00
9.00	00900	HOUSEKEEPING	0	3,001,131	9.00
10.00	01000	DIETARY	-25,663	2,393,692	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	-6,046	2,025,403	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,748,797	3,558,770	14.00
15.00	01500	PHARMACY	-140,076	4,921,675	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,548,693	3,548,693	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,983,387	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	264,022	264,022	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-20,643	24,115,622	30.00
31.00	03100	INTENSIVE CARE UNIT	-88,368	4,270,270	31.00
32.01	03201	NICU	0	1,256,326	32.01
40.00	04000	SUBPROVIDER - I PF	0	2,564,065	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,005,205	41.00
43.00	04300	NURSERY	0	2,360,101	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,273,996	13,117,996	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,024,277	14,731,198	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-438,648	8,248,040	55.00
57.00	05700	CT SCAN	0	1,024,109	57.00
58.00	05800	MRI	0	606,415	58.00
59.00	05900	CARDIAC CATHETERIZATION	-178,615	5,295,192	59.00
60.00	06000	LABORATORY	-3,318	8,095,932	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,797,333	63.00
65.00	06500	RESPIRATORY THERAPY	-41	2,500,508	65.00
66.00	06600	PHYSICAL THERAPY	-687,888	11,388,694	66.00
69.00	06900	ELECTROCARDIOLOGY	-832,800	2,640,490	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-207,592	869,855	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	20,380,871	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,114,940	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,427,558	73.00
74.00	07400	RENAL DIALYSIS	-306,367	862,346	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	-700	245,522	90.01
90.02	09002	OP INSTITUTES	-469,106	1,908,278	90.02
90.03	09003	MARC	0	0	90.03
90.04	09004	BARIATRIC CLINIC	-444,020	386,048	90.04
90.05	09005	PAIN MANAGEMENT	-161,951	740,021	90.05
91.00	09100	EMERGENCY	-1,392,463	6,602,820	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-18,765,213	281,285,810	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	69,240	190.00
190.01	19001	AUXILIARY	-1,103	183,221	190.01
190.02	19002	FIRST MED CLINICS	0	0	190.02
190.03	19003	EAP	0	0	190.03
191.00	19100	RESEARCH	0	265,924	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet A
Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	457,045	192.01
192.02	19202	FOUNDATION	0	3,074	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	45,788	192.03
192.04	19204	OUTREACH PROGRAMS	-47,592	3,119,911	192.04
192.05	19205	PHASE III REHAB	0	17,869	192.05
192.06	19206	AFFILIATES	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	1,945,247	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	129,034	192.08
200.00		TOTAL (SUM OF LINES 118-199)	-18,813,908	287,522,163	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PATIENT SWITCHBOARD COSTS					
1.00	NON REIMBURSEABLE COST	192.01	22,219	1,852	1.00
	TOTALS		22,219	1,852	
B - REHAB COORDINATOR					
1.00	SUBPROVIDER - IRF	41.00	37,782	4,546	1.00
	TOTALS		37,782	4,546	
C - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	288,281	1.00
	TOTALS		0	288,281	
D - HOUSEKEEPING/PLANT/MAINT COSTS					
1.00	MAINTENANCE & REPAIRS	6.00	0	367,475	1.00
2.00	HOUSEKEEPING	9.00	0	510	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
	TOTALS		0	367,985	
E - RESIDENT AND TEACHING COSTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,014,705	1,968,682	1.00
	TOTALS		1,014,705	1,968,682	
F - UTILITY EXPENSE					
1.00	OPERATION OF PLANT	7.00	0	2,286,664	1.00
	TOTALS		0	2,286,664	
G - HOUSEKEEPING RELCASS					
1.00	SUBPROVIDER - IPF	40.00	46,378	96,784	1.00
2.00	SUBPROVIDER - IRF	41.00	42,845	89,410	2.00
3.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	601	1,253	3.00
4.00	AUXILIARY	190.01	12,664	26,428	4.00
5.00	NON REIMBURSEABLE COST	192.01	24,392	50,901	5.00
6.00	FOUNDATION	192.02	996	2,078	6.00
7.00	OUTREACH PROGRAMS	192.04	1,736	3,623	7.00
8.00	PHASE III REHAB	192.05	5,789	12,080	8.00
	TOTALS		135,401	282,557	
H - NON-ALLOWABLE EMPLOYEE MEALS					
1.00	SUBPROVIDER - IPF	40.00	13,484	34,104	1.00
2.00	SUBPROVIDER - IRF	41.00	10,612	26,840	2.00
3.00	NON-ALLOWABLE MEALS	192.07	551,199	1,394,048	3.00
	TOTALS		575,295	1,454,992	
I - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	17,114,940	1.00
	TOTALS		0	17,114,940	
J - NURSERY					
1.00	NURSERY	43.00	1,826,321	533,780	1.00
	TOTALS		1,826,321	533,780	
500.00	Grand Total: Increases		3,611,723	24,304,279	500.00

RECLASSIFICATIONS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-6
Date/Time Prepared:
11/23/2015 7:19 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - PATIENT SWITCHBOARD COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.01	22,219	1,852	0	1.00
	TOTALS		22,219	1,852		
B - REHAB COORDINATOR						
1.00	PHYSICAL THERAPY	66.00	37,782	4,546	0	1.00
	TOTALS		37,782	4,546		
C - PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.01	0	288,281	9	1.00
	TOTALS		0	288,281		
D - HOUSEKEEPING/PLANT/MAINT COSTS						
1.00	MOB I	6.01	0	18,186	0	1.00
2.00	MOB II	6.02	0	15,409	0	2.00
3.00	BETT MED PARK	6.03	0	57,378	0	3.00
4.00	NW CLINICS	6.04	0	40,124	0	4.00
5.00	CPMP I	6.05	0	23,909	0	5.00
6.00	CPMP II	6.06	0	22,866	0	6.00
7.00	BETT PLAZA	6.07	0	71,062	0	7.00
8.00	HEART INSTITUTE	6.08	0	49,148	0	8.00
9.00	53RD STREET	6.09	0	44,875	0	9.00
10.00	ELDRIDGE	6.10	0	25,028	0	10.00
	TOTALS		0	367,985		
E - RESIDENT AND TEACHING COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.01	1,014,705	1,968,682	0	1.00
	TOTALS		1,014,705	1,968,682		
F - UTILITY EXPENSE						
1.00	MAINTENANCE & REPAIRS	6.00	0	2,286,664	0	1.00
	TOTALS		0	2,286,664		
G - HOUSEKEEPING RELCASS						
1.00	HOUSEKEEPING	9.00	135,401	282,557	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
	TOTALS		135,401	282,557		
H - NON-ALLOWABLE EMPLOYEE MEALS						
1.00	DIETARY	10.00	575,295	1,454,992	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		575,295	1,454,992		
I - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	17,114,940	0	1.00
	TOTALS		0	17,114,940		
J - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,826,321	533,780	0	1.00
	TOTALS		1,826,321	533,780		
500.00	Grand Total: Decreases		3,611,723	24,304,279		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-7
Part I
Date/Time Prepared:
11/23/2015 7:19 am

	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	5,835,842	0	0	25,249	1.00
2.00	Land Improvements	14,820,547	3,114,685	0	0	2.00
3.00	Buildings and Fixtures	178,131,019	18,493,672	0	0	3.00
4.00	Building Improvements	14,573,258	0	0	54,425	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	168,574,045	0	0	2,442,498	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	381,934,711	21,608,357	0	2,522,172	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	381,934,711	21,608,357	0	2,522,172	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,810,593	0			1.00
2.00	Land Improvements	17,935,232	0			2.00
3.00	Buildings and Fixtures	196,624,691	0			3.00
4.00	Building Improvements	14,518,833	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	166,131,547	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	401,020,896	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	401,020,896	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-7
Part II
Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	9,812,115	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,107,679	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,919,794	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	9,812,115				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,107,679				2.00
3.00	Total (sum of lines 1-2)	0	18,919,794				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-7
Part III
Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	234,889,349	0	234,889,349	0.585728	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	166,131,547	0	166,131,547	0.414272	0	2.00
3.00	Total (sum of lines 1-2)	401,020,896	0	401,020,896	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	10,100,396	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,107,679	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,208,075	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-2,621,784	0	0	0	7,478,612	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,107,679	2.00
3.00	Total (sum of lines 1-2)	-2,621,784	0	0	0	16,586,291	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-8

Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,500,500				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	-966,401				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 CARDIAC CATH LAB - OUTREACH REVENUE	B	-50,217	0	CARDIAC CATHETERIZATION	59.00	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
34.00 GIC-DG-GENRAD - OUTREACH REVENUE	B	-524,816	RADIOLOGY-DIAGNOSTIC		54.00	0 34.00
35.00 GIC-53RD ST-GENRAD - OUTREACH REVENUE	B	-2,149,698	RADIOLOGY-DIAGNOSTIC		54.00	0 35.00
36.00 MEDICAL STAFF - DAVENPORT - OTHER OP	B	-133,150	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 36.00
37.00 ADMINISTRATION - RENTAL INCOME - REL	B	-12,616	OTHER ADMINISTRATIVE AND GENERAL		5.01	0 37.00
38.00 PHARMACY - W - CASH SALES	B	-32,076	PHARMACY		15.00	0 38.00
39.00 PHARMACY - E - CASH SALES	B	-82,154	PHARMACY		15.00	0 39.00
41.00 ADMINISTRATION - DISCOUNTS EARNED	B	-183,110	OTHER ADMINISTRATIVE AND GENERAL		5.01	0 41.00
41.01 PHARMACY - W - VENDOR REBATES	B	-18,703	PHARMACY		15.00	0 41.01
41.02 ADMINISTRATION - VENDOR REBATES	B	-7,656	OTHER ADMINISTRATIVE AND GENERAL		5.01	0 41.02
41.03 BIRTH CENTER - MISCELLANEOUS REVENUE	B	-20,630	ADULTS & PEDIATRICS		30.00	0 41.03
41.04 PAIN MANAGEMENT - BETTENDORF - MISCELLANEOUS	B	-680	PAIN MANAGEMENT		90.05	0 41.04
42.00 RADIOLOGY SERVICES ADMIN - E - MISCELLANEOUS	B	-2,455	RADIOLOGY-DIAGNOSTIC		54.00	0 42.00
42.01 RADIOLOGY SERVICES OUTREACH - MISCELLANEOUS	B	-65,111	RADIOLOGY-DIAGNOSTIC		54.00	0 42.01
42.02 CARDIOGRAPHICS - MISCELLANEOUS REVENUE	B	-2,175	ELECTROCARDIOLOGY		69.00	0 42.02
42.03 GMC DAVENPORT LABORATORY - MISCELLANEOUS	B	-3,282	LABORATORY		60.00	0 42.03
42.04 CLINICAL PSYCH - MISCELLANEOUS REVENUE	B	-700	CLINICAL PSYCH		90.01	0 42.04
42.05 PHYSICAL THERAPY - MISCELLANEOUS REV	B	-50	PHYSICAL THERAPY		66.00	0 42.05
42.06 P. T. CLINIC WEST-VALLEY FAIR - MISCELLANEOUS	B	-1,388	PHYSICAL THERAPY		66.00	0 42.06
43.00 P. T. - CROW VALLEY - MISCELLANEOUS R	B	-10,361	PHYSICAL THERAPY		66.00	0 43.00
43.01 P. T. - LECLAIRE - MISCELLANEOUS REVENUE	B	-38	PHYSICAL THERAPY		66.00	0 43.01
43.02 REHAB O. P. (BETT) - MISCELLANEOUS REV	B	-1,773	PHYSICAL THERAPY		66.00	0 43.02
43.03 LOMBARD PHYSICAL REHAB - MISCELLANEOUS	B	-105	PHYSICAL THERAPY		66.00	0 43.03
43.04 DAY REHAB PROGRAM - MISCELLANEOUS REVENUE	B	-50	PHYSICAL THERAPY		66.00	0 43.04
43.05 SPORTS PERFORMANCE - MISCELLANEOUS R	B	-118,578	PHYSICAL THERAPY		66.00	0 43.05
43.06 REHAB PEDIATRICS (MMP) - MISCELLANEOUS	B	-535	PHYSICAL THERAPY		66.00	0 43.06
43.07 CARDIAC REHAB - MISCELLANEOUS REVENUE	B	-10,627	ELECTROCARDIOLOGY		69.00	0 43.07
43.08 DIABETES INSTITUTE - MISCELLANEOUS R	B	-253	OP INSTITUTES		90.02	0 43.08
43.09 WOUND OSTOMY INSTITUTE - MISCELLANEOUS	B	-40	OP INSTITUTES		90.02	0 43.09
43.10 CANCER CENTER - MISCELLANEOUS REVENUE	B	-12,979	RADIOLOGY-THERAPEUTIC		55.00	0 43.10
43.11 RADIATION THERAPY - W - MISCELLANEOUS	B	-14	RADIOLOGY-THERAPEUTIC		55.00	0 43.11
43.12 DIALYSIS - E - MISCELLANEOUS REVENUE	B	-236,604	RENAL DIALYSIS		74.00	0 43.12
43.13 PHARMACY - E - MISCELLANEOUS REVENUE	B	-38	PHARMACY		15.00	0 43.13
43.14 ADMINISTRATION - MISCELLANEOUS REVENUE	B	-7,884	OTHER ADMINISTRATIVE AND GENERAL		5.01	0 43.14
43.15 VOLUNTEER SERVICES - MISCELLANEOUS R	B	-1,191	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 43.15
43.16 GROUNDS - MISCELLANEOUS REVENUE	B	-24,792	MAINTENANCE & REPAIRS		6.00	0 43.16
43.17 LINEN SERVICES - MISCELLANEOUS REVENUE	B	-222	LAUNDRY & LINEN SERVICE		8.00	0 43.17
43.18 MAINTENANCE - MISCELLANEOUS REVENUE	B	-15,259	MAINTENANCE & REPAIRS		6.00	0 43.18

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	
43.19	BIOMED SERVICES - MISCELLANEOUS REVE	B	-217,950	MAINTENANCE & REPAIRS	6.00	0 43.19
44.01	SMALL POX IMMUNIZATION PROJECT - MIS	B	-35,498	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 44.01
44.02	DIALYSIS - E - LEASE REVENUE	B	-2,000	RENAL DIALYSIS	74.00	0 44.02
44.03	ADMINISTRATION - DONATIONS	A	-13,137	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 44.03
44.04	MEDICAL STAFF - DAVENPORT - DONATION	A	-300	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 44.04
44.05	SECURITY - DONATIONS	A	-449	MAINTENANCE & REPAIRS	6.00	0 44.05
45.00	DISTRIB. - W & E - DONATE	A	-3,207	CENTRAL SERVICES & SUPPLY	14.00	0 45.00
45.01	OR CARDIOVASCULAR - DONATED INVENTOR	A	-28,188	OPERATING ROOM	50.00	0 45.01
45.02	CANCER CENTER - DONATIONS	A	-37,689	CARDIAC CATHETERIZATION	59.00	0 45.02
45.03	INTEREST INCOME	B	-2,580,890	CAP REL COSTS-BLDG & FIXT	1.00	11 45.03
45.04	INTEREST EXPENSE 97 BONDS	A	-40,894	CAP REL COSTS-BLDG & FIXT	1.00	11 45.04
45.05	ADVERTISING	A	-5,800	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 45.05
45.06	ADVERTISING	A	-46	DIETARY	10.00	0 45.06
45.07	ADVERTISING	A	-510	NURSING ADMINISTRATION	13.00	0 45.07
45.08	ADVERTISING	A	-6,531	RADIOLOGY-DIAGNOSTIC	54.00	0 45.08
45.09	ADVERTISING	A	-4,100	RADIOLOGY-THERAPEUTIC	55.00	0 45.09
45.10	ADVERTISING	A	-5,620	CARDIAC CATHETERIZATION	59.00	0 45.10
45.11	ADVERTISING	A	-34,601	PHYSICAL THERAPY	66.00	0 45.11
45.12	ADVERTISING	A	-55,072	ELECTROENCEPHALOGRAPHY	70.00	0 45.12
45.13	ADVERTISING	A	-450	OP INSTITUTES	90.02	0 45.13
45.14	ADVERTISING	A	-3,289	BARITRIC CLINIC	90.04	0 45.14
45.15	ADVERTISING	A	-567	PAIN MANAGEMENT	90.05	0 45.15
45.16	ADVERTISING	A	-1,103	AUXILIARY	190.01	0 45.16
45.17	SELF INSURANCE OFFSET	A	-5,008,761	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.17
45.18	LOBBYING FEES	A	-36,497	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 45.18
45.19	PROVIDER TAX ASSESSMENT	A	-2,491,413	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 45.19
45.20	ALCOHOL PURCHASES	A	-435	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 45.20
45.21			0		0.00	0 45.21
45.22			0		0.00	0 45.22
45.23			0		0.00	0 45.23
45.24			0		0.00	0 45.24
45.25			0		0.00	0 45.25
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-18,813,908			50.00

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

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 160033
 Period: From 07/01/2014 To 06/30/2015
 Worksheet A-8-1
 Date/Time Prepared: 11/23/2015 7:19 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.01	OTHER ADMINISTRATIVE AND GEN	RELATED RENT EXP	0	150,435
2.00	10.00	DIETARY	RELATED RENT EXP	0	25,617
3.00	13.00	NURSING ADMINISTRATION	RELATED RENT EXP	0	5,536
4.00	15.00	PHARMACY	RELATED RENT EXP	0	7,105
4.01	50.00	OPERATING ROOM	RELATED RENT EXP	0	378,894
4.02	54.00	RADIOLOGY-DIAGNOSTIC	RELATED RENT EXP	0	275,612
4.03	55.00	RADIOLOGY-THERAPEUTIC	RELATED RENT EXP	0	408,817
4.04	66.00	PHYSICAL THERAPY	RELATED RENT EXP	0	520,409
4.05	69.00	ELECTROCARDIOLOGY	RELATED RENT EXP	0	471,776
4.06	59.00	CARDIAC CATHETERIZATION	RELATED RENT EXP	0	39,256
4.07	74.00	RENAL DIALYSIS	RELATED RENT EXP	0	67,763
4.08	90.02	OP INSTITUTES	RELATED RENT EXP	0	231,443
4.09	90.04	BARIATRIC CLINIC	RELATED RENT EXP	0	84,382
4.10	90.05	PAIN MANAGEMENT	RELATED RENT EXP	0	160,704
4.11	192.04	OUTREACH PROGRAMS	RELATED RENT EXP	0	47,592
4.12	6.01	MOB I	GEN VEN BLDG COST	639,930	0
4.13	6.02	MOB II	GEN VEN BLDG COST	764,113	0
4.14	6.03	BETT MED PARK	GEN VEN BLDG COST	376,407	0
4.15	6.04	NW CLINICS	GEN VEN BLDG COST	372,301	0
4.16	6.05	CPMP I	GEN VEN BLDG COST	712,581	0
4.17	6.06	CPMP II	GEN VEN BLDG COST	808,195	0
4.18	6.07	BETT PLAZA	GEN VEN BLDG COST	914,499	0
4.19	6.08	HEART INSTITUTE	GEN VEN BLDG COST	1,531,426	0
4.20	6.09	53RD STREET	GEN VEN BLDG COST	282,531	0
4.21	6.10	ELDRIDGE	GEN VEN BLDG COST	166,436	0
4.22	5.01	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE A&G	12,739,004	48,428,837
4.23	5.02	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE A&G	23,593,970	0
4.24	5.03	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE A&G	7,526,874	0
4.25	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE A&G	2,752,004	0
4.26	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE A&G	3,548,693	0
4.27	23.00	PARAMEDICAL PRGM - PASTORAL C	PASTORAL CARE PROGRAM	264,022	0
4.28	5.01	OTHER ADMINISTRATIVE AND GEN	GHG PHYSICIAN PRACTICE	0	6,991,203
4.29	8.00	LAUNDRY & LINEN SERVICE	CRESCENT LAUNDRY	907,410	858,188
4.30	4.00	EMPLOYEE BENEFITS DEPARTMENT	EE PRESCRIPTION	1,783,532	1,496,760
4.31	22.00	I&R SERVICES-OTHER PRGM COST	I&R	2,983,387	2,983,387
4.32	0.00			0	0
4.33	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			62,667,315	63,633,716

* 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			0.00	0.00	6.00
7.00	C	GEN MED ED FOUN	100.00	GHS	100.00
8.00	C	GENESIS MEDICAL	100.00	GHS	100.00
9.00	C	EA IALITHOTRIP	25.00	GHS	100.00
10.00			0.00		0.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-8-1

Date/Time Prepared:
11/23/2015 7:19 am

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

(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: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-8-1

Date/Time Prepared:
11/23/2015 7:19 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-150,435	0		1.00
2.00	-25,617	0		2.00
3.00	-5,536	0		3.00
4.00	-7,105	0		4.00
4.01	-378,894	0		4.01
4.02	-275,612	0		4.02
4.03	-408,817	0		4.03
4.04	-520,409	0		4.04
4.05	-471,776	0		4.05
4.06	-39,256	0		4.06
4.07	-67,763	0		4.07
4.08	-231,443	0		4.08
4.09	-84,382	0		4.09
4.10	-160,704	0		4.10
4.11	-47,592	0		4.11
4.12	639,930	0		4.12
4.13	764,113	0		4.13
4.14	376,407	0		4.14
4.15	372,301	0		4.15
4.16	712,581	0		4.16
4.17	808,195	0		4.17
4.18	914,499	0		4.18
4.19	1,531,426	0		4.19
4.20	282,531	0		4.20
4.21	166,436	0		4.21
4.22	-35,689,833	0		4.22
4.23	23,593,970	0		4.23
4.24	7,526,874	0		4.24
4.25	2,752,004	0		4.25
4.26	3,548,693	0		4.26
4.27	264,022	0		4.27
4.28	-6,991,203	0		4.28
4.29	49,222	0		4.29
4.30	286,772	0		4.30
4.31	0	0		4.31
4.32	0	0		4.32
4.33	0	0		4.33
5.00	-966,401			5.00

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

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

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

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

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

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

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

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-8-1

Date/Time Prepared:
11/23/2015 7:19 am

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

(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: 160033

Period: From 07/01/2014 To 06/30/2015

Worksheet A-8-2

Date/Time Prepared: 11/23/2015 7:19 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.01 AGGREGATE-OTHER ADMINISTRATIVE AND G	309,538	0	309,538	171,400	3,756	1.00
2.00	5.02 AGGREGATE-OTHER ADMINISTRATIVE AND G	101,013	0	101,013	171,400	1,226	2.00
3.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	45,500	0	45,500	171,400	552	3.00
4.00	31.00 AGGREGATE-INTENSIVE CARE UNIT	106,161	88,368	17,793	171,400	216	4.00
5.00	32.01 AGGREGATE-NICU	0	0	0	171,400	0	5.00
6.00	50.00 AGGREGATE-OPERATING ROOM	866,914	866,914	0	204,100	0	6.00
7.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	10,609	0	10,609	231,100	95	7.00
8.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	12,738	12,738	0	171,400	0	8.00
9.00	60.00 AGGREGATE-LABORATORY	253,200	0	253,200	219,500	2,399	9.00
10.00	65.00 AGGREGATE-RESPIRATORY THERAPY	5,150	0	5,150	171,400	62	10.00
11.00	69.00 AGGREGATE-ELECTROCARDIOLOGY	348,222	348,222	0	171,400	0	11.00
12.00	59.00 AGGREGATE-CARDIAC CATHETERIZATION	45,833	45,833	0	171,400	0	12.00
13.00	70.00 AGGREGATE-ELECTROENCEPHALOGRAPHY	162,738	152,500	10,238	171,400	124	13.00
14.00	90.02 AGGREGATE-OPINSTITUTES	236,920	236,920	0	171,400	0	14.00
15.00	90.03 AGGREGATE-MARC	0	0	0	171,400	0	15.00
16.00	90.04 AGGREGATE-BARIATRIC CLINIC	364,907	356,349	8,558	171,400	104	16.00
17.00	90.05 AGGREGATE-PAIN MANAGEMENT	0	0	0	171,400	0	17.00
18.00	91.00 AGGREGATE-EMERGENCY	1,437,196	1,392,463	44,733	171,400	543	18.00
200.00		4,306,639	3,500,307	806,332		9,077	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.01 AGGREGATE-OTHER ADMINISTRATIVE AND G	309,509	15,475	0	0	0	1.00
2.00	5.02 AGGREGATE-OTHER ADMINISTRATIVE AND G	101,027	5,051	0	0	0	2.00
3.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	45,487	2,274	0	0	0	3.00
4.00	31.00 AGGREGATE-INTENSIVE CARE UNIT	17,799	890	0	0	0	4.00
5.00	32.01 AGGREGATE-NICU	0	0	0	0	0	5.00
6.00	50.00 AGGREGATE-OPERATING ROOM	0	0	0	0	0	6.00
7.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	10,555	528	0	0	0	7.00
8.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	8.00
9.00	60.00 AGGREGATE-LABORATORY	253,164	12,658	0	0	0	9.00
10.00	65.00 AGGREGATE-RESPIRATORY THERAPY	5,109	255	0	0	0	10.00
11.00	69.00 AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	59.00 AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	0	12.00
13.00	70.00 AGGREGATE-ELECTROENCEPHALOGRAPHY	10,218	511	0	0	0	13.00
14.00	90.02 AGGREGATE-OPINSTITUTES	0	0	0	0	0	14.00
15.00	90.03 AGGREGATE-MARC	0	0	0	0	0	15.00
16.00	90.04 AGGREGATE-BARIATRIC CLINIC	8,570	429	0	0	0	16.00
17.00	90.05 AGGREGATE-PAIN MANAGEMENT	0	0	0	0	0	17.00
18.00	91.00 AGGREGATE-EMERGENCY	44,745	2,237	0	0	0	18.00
200.00		806,183	40,308	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.01 AGGREGATE-OTHER ADMINISTRATIVE AND G	0	309,509	29	29	1.00
2.00	5.02 AGGREGATE-OTHER ADMINISTRATIVE AND G	0	101,027	0	0	2.00
3.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	0	45,487	13	13	3.00
4.00	31.00 AGGREGATE-INTENSIVE CARE UNIT	0	17,799	0	88,368	4.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-8-2

Date/Time Prepared:
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	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		
5.00	32.01	AGGREGATE-NI CU	0	0	0	0		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	866,914		6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	10,555	54	54		7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	12,738		8.00
9.00	60.00	AGGREGATE-LABORATORY	0	253,164	36	36		9.00
10.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	5,109	41	41		10.00
11.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	348,222		11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	45,833		12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	10,218	20	152,520		13.00
14.00	90.02	AGGREGATE-OP INSTITUTES	0	0	0	236,920		14.00
15.00	90.03	AGGREGATE-MARC	0	0	0	0		15.00
16.00	90.04	AGGREGATE-BARIATRIC CLINIC	0	8,570	0	356,349		16.00
17.00	90.05	AGGREGATE-PAIN MANAGEMENT	0	0	0	0		17.00
18.00	91.00	AGGREGATE-EMERGENCY	0	44,745	0	1,392,463		18.00
200.00			0	806,183	193	3,500,500		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	OTHER ADMINISTRATIVE AND GENERAL	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	7,478,612	7,478,612				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	9,107,679		9,107,679			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	6,289,340	31,058	0	6,320,398		4.00
5.01 00590 OTHER ADMINISTRATIVE AND GENERAL	19,827,278	846,641	321,113	106,641	21,101,673	5.01
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL	25,656,022	144,415	78,391	93,520	21,101,673	5.02
5.03 00591 OTHER ADMINISTRATIVE AND GENERAL SBS	7,526,874	0	0	0	0	5.03
6.00 00600 MAINTENANCE & REPAIRS	5,396,470	852,450	267,505	172,140	0	6.00
6.01 00601 MOB I	621,744	0	0	0	0	6.01
6.02 00602 MOB II	748,704	0	0	0	0	6.02
6.03 00603 BETT MED PARK	319,029	0	0	0	0	6.03
6.04 00604 NW CLINICS	332,177	0	0	0	0	6.04
6.05 00605 CPMP I	688,672	0	0	0	0	6.05
6.06 00606 CPMP II	785,329	0	0	0	0	6.06
6.07 00607 BETT PLAZA	843,437	0	0	0	0	6.07
6.08 00608 HEART INSTITUTE	1,482,278	0	0	0	0	6.08
6.09 00609 53RD STREET	237,656	0	0	0	0	6.09
6.10 00610 ELDRI DGE	141,408	0	0	0	0	6.10
7.00 00700 OPERATION OF PLANT	2,286,664	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	263,909	29,387	368	4,334	0	8.00
9.00 00900 HOUSEKEEPING	3,001,131	56,479	315,579	71,153	0	9.00
10.00 01000 DIETARY	2,393,692	158,435	20,780	50,180	0	10.00
11.00 01100 CAFETERIA	0	80,004	0	0	0	11.00
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00 01300 NURSING ADMINISTRATION	2,025,403	36,177	29,413	123,541	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	3,558,770	208,578	608,936	32,983	0	14.00
15.00 01500 PHARMACY	4,921,675	109,241	468,293	352,626	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,548,693	78,851	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	0	30,885	0	0	0	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	2,983,387	188,006	0	74,273	0	22.00
23.00 02300 PARAMED ED PRGM - PASTORAL CARE	264,022	7,393	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	24,115,622	1,396,327	183,896	1,396,023	0	30.00
31.00 03100 INTENSIVE CARE UNIT	4,270,270	68,215	302,644	212,684	0	31.00
32.01 03201 NICU	1,256,326	26,381	88,392	78,751	0	32.01
40.00 04000 SUBPROVIDER - I PF	2,564,065	213,859	1,319	111,901	0	40.00
41.00 04100 SUBPROVIDER - I RF	2,005,205	197,565	14,917	120,239	0	41.00
43.00 04300 NURSERY	2,360,101	0	0	133,681	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	13,117,996	524,318	1,699,342	449,750	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,731,198	469,498	731,152	370,326	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	8,248,040	35,756	1,402,304	140,064	0	55.00
57.00 05700 CT SCAN	1,024,109	18,428	76,158	44,632	0	57.00
58.00 05800 MRI	606,415	27,609	422,232	18,460	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	5,295,192	117,787	1,046,166	202,876	0	59.00
60.00 06000 LABORATORY	8,095,932	182,995	238,957	257,372	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,797,333	3,642	3,524	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	2,500,508	49,927	85,254	146,586	0	65.00
66.00 06600 PHYSICAL THERAPY	11,388,694	662,149	146,907	719,617	0	66.00
69.00 06900 ELECTROCARDIOLOGY	2,640,490	25,863	182,883	151,677	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	869,855	56,361	119,253	48,495	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	20,380,871	8,513	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	17,114,940	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	13,427,558	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	862,346	49,022	0	38,100	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	245,522	0	0	16,327	0	90.01
90.02 09002 OP INSTITUTES	1,908,278	41,813	37,363	74,511	0	90.02
90.03 09003 MARC	0	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	386,048	17,835	9,190	22,662	0	90.04
90.05 09005 PAIN MANAGEMENT	740,021	0	46,865	40,438	0	90.05
91.00 09100 EMERGENCY	6,602,820	213,816	146,267	370,172	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 00000 SUBTOTALS (SUM OF LINES 1-117)	281,285,810	7,265,679	9,095,363	6,246,735	21,101,673	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

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	OTHER ADMINISTRATIVE AND GENERAL			
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00				4.00	5.01
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	69,240	2,770	0	2,692	0	190.00
190.01	19001	AUXILIARY	183,221	58,398	2,273	1,059	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	265,924	0	967	15,934	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	457,045	112,474	28	3,412	0	192.01
192.02	19202	FOUNDATION	3,074	4,591	1,138	73	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	45,788	0	4,578	2,868	0	192.03
192.04	19204	OUTREACH PROGRAMS	3,119,911	8,007	0	127	0	192.04
192.05	19205	PHASE III REHAB	17,869	26,693	3,231	424	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	1,945,247	0	0	40,346	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	129,034	0	101	6,728	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	287,522,163	7,478,612	9,107,679	6,320,398	21,101,673	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL SBS	MAINTENANCE & REPAIRS	MOB I	
		5A.01	5.02	5.03	6.00	6.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	47,074,021	47,074,021			5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS	7,526,874	1,473,912	9,000,786		5.03
6.00	00600	MAINTENANCE & REPAIRS	6,688,565	1,309,755	0	7,998,320	6.00
6.01	00601	MOB I	621,744	121,750	0	0	743,494
6.02	00602	MOB II	748,704	146,611	0	0	0
6.03	00603	BETT MED PARK	319,029	62,472	0	0	0
6.04	00604	NW CLINICS	332,177	65,047	0	0	0
6.05	00605	CPMP I	688,672	134,856	0	0	0
6.06	00606	CPMP II	785,329	153,783	0	0	0
6.07	00607	BETT PLAZA	843,437	165,162	0	0	0
6.08	00608	HEART INSTITUTE	1,482,278	290,260	0	0	0
6.09	00609	53RD STREET	237,656	46,538	0	0	0
6.10	00610	ELDRIDGE	141,408	27,691	0	0	0
7.00	00700	OPERATION OF PLANT	2,286,664	447,775	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	297,998	58,354	0	41,943	0
9.00	00900	HOUSEKEEPING	3,444,342	674,471	0	80,610	15,319
10.00	01000	DIETARY	2,623,087	513,653	0	226,125	0
11.00	01100	CAFETERIA	80,004	15,666	0	114,185	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,214,534	433,650	0	51,633	0
14.00	01400	CENTRAL SERVICES & SUPPLY	4,409,267	863,423	0	297,691	0
15.00	01500	PHARMACY	5,851,835	1,145,906	0	155,913	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,627,544	710,346	0	112,540	0
17.00	01700	SOCIAL SERVICE	30,885	6,048	0	44,081	4,639
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,245,666	635,566	0	268,330	0
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	271,415	53,148	0	10,551	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,091,868	5,305,016	810,615	1,992,892	0
31.00	03100	INTENSIVE CARE UNIT	4,853,813	950,474	158,325	97,359	0
32.01	03201	NI CU	1,449,850	283,910	52,122	37,652	0
40.00	04000	SUBPROVIDER - I PF	2,891,144	566,144	55,834	305,228	0
41.00	04100	SUBPROVIDER - I RF	2,337,926	457,813	67,056	281,972	0
43.00	04300	NURSERY	2,493,782	488,332	33,772	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,791,406	3,092,273	820,254	748,327	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,302,174	3,192,292	713,968	670,086	0
55.00	05500	RADIOLOGY-THERAPEUTIC	9,826,164	1,924,159	336,216	51,033	65,785
57.00	05700	CT SCAN	1,163,327	227,803	339,799	26,301	0
58.00	05800	MRI	1,074,716	210,451	133,800	39,405	0
59.00	05900	CARDIAC CATHETERIZATION	6,662,021	1,304,557	1,081,198	168,110	0
60.00	06000	LABORATORY	8,775,256	1,718,371	519,576	261,178	0
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	1,804,499	353,357	21,264	5,199	0
65.00	06500	RESPIRATORY THERAPY	2,782,275	544,825	237,578	71,258	0
66.00	06600	PHYSICAL THERAPY	12,917,367	2,529,479	345,687	945,045	2,519
69.00	06900	ELECTROCARDIOLOGY	3,000,913	587,639	205,085	36,913	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,093,964	214,220	55,687	80,440	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,389,384	3,992,649	802,537	12,151	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,114,940	3,351,448	597,046	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	13,427,558	2,629,384	769,066	0	0
74.00	07400	RENAL DIALYSIS	949,468	185,925	35,176	69,966	136,909
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	261,849	51,275	5,614	0	0
90.02	09002	OP INSTITUTES	2,061,965	403,774	116,727	59,677	0
90.03	09003	MARC	0	0	0	0	0
90.04	09004	BARIATRIC CLINIC	435,735	85,326	3,234	25,455	0
90.05	09005	PAIN MANAGEMENT	827,324	162,007	39,703	0	0
91.00	09100	EMERGENCY	7,333,075	1,435,963	643,847	305,166	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	280,986,898	45,804,709	9,000,786	7,694,415	225,171
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	74,702	14,628	0	3,953	0
190.01	19001	AUXILIARY	244,951	47,966	0	83,347	0
190.02	19002	FIRST MED CLINICS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL SBS	MAINTENANCE & REPAIRS	MOB I	
			5A.01	5.02	5.03	6.00	6.01	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	282,825	55,383	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	572,959	112,197	0	160,527	518,323	192.01
192.02	19202	FOUNDATION	8,876	1,738	0	6,552	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	53,234	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	3,128,045	612,534	0	11,428	0	192.04
192.05	19205	PHASE III REHAB	48,217	9,442	0	38,098	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	1,985,593	388,819	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	135,863	26,605	0	0	0	192.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	287,522,163	47,074,021	9,000,786	7,998,320	743,494	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
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Cost Center Description		MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
		6.02	6.03	6.04	6.05	6.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560						5.02
5.03	00591						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602	895,315					6.02
6.03	00603		381,501				6.03
6.04	00604	0	0	397,224			6.04
6.05	00605	0	0	0	823,528		6.05
6.06	00606	0	0	0	0	939,112	6.06
6.07	00607	0	0	0	0	0	6.07
6.08	00608	0	0	0	0	0	6.08
6.09	00609	0	0	0	0	0	6.09
6.10	00610	0	0	0	0	0	6.10
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	4,604	432	0	786	0	9.00
10.00	01000	0	0	0	20,926	0	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	1,789	0	0	2,309	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	4,850	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,789	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
32.01	03201	0	0	0	0	0	32.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	271,222	0	50.00
54.00	05400	0	0	0	0	0	54.00
55.00	05500	1,158	0	0	196,914	25,575	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	2,261	32,971	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	0	0	0	0	0	90.05
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		9,340	432	0	494,418	63,396	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
190.02	19002	0	56,270	157,258	0	0	190.02
190.03	19003	0	0	0	0	0	190.03
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MOB I I	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
192.01	19201	NON REIMBURSEABLE COST	885,975	324,799	239,966	329,110	875,716	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	895,315	381,501	397,224	823,528	939,112	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part I Date/Time Prepared: 11/23/2015 7:19 am			
Cost Center Description		BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
		6.07	6.08	6.09	6.10	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA	1,008,599				6.07
6.08	00608	HEART INSTITUTE	0	1,772,538			6.08
6.09	00609	53RD STREET	0	0	284,194		6.09
6.10	00610	ELDRIDGE	0	0	0	169,099	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	2,734,439	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	14,339	8.00
9.00	00900	HOUSEKEEPING	0	0	0	27,559	9.00
10.00	01000	DIETARY	0	0	0	77,307	10.00
11.00	01100	CAFETERIA	0	0	0	39,037	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	17,652	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	101,774	14.00
15.00	01500	PHARMACY	0	0	0	53,303	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37,789	0	0	38,475	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	15,070	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	91,736	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	0	0	3,607	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	681,320	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	33,285	31.00
32.01	03201	NICU	0	0	0	12,872	32.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	104,350	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	96,400	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	255,836	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,865	0	0	229,087	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	17,447	55.00
57.00	05700	CT SCAN	0	0	0	8,992	57.00
58.00	05800	MRI	0	0	0	13,472	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	57,473	59.00
60.00	06000	LABORATORY	0	0	0	89,291	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,777	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	24,362	65.00
66.00	06600	PHYSICAL THERAPY	189,408	0	0	323,089	66.00
69.00	06900	ELECTROCARDIOLOGY	0	736,235	0	12,620	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	27,501	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,154	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	23,920	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	54,891	0	0	20,402	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BIARIATRIC CLINIC	0	0	0	8,702	90.04
90.05	09005	PAIN MANAGEMENT	111,530	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	104,329	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	414,483	736,235	0	2,630,540	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,351	190.00
190.01	19001	AUXILIARY	0	0	0	28,495	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	594,116	1,036,303	284,194	169,099	54,881	192.01
192.02	19202	FOUNDATION	0	0	0	0	2,240	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	3,907	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	13,025	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,008,599	1,772,538	284,194	169,099	2,734,439	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part I Date/Time Prepared: 11/23/2015 7:19 am			
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
		8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA					6.07
6.08	00608	HEART INSTITUTE					6.08
6.09	00609	53RD STREET					6.09
6.10	00610	ELDRIDGE					6.10
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	412,634				8.00
9.00	00900	HOUSEKEEPING	0	4,248,123			9.00
10.00	01000	DIETARY	0	137,531	3,598,629		10.00
11.00	01100	CAFETERIA	0	69,448	2,604,570	2,922,910	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	2,922,910	11.01
13.00	01300	NURSING ADMINISTRATION	0	31,403	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	181,058	0	0	14.00
15.00	01500	PHARMACY	0	94,827	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	68,447	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	26,810	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	163,200	0	0	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	6,417	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	218,385	1,212,095	904,155	0	30.00
31.00	03100	INTENSIVE CARE UNIT	16,054	59,215	89,904	0	31.00
32.01	03201	NICU	2,674	22,900	0	0	32.01
40.00	04000	SUBPROVIDER - I PF	5,638	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	11,505	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	48,862	455,138	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,010	407,551	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,866	31,039	0	0	55.00
57.00	05700	CT SCAN	2,303	15,996	0	0	57.00
58.00	05800	MRI	0	23,966	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,470	102,246	0	0	59.00
60.00	06000	LABORATORY	0	158,850	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,162	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	43,340	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,220	574,783	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	8	22,451	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,225	48,924	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,390	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	38	42,554	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	1,975	36,296	0	0	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	40	15,482	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	90.05
91.00	09100	EMERGENCY	60,361	185,604	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	412,634	4,248,123	3,598,629	2,922,910	2,904,580
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	AUXILIARY	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	8,043	191.00

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	1,242	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	6,670	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	412,634	4,248,123	3,598,629	2,922,910	2,922,910	202.00

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION	2,822,676					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,881,854				14.00
15.00	01500	PHARMACY	0	26,457	7,459,044			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,595,141		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	132,427	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,392,272	215,462	0	413,838	95,656	30.00
31.00	03100	INTENSIVE CARE UNIT	184,028	69,084	0	80,829	10,139	31.00
32.01	03201	NI CU	58,938	7,987	0	26,609	5,087	32.01
40.00	04000	SUBPROVIDER - I PF	103,236	951	0	28,505	9,451	40.00
41.00	04100	SUBPROVIDER - I RF	143,377	7,916	0	34,234	12,094	41.00
43.00	04300	NURSERY	0	0	0	17,241	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	280,315	432,206	0	418,759	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,080	67,798	0	364,497	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	27,595	10,005	1,945,552	171,646	0	55.00
57.00	05700	CT SCAN	0	16,314	0	173,475	0	57.00
58.00	05800	MRI	0	1,051	0	68,308	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	65,918	90,390	0	552,008	0	59.00
60.00	06000	LABORATORY	0	194,572	0	265,256	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,856	0	63.00
65.00	06500	RESPIRATORY THERAPY	18	29,211	0	121,289	0	65.00
66.00	06600	PHYSICAL THERAPY	5,582	13,154	0	176,481	0	66.00
69.00	06900	ELECTROCARDIOLOGY	63,499	6,253	0	104,700	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,005	6,275	0	28,429	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,485,851	0	409,714	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,087,509	0	304,806	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,405,207	392,626	0	73.00
74.00	07400	RENAL DIALYSIS	60,042	10,612	108,285	17,958	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	2,866	0	90.01
90.02	09002	OP INSTITUTES	43,943	20,469	0	59,592	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	7,837	144	0	1,651	0	90.04
90.05	09005	PAIN MANAGEMENT	12,829	7,306	0	20,269	0	90.05
91.00	09100	EMERGENCY	335,144	74,723	0	328,699	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,822,658	5,881,700	7,459,044	4,595,141	132,427	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILIARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE		
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY			
			13.00	14.00	15.00	16.00	17.00		
191.00	19100	RESEARCH	18	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	154	0	0	0	0	192.08
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,822,676	5,881,854	7,459,044	4,595,141	132,427	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00590	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03 00591	OTHER ADMINISTRATIVE AND GENERAL SBS						5.03
6.00 00600	MAINTENANCE & REPAIRS						6.00
6.01 00601	MOB I						6.01
6.02 00602	MOB II						6.02
6.03 00603	BETT MED PARK						6.03
6.04 00604	NW CLINICS						6.04
6.05 00605	CPMP I						6.05
6.06 00606	CPMP II						6.06
6.07 00607	BETT PLAZA						6.07
6.08 00608	HEART INSTITUTE						6.08
6.09 00609	53RD STREET						6.09
6.10 00610	ELDRI DGE						6.10
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
11.01 01101	EMPLOYEE CAFETERIA						11.01
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
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		4,404,498				22.00
23.00 02300	PARAMED PRGM - PASTORAL CARE			345,138			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	2,097,470	235,637	43,514,188	-2,097,470	30.00
31.00 03100	INTENSIVE CARE UNIT	0	123,529	24,975	6,847,595	-123,529	31.00
32.01 03201	NI CU	0	167,980	12,531	2,175,507	-167,980	32.01
40.00 04000	SUBPROVIDER - IPF	0	146,773	23,282	4,290,211	-146,773	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	29,792	3,547,503	0	41.00
43.00 04300	NURSERY	0	0	18,921	3,052,048	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	125,685	0	22,935,909	-125,685	50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	164,505	0	22,395,825	-164,505	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	14,697,926	0	55.00
57.00 05700	CT SCAN	0	0	0	1,996,543	0	57.00
58.00 05800	MRI	0	0	0	1,573,408	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	10,170,661	0	59.00
60.00 06000	LABORATORY	0	51,880	0	12,217,105	-51,880	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,200,114	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	3,935,066	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	18,358,155	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	4,857,684	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,591,439	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,103,830	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,455,749	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	51,880	0	22,675,721	-51,880	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	1,665,549	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01 09001	CLINICAL PSYCH	0	0	0	326,247	0	90.01
90.02 09002	OP INSTITUTES	0	0	0	2,957,970	0	90.02
90.03 09003	MARC	0	0	0	0	0	90.03
90.04 09004	BARIATRIC CLINIC	0	0	0	597,294	0	90.04
90.05 09005	PAIN MANAGEMENT	0	0	0	1,202,285	0	90.05
91.00 09100	EMERGENCY	0	249,214	0	11,253,037	-249,214	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,178,916	345,138	272,594,569	-3,178,916	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00	23.00					
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	96,835	0	190.00
190.01	19001	AUXILIARY	0	0	0	404,933	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	213,528	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	346,269	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,225,582	0	1,225,582	-1,225,582	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	6,158,165	0	192.01
192.02	19202	FOUNDATION	0	0	0	19,406	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	54,476	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	3,755,914	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	108,782	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	2,374,412	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	169,292	0	192.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	4,404,498	345,138	287,522,163	-4,404,498	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590 OTHER ADMINISTRATIVE AND GENERAL		5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL		5.02
5.03	00591 OTHER ADMINISTRATIVE AND GENERAL SBS		5.03
6.00	00600 MAINTENANCE & REPAIRS		6.00
6.01	00601 MOB I		6.01
6.02	00602 MOB II		6.02
6.03	00603 BETT MED PARK		6.03
6.04	00604 NW CLINICS		6.04
6.05	00605 CPMP I		6.05
6.06	00606 CPMP II		6.06
6.07	00607 BETT PLAZA		6.07
6.08	00608 HEART INSTITUTE		6.08
6.09	00609 53RD STREET		6.09
6.10	00610 ELDRI DGE		6.10
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
11.01	01101 EMPLOYEE CAFETERIA		11.01
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
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM - PASTORAL CARE		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	41,416,718	30.00
31.00	03100 INTENSIVE CARE UNIT	6,724,066	31.00
32.01	03201 NICU	2,007,527	32.01
40.00	04000 SUBPROVIDER - IPF	4,143,438	40.00
41.00	04100 SUBPROVIDER - IRF	3,547,503	41.00
43.00	04300 NURSERY	3,052,048	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	22,810,224	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	22,231,320	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	14,697,926	55.00
57.00	05700 CT SCAN	1,996,543	57.00
58.00	05800 MRI	1,573,408	58.00
59.00	05900 CARDIAC CATHETERIZATION	10,170,661	59.00
60.00	06000 LABORATORY	12,165,225	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,200,114	63.00
65.00	06500 RESPIRATORY THERAPY	3,935,066	65.00
66.00	06600 PHYSICAL THERAPY	18,358,155	66.00
69.00	06900 ELECTROCARDIOLOGY	4,857,684	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,591,439	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	28,103,830	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	23,455,749	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,623,841	73.00
74.00	07400 RENAL DIALYSIS	1,665,549	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001 CLINICAL PSYCH	326,247	90.01
90.02	09002 OP INSTITUTES	2,957,970	90.02
90.03	09003 MARC	0	90.03
90.04	09004 BARIATRIC CLINIC	597,294	90.04
90.05	09005 PAIN MANAGEMENT	1,202,285	90.05
91.00	09100 EMERGENCY	11,003,823	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	269,415,653	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	96,835	190.00
190.01	19001 AUXILIARY	404,933	190.01
190.02	19002 FIRST MED CLINICS	213,528	190.02
190.03	19003 EAP	0	190.03
191.00	19100 RESEARCH	346,269	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	6,158,165	192.01
192.02	19202	FOUNDATION	19,406	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	54,476	192.03
192.04	19204	OUTREACH PROGRAMS	3,755,914	192.04
192.05	19205	PHASE III REHAB	108,782	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	2,374,412	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	169,292	192.08
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	283,117,665	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	200	31,058	0	31,258	31,258 4.00
5.01 00590	OTHER ADMINISTRATIVE AND GENERAL	392,654	846,641	321,113	1,560,408	527 5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	20,525	144,415	78,391	243,331	463 5.02
5.03 00591	OTHER ADMINISTRATIVE AND GENERAL SBS	0	0	0	0	0 5.03
6.00 00600	MAINTENANCE & REPAIRS	53,699	852,450	267,505	1,173,654	851 6.00
6.01 00601	MOB I	639,930	0	0	639,930	0 6.01
6.02 00602	MOB II	764,113	0	0	764,113	0 6.02
6.03 00603	BETT MED PARK	376,407	0	0	376,407	0 6.03
6.04 00604	NW CLINICS	372,301	0	0	372,301	0 6.04
6.05 00605	CPMP I	712,581	0	0	712,581	0 6.05
6.06 00606	CPMP II	808,195	0	0	808,195	0 6.06
6.07 00607	BETT PLAZA	914,499	0	0	914,499	0 6.07
6.08 00608	HEART INSTITUTE	1,531,426	0	0	1,531,426	0 6.08
6.09 00609	53RD STREET	282,531	0	0	282,531	0 6.09
6.10 00610	ELDRIDGE	166,436	0	0	166,436	0 6.10
7.00 00700	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	85	29,387	368	29,840	21 8.00
9.00 00900	HOUSEKEEPING	61,613	56,479	315,579	433,671	352 9.00
10.00 01000	DIETARY	86,559	158,435	20,780	265,774	248 10.00
11.00 01100	CAFETERIA	0	80,004	0	80,004	0 11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	0 11.01
13.00 01300	NURSING ADMINISTRATION	20,166	36,177	29,413	85,756	611 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	17,481	208,578	608,936	834,995	163 14.00
15.00 01500	PHARMACY	30,826	109,241	468,293	608,360	1,744 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	78,851	0	78,851	0 16.00
17.00 01700	SOCIAL SERVICE	0	30,885	0	30,885	0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	188,006	0	188,006	367 22.00
23.00 02300	PARAMED ED PRGM - PASTORAL CARE	0	7,393	0	7,393	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	216,663	1,396,327	183,896	1,796,886	6,906 30.00
31.00 03100	INTENSIVE CARE UNIT	45,312	68,215	302,644	416,171	1,052 31.00
32.01 03201	NICU	6,727	26,381	88,392	121,500	389 32.01
40.00 04000	SUBPROVIDER - I PF	13,427	213,859	1,319	228,605	553 40.00
41.00 04100	SUBPROVIDER - I RF	15,430	197,565	14,917	227,912	595 41.00
43.00 04300	NURSERY	0	0	0	0	661 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	988,009	524,318	1,699,342	3,211,669	2,224 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	306,857	469,498	731,152	1,507,507	1,831 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	413,452	35,756	1,402,304	1,851,512	693 55.00
57.00 05700	CT SCAN	0	18,428	76,158	94,586	221 57.00
58.00 05800	MRI	1,729	27,609	422,232	451,570	91 58.00
59.00 05900	CARDIAC CATHETERIZATION	150,719	117,787	1,046,166	1,314,672	1,003 59.00
60.00 06000	LABORATORY	128,470	182,995	238,957	550,422	1,273 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	3,642	3,524	7,166	0 63.00
65.00 06500	RESPIRATORY THERAPY	75,886	49,927	85,254	211,067	725 65.00
66.00 06600	PHYSICAL THERAPY	1,042,528	662,149	146,907	1,851,584	3,559 66.00
69.00 06900	ELECTROCARDIOLOGY	529,876	25,863	182,883	738,622	750 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	8,929	56,361	119,253	184,543	240 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,513	0	8,513	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	70,332	49,022	0	119,354	188 74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	CLINICAL PSYCH	380	0	0	380	81 90.01
90.02 09002	OP INSTITUTES	249,107	41,813	37,363	328,283	369 90.02
90.03 09003	MARC	0	0	0	0	0 90.03
90.04 09004	BARIATRIC CLINIC	91,272	17,835	9,190	118,297	112 90.04
90.05 09005	PAIN MANAGEMENT	175,027	0	46,865	221,892	200 90.05
91.00 09100	EMERGENCY	42,902	213,816	146,267	402,985	1,831 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	11,825,261	7,265,679	9,095,363	28,186,303	30,894 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	332	2,770	0	3,102	13 190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
190.01 19001 AUXILIARY	3,196	58,398	2,273	63,867		5 190.01
190.02 19002 FIRST MED CLINICS	0	0	0	0		0 190.02
190.03 19003 EAP	0	0	0	0		0 190.03
191.00 19100 RESEARCH	0	0	967	967		79 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0 192.00
192.01 19201 NON REIMBURSEABLE COST	0	112,474	28	112,502		17 192.01
192.02 19202 FOUNDATION	0	4,591	1,138	5,729		0 192.02
192.03 19203 BIO MED SERVICES - OUTREACH	1,776	0	4,578	6,354		14 192.03
192.04 19204 OUTREACH PROGRAMS	52,420	8,007	0	60,427		1 192.04
192.05 19205 PHASE III REHAB	0	26,693	3,231	29,924		2 192.05
192.06 19206 AFFILIATES	0	0	0	0		0 192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	0	0		200 192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	23,169	0	101	23,270		33 192.08
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	11,906,154	7,478,612	9,107,679	28,492,445		31,258 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

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Cost Center Description		OTHER	OTHER	OTHER	MAINTENANCE & REPAIRS	MOB I	
		ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE AND GENERAL SBS			
		5.01	5.02	5.03	6.00	6.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590	1,560,935					5.01
5.02	00560	1,560,935	1,804,729				5.02
5.03	00591	0	56,504	56,504			5.03
6.00	00600	0	50,211	0	1,224,716		6.00
6.01	00601	0	4,667	0	0	644,597	6.01
6.02	00602	0	5,621	0	0	0	6.02
6.03	00603	0	2,395	0	0	0	6.03
6.04	00604	0	2,494	0	0	0	6.04
6.05	00605	0	5,170	0	0	0	6.05
6.06	00606	0	5,895	0	0	0	6.06
6.07	00607	0	6,332	0	0	0	6.07
6.08	00608	0	11,127	0	0	0	6.08
6.09	00609	0	1,784	0	0	0	6.09
6.10	00610	0	1,062	0	0	0	6.10
7.00	00700	0	17,166	0	0	0	7.00
8.00	00800	0	2,237	0	6,422	0	8.00
9.00	00900	0	25,857	0	12,343	13,282	9.00
10.00	01000	0	19,692	0	34,625	0	10.00
11.00	01100	0	601	0	17,484	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	0	16,625	0	7,906	0	13.00
14.00	01400	0	33,100	0	45,583	0	14.00
15.00	01500	0	43,930	0	23,874	0	15.00
16.00	01600	0	27,232	0	17,232	0	16.00
17.00	01700	0	232	0	6,750	4,022	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	24,365	0	41,087	0	22.00
23.00	02300	0	2,038	0	1,616	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	203,459	5,052	305,155	0	30.00
31.00	03100	0	36,438	987	14,908	0	31.00
32.01	03201	0	10,884	325	5,765	0	32.01
40.00	04000	0	21,704	348	46,737	0	40.00
41.00	04100	0	17,551	418	43,176	0	41.00
43.00	04300	0	18,721	210	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	118,546	5,112	114,585	0	50.00
54.00	05400	0	122,380	4,450	102,605	0	54.00
55.00	05500	0	73,765	2,095	7,814	57,034	55.00
57.00	05700	0	8,733	2,118	4,027	0	57.00
58.00	05800	0	8,068	834	6,034	0	58.00
59.00	05900	0	50,012	7,147	25,741	0	59.00
60.00	06000	0	65,876	3,238	39,992	0	60.00
63.00	06300	0	13,546	133	796	0	63.00
65.00	06500	0	20,887	1,481	10,911	0	65.00
66.00	06600	0	96,971	2,154	144,707	2,184	66.00
69.00	06900	0	22,528	1,278	5,652	0	69.00
70.00	07000	0	8,212	347	12,317	0	70.00
71.00	07100	0	153,063	5,002	1,861	0	71.00
72.00	07200	0	128,482	3,721	0	0	72.00
73.00	07300	0	100,801	4,793	0	0	73.00
74.00	07400	0	7,128	219	10,713	118,698	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	1,966	35	0	0	90.01
90.02	09002	0	15,479	727	9,138	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	3,271	20	3,898	0	90.04
90.05	09005	0	6,211	247	0	0	90.05
91.00	09100	0	55,049	4,013	46,728	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		1,560,935	1,756,068	56,504	1,178,182	195,220	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	561	0	605	0	190.00
190.01	19001	0	1,839	0	12,762	0	190.01
190.02	19002	0	0	0	0	0	190.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2014
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL SBS	MAINTENANCE & REPAIRS	MOB I	
			5.01	5.02	5.03	6.00	6.01	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	2,123	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	4,301	0	24,580	449,377	192.01
192.02	19202	FOUNDATION	0	67	0	1,003	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	23,482	0	1,750	0	192.04
192.05	19205	PHASE III REHAB	0	362	0	5,834	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	14,906	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	1,020	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,560,935	1,804,729	56,504	1,224,716	644,597	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033			Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/23/2015 7:19 am	
Cost Center Description		MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II		
		6.02	6.03	6.04	6.05	6.06		
GENERAL SERVICE COST CENTERS								
1.00	00100							1.00
2.00	00200							2.00
4.00	00400							4.00
5.01	00590							5.01
5.02	00560							5.02
5.03	00591							5.03
6.00	00600							6.00
6.01	00601							6.01
6.02	00602	769,734						6.02
6.03	00603		378,802					6.03
6.04	00604			374,795				6.04
6.05	00605				717,751			6.05
6.06	00606					814,090		6.06
6.07	00607							6.07
6.08	00608							6.08
6.09	00609							6.09
6.10	00610							6.10
7.00	00700							7.00
8.00	00800							8.00
9.00	00900	3,959	429			685		9.00
10.00	01000					18,238		10.00
11.00	01100							11.00
11.01	01101							11.01
13.00	01300	1,538				2,013		13.00
14.00	01400							14.00
15.00	01500							15.00
16.00	01600							16.00
17.00	01700						4,205	17.00
21.00	02100							21.00
22.00	02200							22.00
23.00	02300							23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	1,538						30.00
31.00	03100							31.00
32.01	03201							32.01
40.00	04000							40.00
41.00	04100							41.00
43.00	04300							43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000				236,385			50.00
54.00	05400							54.00
55.00	05500	995			171,622	22,171		55.00
57.00	05700							57.00
58.00	05800							58.00
59.00	05900							59.00
60.00	06000							60.00
63.00	06300							63.00
65.00	06500							65.00
66.00	06600							66.00
69.00	06900							69.00
70.00	07000							70.00
71.00	07100							71.00
72.00	07200							72.00
73.00	07300							73.00
74.00	07400							74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001							90.01
90.02	09002				1,971	28,582		90.02
90.03	09003							90.03
90.04	09004							90.04
90.05	09005							90.05
91.00	09100							91.00
92.00	09200							92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500							95.00
SPECIAL PURPOSE COST CENTERS								
118.00		8,030	429		430,914	54,958		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000							190.00
190.01	19001							190.01
190.02	19002		55,872	148,379				190.02
190.03	19003							190.03
191.00	19100							191.00
192.00	19200							192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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Cost Center Description			MOB I I	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
192.01	19201	NON REIMBURSEABLE COST	761,704	322,501	226,416	286,837	759,132	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	769,734	378,802	374,795	717,751	814,090	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033			Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/23/2015 7:19 am	
Cost Center Description		BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT		
		6.07	6.08	6.09	6.10	7.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA	920,831					6.07
6.08	00608	HEART INSTITUTE	0	1,542,553				6.08
6.09	00609	53RD STREET	0	0	284,315			6.09
6.10	00610	ELDRIDGE	0	0	0	167,498		6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	17,166	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	90	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	173	9.00
10.00	01000	DIETARY	0	0	0	0	485	10.00
11.00	01100	CAFETERIA	0	0	0	0	245	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	111	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	639	14.00
15.00	01500	PHARMACY	0	0	0	0	335	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,500	0	0	0	242	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	95	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	576	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	0	0	0	23	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	4,274	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	209	31.00
32.01	03201	NICU	0	0	0	0	81	32.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	655	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	605	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	1,606	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,049	0	0	0	1,438	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	110	55.00
57.00	05700	CT SCAN	0	0	0	0	56	57.00
58.00	05800	MRI	0	0	0	0	85	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	361	59.00
60.00	06000	LABORATORY	0	0	0	0	561	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	11	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	153	65.00
66.00	06600	PHYSICAL THERAPY	172,925	0	0	0	2,028	66.00
69.00	06900	ELECTROCARDIOLOGY	0	640,709	0	0	79	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	173	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	26	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	150	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	50,114	0	0	0	128	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	0	0	0	0	55	90.04
90.05	09005	PAIN MANAGEMENT	101,824	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	655	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	378,412	640,709	0	0	16,513	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	8	190.00
190.01	19001	AUXILIARY	0	0	0	0	179	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
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Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	542,419	901,844	284,315	167,498	345	192.01
192.02	19202	FOUNDATION	0	0	0	0	14	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	25	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	82	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	920,831	1,542,553	284,315	167,498	17,166	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/23/2015 7:19 am				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA		
		8.00	9.00	10.00	11.00	11.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL					5.01	
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02	
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS					5.03	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
6.01	00601	MOB I					6.01	
6.02	00602	MOB II					6.02	
6.03	00603	BETT MED PARK					6.03	
6.04	00604	NW CLINICS					6.04	
6.05	00605	CPMP I					6.05	
6.06	00606	CPMP II					6.06	
6.07	00607	BETT PLAZA					6.07	
6.08	00608	HEART INSTITUTE					6.08	
6.09	00609	53RD STREET					6.09	
6.10	00610	ELDRIDGE					6.10	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	38,610				8.00	
9.00	00900	HOUSEKEEPING	0	490,751			9.00	
10.00	01000	DIETARY	0	15,888	354,950		10.00	
11.00	01100	CAFETERIA	0	8,023	256,901	363,258	11.00	
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	363,258	11.01	
13.00	01300	NURSING ADMINISTRATION	0	3,628	0	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,916	0	0	14.00	
15.00	01500	PHARMACY	0	10,955	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,907	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	3,097	0	0	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	18,853	0	0	22.00	
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	741	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,433	140,022	89,181	0	105,107	30.00
31.00	03100	INTENSIVE CARE UNIT	1,502	6,841	8,868	0	12,003	31.00
32.01	03201	NICU	250	2,645	0	0	4,275	32.01
40.00	04000	SUBPROVIDER - IPF	528	0	0	0	6,174	40.00
41.00	04100	SUBPROVIDER - IRF	1,077	0	0	0	8,379	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,572	52,578	0	0	24,312	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,153	47,081	0	0	25,466	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	549	3,586	0	0	7,677	55.00
57.00	05700	CT SCAN	215	1,848	0	0	2,763	57.00
58.00	05800	MRI	0	2,769	0	0	1,024	58.00
59.00	05900	CARDIAC CATHETERIZATION	886	11,812	0	0	9,603	59.00
60.00	06000	LABORATORY	0	18,351	0	0	22,728	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	365	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,007	0	0	10,055	65.00
66.00	06600	PHYSICAL THERAPY	114	66,400	0	0	41,552	66.00
69.00	06900	ELECTROCARDIOLOGY	1	2,594	0	0	10,112	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	489	5,652	0	0	3,451	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	854	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4	4,916	0	0	3,069	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	577	90.01
90.02	09002	OP INSTITUTES	185	4,193	0	0	5,347	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	4	1,788	0	0	1,701	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	2,649	90.05
91.00	09100	EMERGENCY	5,648	21,441	0	0	24,472	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,610	490,751	354,950	363,258	360,979	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	274	190.00
190.01	19001	AUXILIARY	0	0	0	0	22	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	1,000	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
		8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0
192.02	19202	FOUNDATION	0	0	0	0	0
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	154
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0
192.05	19205	PHASE III REHAB	0	0	0	0	0
192.06	19206	AFFILIATES	0	0	0	0	0
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	829
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	38,610	490,751	354,950	363,258	363,258

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2014
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION	126,851					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	938,955				14.00
15.00	01500	PHARMACY	0	4,224	709,678			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	165,964		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	49,291	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	62,569	34,396	0	14,907	35,605	30.00
31.00	03100	INTENSIVE CARE UNIT	8,270	11,028	0	2,912	3,774	31.00
32.01	03201	NI CU	2,649	1,275	0	959	1,893	32.01
40.00	04000	SUBPROVIDER - I PF	4,639	152	0	1,027	3,518	40.00
41.00	04100	SUBPROVIDER - I RF	6,443	1,264	0	1,233	4,501	41.00
43.00	04300	NURSERY	0	0	0	621	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,597	68,996	0	15,084	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,577	10,823	0	13,130	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,240	1,597	185,108	6,183	0	55.00
57.00	05700	CT SCAN	0	2,604	0	6,249	0	57.00
58.00	05800	MRI	0	168	0	2,461	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,962	14,430	0	20,323	0	59.00
60.00	06000	LABORATORY	0	31,061	0	9,555	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	391	0	63.00
65.00	06500	RESPIRATORY THERAPY	1	4,663	0	4,369	0	65.00
66.00	06600	PHYSICAL THERAPY	251	2,100	0	6,357	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,854	998	0	3,771	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	135	1,002	0	1,024	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	396,824	0	14,759	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	333,245	0	10,980	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	514,267	14,143	0	73.00
74.00	07400	RENAL DIALYSIS	2,698	1,694	10,303	647	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	103	0	90.01
90.02	09002	OP INSTITUTES	1,975	3,268	0	2,147	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	352	23	0	59	0	90.04
90.05	09005	PAIN MANAGEMENT	577	1,166	0	730	0	90.05
91.00	09100	EMERGENCY	15,061	11,929	0	11,840	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	126,850	938,930	709,678	165,964	49,291	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILIARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE		
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY			
			13.00	14.00	15.00	16.00	17.00		
191.00	19100	RESEARCH	1	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	25	0	0	0	0	192.08
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	126,851	938,955	709,678	165,964	49,291	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00590 OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03 00591 OTHER ADMINISTRATIVE AND GENERAL SBS						5.03
6.00 00600 MAINTENANCE & REPAIRS						6.00
6.01 00601 MOB I						6.01
6.02 00602 MOB II						6.02
6.03 00603 BETT MED PARK						6.03
6.04 00604 NW CLINICS						6.04
6.05 00605 CPMP I						6.05
6.06 00606 CPMP II						6.06
6.07 00607 BETT PLAZA						6.07
6.08 00608 HEART INSTITUTE						6.08
6.09 00609 53RD STREET						6.09
6.10 00610 ELDRI DGE						6.10
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
11.01 01101 EMPLOYEE CAFETERIA						11.01
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
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		273,254				22.00
23.00 02300 PARAMED PRGM - PASTORAL CARE			11,811			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS					2,825,490	0 30.00
31.00 03100 INTENSIVE CARE UNIT					524,963	0 31.00
32.01 03201 NICU					152,890	0 32.01
40.00 04000 SUBPROVIDER - IPF					314,640	0 40.00
41.00 04100 SUBPROVIDER - IRF					313,154	0 41.00
43.00 04300 NURSERY					20,213	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM					3,868,266	0 50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC					1,859,490	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC					2,393,751	0 55.00
57.00 05700 CT SCAN					123,420	0 57.00
58.00 05800 MRI					473,104	0 58.00
59.00 05900 CARDIAC CATHETERIZATION					1,458,952	0 59.00
60.00 06000 LABORATORY					743,057	0 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.					22,408	0 63.00
65.00 06500 RESPIRATORY THERAPY					269,319	0 65.00
66.00 06600 PHYSICAL THERAPY					2,392,886	0 66.00
69.00 06900 ELECTROCARDIOLOGY					1,429,948	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY					217,585	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT					580,902	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS					476,428	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS					634,004	0 73.00
74.00 07400 RENAL DIALYSIS					279,781	0 74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH					3,142	0 90.01
90.02 09002 OP INSTITUTES					451,906	0 90.02
90.03 09003 MARC					0	0 90.03
90.04 09004 BARIATRIC CLINIC					129,580	0 90.04
90.05 09005 PAIN MANAGEMENT					335,496	0 90.05
91.00 09100 EMERGENCY					601,652	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES					0	0 95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	22,896,427	0 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2014
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00			
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			4,563	0
190.01	19001	AUXILIARY			78,674	0
190.02	19002	FIRST MED CLINICS			204,251	0
190.03	19003	EAP			0	0
191.00	19100	RESEARCH			4,170	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	0
192.01	19201	NON REIMBURSEABLE COST			4,843,788	0
192.02	19202	FOUNDATION			6,813	0
192.03	19203	BIO MED SERVICES - OUTREACH			6,522	0
192.04	19204	OUTREACH PROGRAMS			85,685	0
192.05	19205	PHASE III REHAB			36,204	0
192.06	19206	AFFILIATES			0	0
192.07	19207	NON-ALLOWABLE MEALS			15,106	0
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH			25,177	0
200.00		Cross Foot Adjustments	0	273,254	11,811	285,065
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	273,254	11,811	28,492,445

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/23/2015 7:19 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS	5.03
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	MOB I	6.01
6.02	00602	MOB II	6.02
6.03	00603	BETT MED PARK	6.03
6.04	00604	NW CLINICS	6.04
6.05	00605	CPMP I	6.05
6.06	00606	CPMP II	6.06
6.07	00607	BETT PLAZA	6.07
6.08	00608	HEART INSTITUTE	6.08
6.09	00609	53RD STREET	6.09
6.10	00610	ELDRI DGE	6.10
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
11.01	01101	EMPLOYEE CAFETERIA	11.01
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.01	03201	NICU	32.01
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001	CLINICAL PSYCH	90.01
90.02	09002	OP INSTITUTES	90.02
90.03	09003	MARC	90.03
90.04	09004	BARIATRIC CLINIC	90.04
90.05	09005	PAIN MANAGEMENT	90.05
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	AUXILIARY	190.01
190.02	19002	FIRST MED CLINICS	190.02
190.03	19003	EAP	190.03
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	4,843,788	192.01
192.02	19202	FOUNDATION	6,813	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	6,522	192.03
192.04	19204	OUTREACH PROGRAMS	85,685	192.04
192.05	19205	PHASE III REHAB	36,204	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	15,106	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	25,177	192.08
200.00		Cross Foot Adjustments	285,065	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	28,492,445	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1
Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	OTHER ADMINISTRATIVE AND GENERAL (TOTAL COST)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	693,977				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		8,774,078			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,882	0	86,347,215		4.00
5.01 00590	OTHER ADMINISTRATIVE AND GENERAL	78,564	309,351	1,456,910	100	5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	13,401	75,520	1,277,653	100	-47,074,021 5.02
5.03 00591	OTHER ADMINISTRATIVE AND GENERAL SBS	0	0	0	0	5.03
6.00 00600	MAINTENANCE & REPAIRS	79,103	257,707	2,351,735	0	6.00
6.01 00601	MOB I	0	0	0	0	6.01
6.02 00602	MOB II	0	0	0	0	6.02
6.03 00603	BETT MED PARK	0	0	0	0	6.03
6.04 00604	NW CLINICS	0	0	0	0	6.04
6.05 00605	CPMP I	0	0	0	0	6.05
6.06 00606	CPMP II	0	0	0	0	6.06
6.07 00607	BETT PLAZA	0	0	0	0	6.07
6.08 00608	HEART INSTITUTE	0	0	0	0	6.08
6.09 00609	53RD STREET	0	0	0	0	6.09
6.10 00610	ELDRIDGE	0	0	0	0	6.10
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,727	355	59,211	0	8.00
9.00 00900	HOUSEKEEPING	5,241	304,020	972,073	0	9.00
10.00 01000	DIETARY	14,702	20,019	685,542	0	10.00
11.00 01100	CAFETERIA	7,424	0	0	0	11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
13.00 01300	NURSING ADMINISTRATION	3,357	28,336	1,687,781	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	19,355	586,632	450,604	0	14.00
15.00 01500	PHARMACY	10,137	451,140	4,817,486	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,317	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	2,866	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,446	0	1,014,705	0	22.00
23.00 02300	PARAMED ED PRGM - PASTORAL CARE	686	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	129,572	177,160	19,071,587	0	30.00
31.00 03100	INTENSIVE CARE UNIT	6,330	291,559	2,905,640	0	31.00
32.01 03201	NI CU	2,448	85,154	1,075,873	0	32.01
40.00 04000	SUBPROVIDER - I PF	19,845	1,271	1,528,765	0	40.00
41.00 04100	SUBPROVIDER - I RF	18,333	14,371	1,642,681	0	41.00
43.00 04300	NURSERY	0	0	1,826,321	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	48,654	1,637,097	6,144,371	0	50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	43,567	704,371	5,059,300	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	3,318	1,350,940	1,913,515	0	55.00
57.00 05700	CT SCAN	1,710	73,368	609,755	0	57.00
58.00 05800	MRI	2,562	406,766	252,198	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	10,930	1,007,847	2,771,649	0	59.00
60.00 06000	LABORATORY	16,981	230,204	3,516,158	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	338	3,395	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	4,633	82,131	2,002,627	0	65.00
66.00 06600	PHYSICAL THERAPY	61,444	141,526	9,831,232	0	66.00
69.00 06900	ELECTROCARDIOLOGY	2,400	176,184	2,072,175	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	5,230	114,885	662,521	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	790	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	4,549	0	520,509	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	CLINICAL PSYCH	0	0	223,057	0	90.01
90.02 09002	OP INSTITUTES	3,880	35,994	1,017,957	0	90.02
90.03 09003	MARC	0	0	0	0	90.03
90.04 09004	BARITRIC CLINIC	1,655	8,853	309,604	0	90.04
90.05 09005	PAIN MANAGEMENT	0	45,148	552,451	0	90.05
91.00 09100	EMERGENCY	19,841	140,909	5,057,208	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	674,218	8,762,213	85,340,854	100	-47,074,021 118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	OTHER ADMINISTRATIVE AND GENERAL (TOTAL COST)	Reconciliation			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	257	0	36,774	0	0	190.00
190.01	19001	AUXILIARY	5,419	2,190	14,472	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	932	217,684	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	10,437	27	46,611	0	0	192.01
192.02	19202	FOUNDATION	426	1,096	996	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	4,410	39,183	0	-53,234	192.03
192.04	19204	OUTREACH PROGRAMS	743	0	1,736	0	0	192.04
192.05	19205	PHASE III REHAB	2,477	3,113	5,789	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	551,199	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	97	91,917	0	0	192.08
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)	7,478,612	9,107,679	6,320,398	21,101,673		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.776455	1.038021	0.073197	211,016.730000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			31,258	1,560,935		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000362	15,609.350000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1
Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL SBS (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
		5.02	5.03	6.00	6.01	6.02	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560	240,394,908					5.02
5.03	00591	7,526,874	919,539,391				5.03
6.00	00600	6,688,565	0	520,027			6.00
6.01	00601	621,744	0	0	39,263		6.01
6.02	00602	748,704	0	0	0	34,028	6.02
6.03	00603	319,029	0	0	0	0	6.03
6.04	00604	332,177	0	0	0	0	6.04
6.05	00605	688,672	0	0	0	0	6.05
6.06	00606	785,329	0	0	0	0	6.06
6.07	00607	843,437	0	0	0	0	6.07
6.08	00608	1,482,278	0	0	0	0	6.08
6.09	00609	237,656	0	0	0	0	6.09
6.10	00610	141,408	0	0	0	0	6.10
7.00	00700	2,286,664	0	0	0	0	7.00
8.00	00800	297,998	0	2,727	0	0	8.00
9.00	00900	3,444,342	0	5,241	809	175	9.00
10.00	01000	2,623,087	0	14,702	0	0	10.00
11.00	01100	80,004	0	7,424	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	2,214,534	0	3,357	0	68	13.00
14.00	01400	4,409,267	0	19,355	0	0	14.00
15.00	01500	5,851,835	0	10,137	0	0	15.00
16.00	01600	3,627,544	0	7,317	0	0	16.00
17.00	01700	30,885	0	2,866	245	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	3,245,666	0	17,446	0	0	22.00
23.00	02300	271,415	0	686	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	27,091,868	82,817,224	129,572	0	68	30.00
31.00	03100	4,853,813	16,175,412	6,330	0	0	31.00
32.01	03201	1,449,850	5,325,082	2,448	0	0	32.01
40.00	04000	2,891,144	5,704,376	19,845	0	0	40.00
41.00	04100	2,337,926	6,850,882	18,333	0	0	41.00
43.00	04300	2,493,782	3,450,316	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	15,791,406	83,802,025	48,654	0	0	50.00
54.00	05400	16,302,174	72,943,214	43,567	0	0	54.00
55.00	05500	9,826,164	34,349,809	3,318	3,474	44	55.00
57.00	05700	1,163,327	34,715,884	1,710	0	0	57.00
58.00	05800	1,074,716	13,669,827	2,562	0	0	58.00
59.00	05900	6,662,021	110,427,544	10,930	0	0	59.00
60.00	06000	8,775,256	53,082,960	16,981	0	0	60.00
63.00	06300	1,804,499	2,172,459	338	0	0	63.00
65.00	06500	2,782,275	24,272,420	4,633	0	0	65.00
66.00	06600	12,917,367	35,317,400	61,444	133	0	66.00
69.00	06900	3,000,913	20,952,650	2,400	0	0	69.00
70.00	07000	1,093,964	5,689,267	5,230	0	0	70.00
71.00	07100	20,389,384	81,991,924	790	0	0	71.00
72.00	07200	17,114,940	60,997,718	0	0	0	72.00
73.00	07300	13,427,558	78,572,288	0	0	0	73.00
74.00	07400	949,468	3,593,744	4,549	7,230	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	261,849	573,537	0	0	0	90.01
90.02	09002	2,061,965	11,925,511	3,880	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	435,735	330,363	1,655	0	0	90.04
90.05	09005	827,324	4,056,314	0	0	0	90.05
91.00	09100	7,333,075	65,779,241	19,841	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		233,912,877	919,539,391	500,268	11,891	355	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	74,702	0	257	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL SBS (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
		5.02	5.03	6.00	6.01	6.02	
190.01	19001 AUXILIARY	244,951	0	5,419	0	0	190.01
190.02	19002 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003 EAP	0	0	0	0	0	190.03
191.00	19100 RESEARCH	282,825	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 NON REIMBURSEABLE COST	572,959	0	10,437	27,372	33,673	192.01
192.02	19202 FOUNDATION	8,876	0	426	0	0	192.02
192.03	19203 BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204 OUTREACH PROGRAMS	3,128,045	0	743	0	0	192.04
192.05	19205 PHASE III REHAB	48,217	0	2,477	0	0	192.05
192.06	19206 AFFILIATES	0	0	0	0	0	192.06
192.07	19207 NON-ALLOWABLE MEALS	1,985,593	0	0	0	0	192.07
192.08	19208 ENVIRONMENTAL SVCS - OUTREACH	135,863	0	0	0	0	192.08
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)	47,074,021	9,000,786	7,998,320	743,494	895,315	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.195820	0.009788	15.380586	18.936250	26.311126	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,804,729	56,504	1,224,716	644,597	769,734	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.007507	0.000061	2.355101	16.417416	22.620607	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1
Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description		BETT MED PARK (SQUARE FEET)	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	
		6.03	6.04	6.05	6.06	6.07	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560						5.02
5.03	00591						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603	22,943					6.03
6.04	00604	0	10,225				6.04
6.05	00605	0	0	51,357			6.05
6.06	00606	0	0	0	46,854		6.06
6.07	00607	0	0	0	0	56,557	6.07
6.08	00608	0	0	0	0	0	6.08
6.09	00609	0	0	0	0	0	6.09
6.10	00610	0	0	0	0	0	6.10
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	26	0	49	0	0	9.00
10.00	01000	0	0	1,305	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	0	0	144	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	2,119	16.00
17.00	01700	0	0	0	242	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
32.01	03201	0	0	0	0	0	32.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	16,914	0	0	50.00
54.00	05400	0	0	0	0	1,170	54.00
55.00	05500	0	0	12,280	1,276	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	10,621	66.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	141	1,645	3,078	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	0	0	0	0	6,254	90.05
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		26	0	30,833	3,163	23,242	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
190.02	19002	3,384	4,048	0	0	0	190.02
190.03	19003	0	0	0	0	0	190.03
191.00	19100	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description		BETT MED PARK (SQUARE FEET)	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	
		6.03	6.04	6.05	6.06	6.07	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	19,533	6,177	20,524	43,691	33,315 192.01
192.02	19202	FOUNDATION	0	0	0	0	0 192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0 192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0 192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0 192.05
192.06	19206	AFFILIATES	0	0	0	0	0 192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0 192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0 192.08
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)	381,501	397,224	823,528	939,112	1,008,599 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.628209	38.848313	16.035360	20.043369	17.833319 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	378,802	374,795	717,751	814,090	920,831 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	16.510570	36.654768	13.975719	17.375037	16.281468 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description		HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		6.08	6.09	6.10	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560						5.02
5.03	00591						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
6.06	00606						6.06
6.07	00607						6.07
6.08	00608	75,097					6.08
6.09	00609	0	13,636				6.09
6.10	00610	0	0	7,560			6.10
7.00	00700	0	0	0	520,027		7.00
8.00	00800	0	0	0	2,727	1,983,425	8.00
9.00	00900	0	0	0	5,241	0	9.00
10.00	01000	0	0	0	14,702	0	10.00
11.00	01100	0	0	0	7,424	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	0	0	0	3,357	0	13.00
14.00	01400	0	0	0	19,355	0	14.00
15.00	01500	0	0	0	10,137	0	15.00
16.00	01600	0	0	0	7,317	0	16.00
17.00	01700	0	0	0	2,866	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	17,446	0	22.00
23.00	02300	0	0	0	686	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	129,572	1,049,717	30.00
31.00	03100	0	0	0	6,330	77,169	31.00
32.01	03201	0	0	0	2,448	12,855	32.01
40.00	04000	0	0	0	19,845	27,101	40.00
41.00	04100	0	0	0	18,333	55,303	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	48,654	234,866	50.00
54.00	05400	0	0	0	43,567	110,603	54.00
55.00	05500	0	0	0	3,318	28,198	55.00
57.00	05700	0	0	0	1,710	11,070	57.00
58.00	05800	0	0	0	2,562	0	58.00
59.00	05900	0	0	0	10,930	45,519	59.00
60.00	06000	0	0	0	16,981	0	60.00
63.00	06300	0	0	0	338	0	63.00
65.00	06500	0	0	0	4,633	0	65.00
66.00	06600	0	0	0	61,444	5,863	66.00
69.00	06900	31,192	0	0	2,400	40	69.00
70.00	07000	0	0	0	5,230	25,113	70.00
71.00	07100	0	0	0	790	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	4,549	181	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	3,880	9,493	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	1,655	194	90.04
90.05	09005	0	0	0	0	0	90.05
91.00	09100	0	0	0	19,841	290,140	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		31,192	0	0	500,268	1,983,425	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	257	0	190.00
190.01	19001	0	0	0	5,419	0	190.01
190.02	19002	0	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			6.08	6.09	6.10	7.00	8.00	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	43,905	13,636	7,560	10,437	0	192.01
192.02	19202	FOUNDATION	0	0	0	426	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	743	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	2,477	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	1,772,538	284,194	169,099	2,734,439	412,634	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.603313	20.841449	22.367593	5.258264	0.208041	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,542,553	284,315	167,498	17,166	38,610	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	20.540807	20.850323	22.155820	0.033010	0.019466	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
		9.00	10.00	11.00	11.01	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560						5.02
5.03	00591						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
6.06	00606						6.06
6.07	00607						6.07
6.08	00608						6.08
6.09	00609						6.09
6.10	00610						6.10
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	454,122					10.00
11.00	01100	14,702	674,062				11.00
11.01	01101	7,424	487,864	487,864			11.01
11.01	01101	0	0	487,864	134,098		11.01
13.00	01300	3,357	0	0	3,198	1,257,649	13.00
14.00	01400	19,355	0	0	1,314	0	14.00
15.00	01500	10,137	0	0	6,001	0	15.00
16.00	01600	7,317	0	0	0	0	16.00
17.00	01700	2,866	0	0	2	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	17,446	0	0	0	0	22.00
23.00	02300	686	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	129,572	169,358	0	38,800	620,329	30.00
31.00	03100	6,330	16,840	0	4,431	81,994	31.00
32.01	03201	2,448	0	0	1,578	26,260	32.01
40.00	04000	0	0	0	2,279	45,997	40.00
41.00	04100	0	0	0	3,093	63,882	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	48,654	0	0	8,975	124,895	50.00
54.00	05400	43,567	0	0	9,401	15,630	54.00
55.00	05500	3,318	0	0	2,834	12,295	55.00
57.00	05700	1,710	0	0	1,020	0	57.00
58.00	05800	2,562	0	0	378	0	58.00
59.00	05900	10,930	0	0	3,545	29,370	59.00
60.00	06000	16,981	0	0	8,390	0	60.00
63.00	06300	338	0	0	0	0	63.00
65.00	06500	4,633	0	0	3,712	8	65.00
66.00	06600	61,444	0	0	15,339	2,487	66.00
69.00	06900	2,400	0	0	3,733	28,292	69.00
70.00	07000	5,230	0	0	1,274	1,339	70.00
71.00	07100	790	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	4,549	0	0	1,133	26,752	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	213	0	90.01
90.02	09002	3,880	0	0	1,974	19,579	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	1,655	0	0	628	3,492	90.04
90.05	09005	0	0	0	978	5,716	90.05
91.00	09100	19,841	0	0	9,034	149,324	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		454,122	674,062	487,864	133,257	1,257,641	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	101	0	190.00
190.01	19001	0	0	0	8	0	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)		
			9.00	10.00	11.00	11.01	13.00		
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	369	0	8	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	57	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	306	0	0	192.08
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)	4,248,123	3,598,629	2,922,910	2,922,910	2,822,676		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.354585	5.338721	5.991239	21.796820	2.244407		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	490,751	354,950	363,258	363,258	126,851		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.080659	0.526584	0.744589	2.708899	0.100864		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period: From 07/01/2014 To 06/30/2015

Worksheet B-1

Date/Time Prepared: 11/23/2015 7:19 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00590 OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03 00591 OTHER ADMINISTRATIVE AND GENERAL SBS						5.03
6.00 00600 MAINTENANCE & REPAIRS						6.00
6.01 00601 MOB I						6.01
6.02 00602 MOB II						6.02
6.03 00603 BETT MED PARK						6.03
6.04 00604 NW CLINICS						6.04
6.05 00605 CPMP I						6.05
6.06 00606 CPMP II						6.06
6.07 00607 BETT PLAZA						6.07
6.08 00608 HEART INSTITUTE						6.08
6.09 00609 53RD STREET						6.09
6.10 00610 ELDRI DGE						6.10
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
11.01 01101 EMPLOYEE CAFETERIA						11.01
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	48,223,797					14.00
15.00 01500 PHARMACY	216,917	18,529,675				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	919,539,391			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	67,999		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,766,515	0	82,817,224	49,118	0	30.00
31.00 03100 INTENSIVE CARE UNIT	566,400	0	16,175,412	5,206	0	31.00
32.01 03201 NICU	65,482	0	5,325,082	2,612	0	32.01
40.00 04000 SUBPROVIDER - IPF	7,799	0	5,704,376	4,853	0	40.00
41.00 04100 SUBPROVIDER - IRF	64,901	0	6,850,882	6,210	0	41.00
43.00 04300 NURSERY	0	0	3,450,316	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,543,543	0	83,802,025	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	555,854	0	72,943,214	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	82,031	4,833,117	34,349,809	0	0	55.00
57.00 05700 CT SCAN	133,751	0	34,715,884	0	0	57.00
58.00 05800 MRI	8,619	0	13,669,827	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	741,086	0	110,427,544	0	0	59.00
60.00 06000 LABORATORY	1,595,247	0	53,082,960	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	2,172,459	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	239,493	0	24,272,420	0	0	65.00
66.00 06600 PHYSICAL THERAPY	107,845	0	35,317,400	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	51,265	0	20,952,650	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	51,445	0	5,689,267	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	20,380,871	0	81,991,924	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	17,114,940	0	60,997,718	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	13,427,558	78,572,288	0	0	73.00
74.00 07400 RENAL DIALYSIS	87,001	269,000	3,593,744	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0	0	573,537	0	0	90.01
90.02 09002 OP INSTITUTES	167,816	0	11,925,511	0	0	90.02
90.03 09003 MARC	0	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	1,183	0	330,363	0	0	90.04
90.05 09005 PAIN MANAGEMENT	59,897	0	4,056,314	0	0	90.05
91.00 09100 EMERGENCY	612,636	0	65,779,241	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	48,222,537	18,529,675	919,539,391	67,999	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

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Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	21.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 AUXILIARY	0	0	0	0	0	190.01
190.02 19002 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03 19003 EAP	0	0	0	0	0	190.03
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02 19202 FOUNDATION	0	0	0	0	0	192.02
192.03 19203 BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04 19204 OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05 19205 PHASE III REHAB	0	0	0	0	0	192.05
192.06 19206 AFFILIATES	0	0	0	0	0	192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	1,260	0	0	0	0	192.08
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)	5,881,854	7,459,044	4,595,141	132,427		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.121970	0.402546	0.004997	1.947485	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	938,955	709,678	165,964	49,291		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.019471	0.038300	0.000180	0.724878	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
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To 06/30/2015

Worksheet B-1
Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM - PASTORAL CARE (PATIENT DAYS)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00	23.00		
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT			1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00	
5.01 00590 OTHER ADMINISTRATIVE AND GENERAL			5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL			5.02	
5.03 00591 OTHER ADMINISTRATIVE AND GENERAL SBS			5.03	
6.00 00600 MAINTENANCE & REPAIRS			6.00	
6.01 00601 MOB I			6.01	
6.02 00602 MOB II			6.02	
6.03 00603 BETT MED PARK			6.03	
6.04 00604 NW CLINICS			6.04	
6.05 00605 CPMP I			6.05	
6.06 00606 CPMP II			6.06	
6.07 00607 BETT PLAZA			6.07	
6.08 00608 HEART INSTITUTE			6.08	
6.09 00609 53RD STREET			6.09	
6.10 00610 ELDRI DGE			6.10	
7.00 00700 OPERATION OF PLANT			7.00	
8.00 00800 LAUNDRY & LINEN SERVICE			8.00	
9.00 00900 HOUSEKEEPING			9.00	
10.00 01000 DIETARY			10.00	
11.00 01100 CAFETERIA			11.00	
11.01 01101 EMPLOYEE CAFETERIA			11.01	
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	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	36,761		22.00	
23.00 02300 PARAMED PRGM - PASTORAL CARE		71,943	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	17,506	49,118	30.00	
31.00 03100 INTENSIVE CARE UNIT	1,031	5,206	31.00	
32.01 03201 NICU	1,402	2,612	32.01	
40.00 04000 SUBPROVIDER - IPF	1,225	4,853	40.00	
41.00 04100 SUBPROVIDER - IRF	0	6,210	41.00	
43.00 04300 NURSERY	0	3,944	43.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,049	0	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,373	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00	
57.00 05700 CT SCAN	0	0	57.00	
58.00 05800 MRI	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00	
60.00 06000 LABORATORY	433	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	433	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 CLINICAL PSYCH	0	0	90.01	
90.02 09002 OP INSTITUTES	0	0	90.02	
90.03 09003 MARC	0	0	90.03	
90.04 09004 BARIATRIC CLINIC	0	0	90.04	
90.05 09005 PAIN MANAGEMENT	0	0	90.05	
91.00 09100 EMERGENCY	2,080	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00	
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0	95.00	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	26,532	71,943	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM - PASTORAL CARE (PATIENT DAYS)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00	23.00	
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01 19001 AUXILIARY	0	0	190.01
190.02 19002 FIRST MED CLINICS	0	0	190.02
190.03 19003 EAP	0	0	190.03
191.00 19100 RESEARCH	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	10,229	0	192.00
192.01 19201 NON REIMBURSEABLE COST	0	0	192.01
192.02 19202 FOUNDATION	0	0	192.02
192.03 19203 BIO MED SERVICES - OUTREACH	0	0	192.03
192.04 19204 OUTREACH PROGRAMS	0	0	192.04
192.05 19205 PHASE III REHAB	0	0	192.05
192.06 19206 AFFILIATES	0	0	192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	0	0	192.08
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)	4,404,498	345,138	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	119.814423	4.797381	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	273,254	11,811	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	7.433258	0.164172	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/23/2015 7:19 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	41,416,718		41,416,718	13	41,416,731	30.00
31.00 03100 INTENSIVE CARE UNIT	6,724,066		6,724,066	0	6,724,066	31.00
32.01 03201 NICU	2,007,527		2,007,527	0	2,007,527	32.01
40.00 04000 SUBPROVIDER - I PF	4,143,438		4,143,438	0	4,143,438	40.00
41.00 04100 SUBPROVIDER - I RF	3,547,503		3,547,503	0	3,547,503	41.00
43.00 04300 NURSERY	3,052,048		3,052,048	0	3,052,048	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	22,810,224		22,810,224	0	22,810,224	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	22,231,320		22,231,320	54	22,231,374	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	14,697,926		14,697,926	0	14,697,926	55.00
57.00 05700 CT SCAN	1,996,543		1,996,543	0	1,996,543	57.00
58.00 05800 MRI	1,573,408		1,573,408	0	1,573,408	58.00
59.00 05900 CARDIAC CATHETERIZATION	10,170,661		10,170,661	0	10,170,661	59.00
60.00 06000 LABORATORY	12,165,225		12,165,225	36	12,165,261	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,200,114		2,200,114	0	2,200,114	63.00
65.00 06500 RESPIRATORY THERAPY	3,935,066	0	3,935,066	41	3,935,107	65.00
66.00 06600 PHYSICAL THERAPY	18,358,155	0	18,358,155	0	18,358,155	66.00
69.00 06900 ELECTROCARDIOLOGY	4,857,684		4,857,684	0	4,857,684	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,591,439		1,591,439	20	1,591,459	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	28,103,830		28,103,830	0	28,103,830	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	23,455,749		23,455,749	0	23,455,749	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	22,623,841		22,623,841	0	22,623,841	73.00
74.00 07400 RENAL DIALYSIS	1,665,549		1,665,549	0	1,665,549	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	326,247		326,247	0	326,247	90.01
90.02 09002 OP INSTITUTES	2,957,970		2,957,970	0	2,957,970	90.02
90.03 09003 MARC	0		0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	597,294		597,294	0	597,294	90.04
90.05 09005 PAIN MANAGEMENT	1,202,285		1,202,285	0	1,202,285	90.05
91.00 09100 EMERGENCY	11,003,823		11,003,823	0	11,003,823	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	3,443,387		3,443,387	0	3,443,387	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0		0	0	0	95.00
200.00 Subtotal (see instructions)	272,859,040	0	272,859,040	164	272,859,204	200.00
201.00 Less Observation Beds	3,443,387		3,443,387		3,443,387	201.00
202.00 Total (see instructions)	269,415,653	0	269,415,653	164	269,415,817	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/23/2015 7:19 am
		Title XVII I	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	76,158,922		76,158,922	30.00
31.00	03100	INTENSIVE CARE UNIT	16,175,412		16,175,412	31.00
32.01	03201	NI CU	5,325,082		5,325,082	32.01
40.00	04000	SUBPROVIDER - I PF	5,704,376		5,704,376	40.00
41.00	04100	SUBPROVIDER - I RF	6,850,882		6,850,882	41.00
43.00	04300	NURSERY	3,450,316		3,450,316	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	48,526,009	35,276,016	83,802,025	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,881,493	62,061,721	72,943,214	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	610,193	33,739,616	34,349,809	55.00
57.00	05700	CT SCAN	11,217,912	23,497,972	34,715,884	57.00
58.00	05800	MRI	4,008,543	9,661,284	13,669,827	58.00
59.00	05900	CARDIAC CATHETERIZATION	35,854,078	74,573,466	110,427,544	59.00
60.00	06000	LABORATORY	31,026,978	22,055,982	53,082,960	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,615,843	556,616	2,172,459	63.00
65.00	06500	RESPIRATORY THERAPY	21,360,924	2,911,496	24,272,420	65.00
66.00	06600	PHYSICAL THERAPY	13,344,113	21,973,287	35,317,400	66.00
69.00	06900	ELECTROCARDIOLOGY	9,023,262	11,929,388	20,952,650	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	336,968	5,352,299	5,689,267	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	42,463,932	39,527,992	81,991,924	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,263,748	24,733,970	60,997,718	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,097,107	22,475,181	78,572,288	73.00
74.00	07400	RENAL DIALYSIS	35,130	3,558,614	3,593,744	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	CLINICAL PSYCH	305,630	267,907	573,537	90.01
90.02	09002	OP INSTITUTES	187,380	11,738,131	11,925,511	90.02
90.03	09003	MARC	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	330,363	330,363	90.04
90.05	09005	PAIN MANAGEMENT	2,167	4,054,147	4,056,314	90.05
91.00	09100	EMERGENCY	12,266,689	53,512,552	65,779,241	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,679,006	2,979,296	6,658,302	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
200.00		Subtotal (see instructions)	452,772,095	466,767,296	919,539,391	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	452,772,095	466,767,296	919,539,391	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/23/2015 7:19 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.01	03201 NICU			32.01
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.272192		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.304776		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.427890		55.00
57.00	05700 CT SCAN	0.057511		57.00
58.00	05800 MRI	0.115101		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.092103		59.00
60.00	06000 LABORATORY	0.229175		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1.012730		63.00
65.00	06500 RESPIRATORY THERAPY	0.162123		65.00
66.00	06600 PHYSICAL THERAPY	0.519805		66.00
69.00	06900 ELECTROCARDIOLOGY	0.231841		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.279730		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.342763		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.384535		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.287937		73.00
74.00	07400 RENAL DIALYSIS	0.463458		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	0.568833		90.01
90.02	09002 OP INSTITUTES	0.248037		90.02
90.03	09003 MARC	0.000000		90.03
90.04	09004 BARIATRIC CLINIC	1.807993		90.04
90.05	09005 PAIN MANAGEMENT	0.296398		90.05
91.00	09100 EMERGENCY	0.167284		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.517157		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
11/23/2015 7:19 am

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	41,416,718		41,416,718	13	41,416,731	30.00
31.00	03100 INTENSIVE CARE UNIT	6,724,066		6,724,066	0	6,724,066	31.00
32.01	03201 NICU	2,007,527		2,007,527	0	2,007,527	32.01
40.00	04000 SUBPROVIDER - I PF	4,143,438		4,143,438	0	4,143,438	40.00
41.00	04100 SUBPROVIDER - I RF	3,547,503		3,547,503	0	3,547,503	41.00
43.00	04300 NURSERY	3,052,048		3,052,048	0	3,052,048	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	22,810,224		22,810,224	0	22,810,224	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	22,231,320		22,231,320	54	22,231,374	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	14,697,926		14,697,926	0	14,697,926	55.00
57.00	05700 CT SCAN	1,996,543		1,996,543	0	1,996,543	57.00
58.00	05800 MRI	1,573,408		1,573,408	0	1,573,408	58.00
59.00	05900 CARDIAC CATHETERIZATION	10,170,661		10,170,661	0	10,170,661	59.00
60.00	06000 LABORATORY	12,165,225		12,165,225	36	12,165,261	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,200,114		2,200,114	0	2,200,114	63.00
65.00	06500 RESPIRATORY THERAPY	3,935,066	0	3,935,066	41	3,935,107	65.00
66.00	06600 PHYSICAL THERAPY	18,358,155	0	18,358,155	0	18,358,155	66.00
69.00	06900 ELECTROCARDIOLOGY	4,857,684		4,857,684	0	4,857,684	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,591,439		1,591,439	20	1,591,459	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	28,103,830		28,103,830	0	28,103,830	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	23,455,749		23,455,749	0	23,455,749	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,623,841		22,623,841	0	22,623,841	73.00
74.00	07400 RENAL DIALYSIS	1,665,549		1,665,549	0	1,665,549	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	326,247		326,247	0	326,247	90.01
90.02	09002 OP INSTITUTES	2,957,970		2,957,970	0	2,957,970	90.02
90.03	09003 MARC	0		0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	597,294		597,294	0	597,294	90.04
90.05	09005 PAIN MANAGEMENT	1,202,285		1,202,285	0	1,202,285	90.05
91.00	09100 EMERGENCY	11,003,823		11,003,823	0	11,003,823	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,443,387		3,443,387	0	3,443,387	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
200.00	Subtotal (see instructions)	272,859,040	0	272,859,040	164	272,859,204	200.00
201.00	Less Observation Beds	3,443,387		3,443,387		3,443,387	201.00
202.00	Total (see instructions)	269,415,653	0	269,415,653	164	269,415,817	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/23/2015 7:19 am
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Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	76,158,922		76,158,922			30.00
31.00 03100 INTENSIVE CARE UNIT	16,175,412		16,175,412			31.00
32.01 03201 NICU	5,325,082		5,325,082			32.01
40.00 04000 SUBPROVIDER - I/PF	5,704,376		5,704,376			40.00
41.00 04100 SUBPROVIDER - I/RF	6,850,882		6,850,882			41.00
43.00 04300 NURSERY	3,450,316		3,450,316			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	48,526,009	35,276,016	83,802,025	0.272192	0.000000	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,881,493	62,061,721	72,943,214	0.304776	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	610,193	33,739,616	34,349,809	0.427890	0.000000	55.00
57.00 05700 CT SCAN	11,217,912	23,497,972	34,715,884	0.057511	0.000000	57.00
58.00 05800 MRI	4,008,543	9,661,284	13,669,827	0.115101	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	35,854,078	74,573,466	110,427,544	0.092103	0.000000	59.00
60.00 06000 LABORATORY	31,026,978	22,055,982	53,082,960	0.229174	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,615,843	556,616	2,172,459	1.012730	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	21,360,924	2,911,496	24,272,420	0.162121	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	13,344,113	21,973,287	35,317,400	0.519805	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	9,023,262	11,929,388	20,952,650	0.231841	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	336,968	5,352,299	5,689,267	0.279727	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	42,463,932	39,527,992	81,991,924	0.342763	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	36,263,748	24,733,970	60,997,718	0.384535	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	56,097,107	22,475,181	78,572,288	0.287937	0.000000	73.00
74.00 07400 RENAL DIALYSIS	35,130	3,558,614	3,593,744	0.463458	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	305,630	267,907	573,537	0.568833	0.000000	90.01
90.02 09002 OP INSTITUTES	187,380	11,738,131	11,925,511	0.248037	0.000000	90.02
90.03 09003 MARC	0	0	0	0.000000	0.000000	90.03
90.04 09004 BARIATRIC CLINIC	0	330,363	330,363	1.807993	0.000000	90.04
90.05 09005 PAIN MANAGEMENT	2,167	4,054,147	4,056,314	0.296398	0.000000	90.05
91.00 09100 EMERGENCY	12,266,689	53,512,552	65,779,241	0.167284	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	3,679,006	2,979,296	6,658,302	0.517157	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00	Subtotal (see instructions)	452,772,095	466,767,296	919,539,391		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	452,772,095	466,767,296	919,539,391		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/23/2015 7:19 am
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
32.01	03201 NICU			32.01
40.00	04000 SUBPROVIDER - I/PF			40.00
41.00	04100 SUBPROVIDER - I/RF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
	OUTPATIENT SERVICE COST CENTERS			
90.01	09001 CLINICAL PSYCH	0.000000		90.01
90.02	09002 OP INSTITUTES	0.000000		90.02
90.03	09003 MARC	0.000000		90.03
90.04	09004 BARIATRIC CLINIC	0.000000		90.04
90.05	09005 PAIN MANAGEMENT	0.000000		90.05
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part I Date/Time Prepared: 11/23/2015 7:19 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,825,490	0	2,825,490	53,572	52.74	30.00
31.00	INTENSIVE CARE UNIT	524,963		524,963	5,206	100.84	31.00
32.01	NICU	152,890		152,890	2,612	58.53	32.01
40.00	SUBPROVIDER - IPF	314,640	0	314,640	4,853	64.83	40.00
41.00	SUBPROVIDER - IRF	313,154	0	313,154	6,210	50.43	41.00
43.00	NURSERY	20,213		20,213	3,944	5.13	43.00
200.00	Total (Lines 30-199)	4,151,350		4,151,350	76,397		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	24,693	1,302,309				
31.00	INTENSIVE CARE UNIT	2,584	260,571				
32.01	NICU	0	0				
40.00	SUBPROVIDER - IPF	1,147	74,360				
41.00	SUBPROVIDER - IRF	3,206	161,679				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	31,630	1,798,919				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part II Date/Time Prepared: 11/23/2015 7:19 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,868,266	83,802,025	0.046160	20,182,580	931,628	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,859,490	72,943,214	0.025492	5,974,164	152,293	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,393,751	34,349,809	0.069687	236,743	16,498	55.00
57.00	05700 CT SCAN	123,420	34,715,884	0.003555	5,009,921	17,810	57.00
58.00	05800 MRI	473,104	13,669,827	0.034609	1,979,079	68,494	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,458,952	110,427,544	0.013212	21,609,312	285,502	59.00
60.00	06000 LABORATORY	743,057	53,082,960	0.013998	14,187,213	198,593	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	22,408	2,172,459	0.010315	736,187	7,594	63.00
65.00	06500 RESPIRATORY THERAPY	269,319	24,272,420	0.011096	10,900,028	120,947	65.00
66.00	06600 PHYSICAL THERAPY	2,392,886	35,317,400	0.067754	4,785,126	324,211	66.00
69.00	06900 ELECTROCARDIOLOGY	1,429,948	20,952,650	0.068247	5,304,174	361,994	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	217,585	5,689,267	0.038245	157,587	6,027	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	580,902	81,991,924	0.007085	22,847,458	161,874	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	476,428	60,997,718	0.007811	17,612,343	137,570	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	634,004	78,572,288	0.008069	25,067,743	202,272	73.00
74.00	07400 RENAL DIALYSIS	279,781	3,593,744	0.077852	34,750	2,705	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	3,142	573,537	0.005478	43,315	237	90.01
90.02	09002 OP INSTITUTES	451,906	11,925,511	0.037894	174,297	6,605	90.02
90.03	09003 MARC	0	0	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	129,580	330,363	0.392235	0	0	90.04
90.05	09005 PAIN MANAGEMENT	335,496	4,056,314	0.082710	2,117	175	90.05
91.00	09100 EMERGENCY	601,652	65,779,241	0.009147	6,730,161	61,561	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	234,911	6,658,302	0.035281	762,564	26,904	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	18,979,988	805,874,401		164,336,862	3,091,494	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 160033		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part III Date/Time Prepared: 11/23/2015 7:19 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS 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	235,637	0	0	235,637	30.00
31.00	03100	INTENSIVE CARE UNIT	0	24,975	0	0	24,975	31.00
32.01	03201	NICU	0	12,531	0	0	12,531	32.01
40.00	04000	SUBPROVIDER - I PF	0	23,282	0	0	23,282	40.00
41.00	04100	SUBPROVIDER - I RF	0	29,792	0	0	29,792	41.00
43.00	04300	NURSERY	0	18,921	0	0	18,921	43.00
200.00		Total (lines 30-199)	0	345,138	0	0	345,138	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	53,572	4.40	24,693	108,649		30.00
31.00	03100	INTENSIVE CARE UNIT	5,206	4.80	2,584	12,403		31.00
32.01	03201	NICU	2,612	4.80	0	0		32.01
40.00	04000	SUBPROVIDER - I PF	4,853	4.80	1,147	5,506		40.00
41.00	04100	SUBPROVIDER - I RF	6,210	4.80	3,206	15,389		41.00
43.00	04300	NURSERY	3,944	4.80	0	0		43.00
200.00		Total (lines 30-199)	76,397		31,630	141,947		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Title XVIII			Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	0	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	19,589	0	19,589
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	19,589	0	19,589

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/23/2015 7:19 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	83,802,025	0.000000	0.000000	20,182,580	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	72,943,214	0.000000	0.000000	5,974,164	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	34,349,809	0.000000	0.000000	236,743	55.00
57.00	05700 CT SCAN	0	34,715,884	0.000000	0.000000	5,009,921	57.00
58.00	05800 MRI	0	13,669,827	0.000000	0.000000	1,979,079	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	110,427,544	0.000000	0.000000	21,609,312	59.00
60.00	06000 LABORATORY	0	53,082,960	0.000000	0.000000	14,187,213	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,172,459	0.000000	0.000000	736,187	63.00
65.00	06500 RESPIRATORY THERAPY	0	24,272,420	0.000000	0.000000	10,900,028	65.00
66.00	06600 PHYSICAL THERAPY	0	35,317,400	0.000000	0.000000	4,785,126	66.00
69.00	06900 ELECTROCARDIOLOGY	0	20,952,650	0.000000	0.000000	5,304,174	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,689,267	0.000000	0.000000	157,587	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	81,991,924	0.000000	0.000000	22,847,458	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	60,997,718	0.000000	0.000000	17,612,343	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	78,572,288	0.000000	0.000000	25,067,743	73.00
74.00	07400 RENAL DIALYSIS	0	3,593,744	0.000000	0.000000	34,750	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0	573,537	0.000000	0.000000	43,315	90.01
90.02	09002 OP INSTITUTES	0	11,925,511	0.000000	0.000000	174,297	90.02
90.03	09003 MARC	0	0	0.000000	0.000000	0	90.03
90.04	09004 BARIATRIC CLINIC	0	330,363	0.000000	0.000000	0	90.04
90.05	09005 PAIN MANAGEMENT	0	4,056,314	0.000000	0.000000	2,117	90.05
91.00	09100 EMERGENCY	0	65,779,241	0.000000	0.000000	6,730,161	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	19,589	6,658,302	0.002942	0.002942	762,564	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	19,589	805,874,401			164,336,862	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet D
Part IV
Date/Time Prepared:
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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	8,846,293	0		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	16,719,225	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,978,949	0		55.00
57.00	05700 CT SCAN	0	6,876,976	0		57.00
58.00	05800 MRI	0	2,216,516	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	40,722,503	0		59.00
60.00	06000 LABORATORY	0	5,263,618	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	264,792	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	1,154,713	0		65.00
66.00	06600 PHYSICAL THERAPY	0	109,219	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	4,100,197	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,360,078	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,306,128	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,519,558	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	14,833,596	0		73.00
74.00	07400 RENAL DIALYSIS	0	79,006	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 CLINICAL PSYCH	0	125,189	0		90.01
90.02	09002 OP INSTITUTES	0	5,386,288	0		90.02
90.03	09003 MARC	0	0	0		90.03
90.04	09004 BARIATRIC CLINIC	0	35,346	0		90.04
90.05	09005 PAIN MANAGEMENT	0	1,140,603	0		90.05
91.00	09100 EMERGENCY	0	8,013,223	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,243	346,991	1,021		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	2,243	156,399,007	1,021		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/23/2015 7:19 am
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.272192	8,846,293	0	0	2,407,890	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.304776	16,719,225	0	0	5,095,619	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.427890	7,978,949	0	0	3,414,112	55.00
57.00 05700 CT SCAN	0.057511	6,876,976	0	0	395,502	57.00
58.00 05800 MRI	0.115101	2,216,516	0	0	255,123	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.092103	40,722,503	0	0	3,750,665	59.00
60.00 06000 LABORATORY	0.229174	5,263,618	94	0	1,206,284	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1.012730	264,792	5,833	0	268,163	63.00
65.00 06500 RESPIRATORY THERAPY	0.162121	1,154,713	0	0	187,203	65.00
66.00 06600 PHYSICAL THERAPY	0.519805	109,219	0	0	56,773	66.00
69.00 06900 ELECTROCARDIOLOGY	0.231841	4,100,197	0	0	950,594	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.279727	1,360,078	0	0	380,451	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.342763	18,306,128	0	0	6,274,663	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.384535	12,519,558	0	0	4,814,208	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.287937	14,833,596	68,998	0	4,271,141	73.00
74.00 07400 RENAL DIALYSIS	0.463458	79,006	12,345	0	36,616	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0.568833	125,189	0	0	71,212	90.01
90.02 09002 OP INSTITUTES	0.248037	5,386,288	0	0	1,335,999	90.02
90.03 09003 MARC	0.000000	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	1.807993	35,346	0	0	63,905	90.04
90.05 09005 PAIN MANAGEMENT	0.296398	1,140,603	0	0	338,072	90.05
91.00 09100 EMERGENCY	0.167284	8,013,223	0	0	1,340,484	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.517157	346,991	0	0	179,449	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0			95.00
200.00	Subtotal (see instructions)		156,399,007	87,270	37,094,128	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		156,399,007	87,270	37,094,128	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/23/2015 7:19 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	22	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	5,907	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	19,867	0		73.00
74.00 07400 RENAL DIALYSIS	5,721	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 CLINICAL PSYCH	0	0		90.01
90.02 09002 OP INSTITUTES	0	0		90.02
90.03 09003 MARC	0	0		90.03
90.04 09004 BARIATRIC CLINIC	0	0		90.04
90.05 09005 PAIN MANAGEMENT	0	0		90.05
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	31,517	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	31,517	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033 Component CCN: 16S033		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 11/23/2015 7:19 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,868,266	83,802,025	0.046160	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,859,490	72,943,214	0.025492	13,265	338	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,393,751	34,349,809	0.069687	0	0	55.00
57.00	05700	CT SCAN	123,420	34,715,884	0.003555	8,785	31	57.00
58.00	05800	MRI	473,104	13,669,827	0.034609	14,113	488	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,458,952	110,427,544	0.013212	0	0	59.00
60.00	06000	LABORATORY	743,057	53,082,960	0.013998	97,378	1,363	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22,408	2,172,459	0.010315	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	269,319	24,272,420	0.011096	10,943	121	65.00
66.00	06600	PHYSICAL THERAPY	2,392,886	35,317,400	0.067754	230,469	15,615	66.00
69.00	06900	ELECTROCARDIOLOGY	1,429,948	20,952,650	0.068247	10,698	730	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	217,585	5,689,267	0.038245	634	24	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	580,902	81,991,924	0.007085	1,837	13	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	476,428	60,997,718	0.007811	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	634,004	78,572,288	0.008069	244,551	1,973	73.00
74.00	07400	RENAL DIALYSIS	279,781	3,593,744	0.077852	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	3,142	573,537	0.005478	3,605	20	90.01
90.02	09002	OP INSTITUTES	451,906	11,925,511	0.037894	742	28	90.02
90.03	09003	MARC	0	0	0.000000	0	0	90.03
90.04	09004	BARIATRIC CLINIC	129,580	330,363	0.392235	0	0	90.04
90.05	09005	PAIN MANAGEMENT	335,496	4,056,314	0.082710	0	0	90.05
91.00	09100	EMERGENCY	601,652	65,779,241	0.009147	116,476	1,065	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,658,302	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	18,745,077	805,874,401		753,496	21,809	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/23/2015 7:19 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0	0	0	0	0	90.02
90.03 09003 MARC	0	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
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						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/23/2015 7:19 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	83,802,025	0.000000	0.000000	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	72,943,214	0.000000	0.000000	13,265	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	34,349,809	0.000000	0.000000	0	55.00
57.00 05700 CT SCAN	0	34,715,884	0.000000	0.000000	8,785	57.00
58.00 05800 MRI	0	13,669,827	0.000000	0.000000	14,113	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	110,427,544	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	53,082,960	0.000000	0.000000	97,378	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,172,459	0.000000	0.000000	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	24,272,420	0.000000	0.000000	10,943	65.00
66.00 06600 PHYSICAL THERAPY	0	35,317,400	0.000000	0.000000	230,469	66.00
69.00 06900 ELECTROCARDIOLOGY	0	20,952,650	0.000000	0.000000	10,698	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,689,267	0.000000	0.000000	634	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	81,991,924	0.000000	0.000000	1,837	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	60,997,718	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	78,572,288	0.000000	0.000000	244,551	73.00
74.00 07400 RENAL DIALYSIS	0	3,593,744	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0	573,537	0.000000	0.000000	3,605	90.01
90.02 09002 OP INSTITUTES	0	11,925,511	0.000000	0.000000	742	90.02
90.03 09003 MARC	0	0	0.000000	0.000000	0	90.03
90.04 09004 BARIATRIC CLINIC	0	330,363	0.000000	0.000000	0	90.04
90.05 09005 PAIN MANAGEMENT	0	4,056,314	0.000000	0.000000	0	90.05
91.00 09100 EMERGENCY	0	65,779,241	0.000000	0.000000	116,476	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6,658,302	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	805,874,401			753,496	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/23/2015 7:19 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICAL PSYCH	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	90.02
90.03	09003 MARC	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
91.00	09100 EMERGENCY	0	2,357	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (lines 50-199)	0	2,357	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/23/2015 7:19 am
	Title XVIII	Subprovider - IPF	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	0.272192	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.304776	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.427890	0	0	0	0	55.00
57.00 05700 CT SCAN	0.057511	0	0	0	0	57.00
58.00 05800 MRI	0.115101	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.092103	0	0	0	0	59.00
60.00 06000 LABORATORY	0.229174	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1.012730	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.162121	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.519805	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.231841	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.279727	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.342763	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.384535	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.287937	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.463458	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0.568833	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0.248037	0	0	0	0	90.02
90.03 09003 MARC	0.000000	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	1.807993	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0.296398	0	0	0	0	90.05
91.00 09100 EMERGENCY	0.167284	2,357	0	0	394	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.517157	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0	0		95.00
200.00	Subtotal (see instructions)		2,357	0	394	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		2,357	0	394	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/23/2015 7:19 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01 09001 CLINICAL PSYCH	0	0	90.01
90.02 09002 OP INSTITUTES	0	0	90.02
90.03 09003 MARC	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	90.05
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033 Component CCN: 16T033		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 11/23/2015 7:19 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,868,266	83,802,025	0.046160	9,457	437	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,859,490	72,943,214	0.025492	131,229	3,345	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,393,751	34,349,809	0.069687	794	55	55.00
57.00	05700	CT SCAN	123,420	34,715,884	0.003555	79,963	284	57.00
58.00	05800	MRI	473,104	13,669,827	0.034609	22,629	783	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,458,952	110,427,544	0.013212	0	0	59.00
60.00	06000	LABORATORY	743,057	53,082,960	0.013998	466,752	6,534	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22,408	2,172,459	0.010315	3,440	35	63.00
65.00	06500	RESPIRATORY THERAPY	269,319	24,272,420	0.011096	230,003	2,552	65.00
66.00	06600	PHYSICAL THERAPY	2,392,886	35,317,400	0.067754	2,202,790	149,248	66.00
69.00	06900	ELECTROCARDIOLOGY	1,429,948	20,952,650	0.068247	26,177	1,787	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	217,585	5,689,267	0.038245	1,792	69	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	580,902	81,991,924	0.007085	196,811	1,394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	476,428	60,997,718	0.007811	1,020	8	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	634,004	78,572,288	0.008069	863,036	6,964	73.00
74.00	07400	RENAL DIALYSIS	279,781	3,593,744	0.077852	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	3,142	573,537	0.005478	98,317	539	90.01
90.02	09002	OP INSTITUTES	451,906	11,925,511	0.037894	11,274	427	90.02
90.03	09003	MARC	0	0	0.000000	0	0	90.03
90.04	09004	BARIATRIC CLINIC	129,580	330,363	0.392235	0	0	90.04
90.05	09005	PAIN MANAGEMENT	335,496	4,056,314	0.082710	0	0	90.05
91.00	09100	EMERGENCY	601,652	65,779,241	0.009147	1,089	10	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,658,302	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	18,745,077	805,874,401		4,346,573	174,471	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/23/2015 7:19 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	0	0	90.02
90.03	09003 MARC	0	0	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
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							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 160033 Component CCN: 16T033		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part IV Date/Time Prepared: 11/23/2015 7:19 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	83,802,025	0.000000	0.000000	9,457	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	72,943,214	0.000000	0.000000	131,229	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	34,349,809	0.000000	0.000000	794	55.00
57.00	05700 CT SCAN	0	34,715,884	0.000000	0.000000	79,963	57.00
58.00	05800 MRI	0	13,669,827	0.000000	0.000000	22,629	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	110,427,544	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	53,082,960	0.000000	0.000000	466,752	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,172,459	0.000000	0.000000	3,440	63.00
65.00	06500 RESPIRATORY THERAPY	0	24,272,420	0.000000	0.000000	230,003	65.00
66.00	06600 PHYSICAL THERAPY	0	35,317,400	0.000000	0.000000	2,202,790	66.00
69.00	06900 ELECTROCARDIOLOGY	0	20,952,650	0.000000	0.000000	26,177	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,689,267	0.000000	0.000000	1,792	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	81,991,924	0.000000	0.000000	196,811	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	60,997,718	0.000000	0.000000	1,020	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	78,572,288	0.000000	0.000000	863,036	73.00
74.00	07400 RENAL DIALYSIS	0	3,593,744	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0	573,537	0.000000	0.000000	98,317	90.01
90.02	09002 OP INSTITUTES	0	11,925,511	0.000000	0.000000	11,274	90.02
90.03	09003 MARC	0	0	0.000000	0.000000	0	90.03
90.04	09004 BARIATRIC CLINIC	0	330,363	0.000000	0.000000	0	90.04
90.05	09005 PAIN MANAGEMENT	0	4,056,314	0.000000	0.000000	0	90.05
91.00	09100 EMERGENCY	0	65,779,241	0.000000	0.000000	1,089	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6,658,302	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	805,874,401			4,346,573	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/23/2015 7:19 am
Title XVIIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	243	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICAL PSYCH	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	90.02
90.03	09003 MARC	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	243	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/23/2015 7:19 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.272192	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.304776	243	0	0	74	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.427890	0	0	0	0	55.00
57.00 05700 CT SCAN	0.057511	0	0	0	0	57.00
58.00 05800 MRI	0.115101	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.092103	0	0	0	0	59.00
60.00 06000 LABORATORY	0.229174	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1.012730	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.162121	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.519805	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.231841	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.279727	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.342763	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.384535	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.287937	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.463458	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0.568833	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0.248037	0	0	0	0	90.02
90.03 09003 MARC	0.000000	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	1.807993	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0.296398	0	0	0	0	90.05
91.00 09100 EMERGENCY	0.167284	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.517157	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0	0		95.00
200.00	Subtotal (see instructions)		243	0	74	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		243	0	74	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/23/2015 7:19 am
	Title XVII I	Subprovider - IRF	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
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01 09001 CLINICAL PSYCH	0	0	90.01
90.02 09002 OP INSTITUTES	0	0	90.02
90.03 09003 MARC	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	90.05
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/23/2015 7:19 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		53,572	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		53,572	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)		49,118	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)		24,693	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)		41,416,731	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)		41,416,731	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)		41,416,731	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)		773.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,090,158	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		19,090,158	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/23/2015 7:19 am	
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)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital							
PPS							
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	6,724,066	5,206	1,291.60	2,584	3,337,494	43.00
44.00	CORONARY CARE UNIT						44.00
44.01	NICU	2,007,527	2,612	768.58	0	0	44.01
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)					42,873,591	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					65,301,243	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,683,932	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,093,737	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,777,669	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					60,523,574	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,454	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					773.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,443,387	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet D-1
Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		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	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,825,490	41,416,731	0.068221	3,443,387	234,911	90.00
91.00 Nursing School cost	0	41,416,731	0.000000	3,443,387	0	91.00
92.00 Allied health cost	235,637	41,416,731	0.005689	3,443,387	19,589	92.00
93.00 All other Medical Education	0	41,416,731	0.000000	3,443,387	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/23/2015 7:19 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,853 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,853 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)			4,853 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)			1,147 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)			4,143,438 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)			4,143,438 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)			4,143,438 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)			853.79 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			979,297 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)			979,297 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Component CCN: 16S033				Date/Time Prepared: 11/23/2015 7:19 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
44.01	NICU	0	0	0.00	0	0	44.01
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)					245,484	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,224,781	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)					79,866	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					21,809	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					101,675	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,123,106	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16S033		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/23/2015 7:19 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	314,640	4,143,438	0.075937	0	0	90.00
91.00	Nursing School cost	0	4,143,438	0.000000	0	0	91.00
92.00	Allied health cost	23,282	4,143,438	0.005619	0	0	92.00
93.00	All other Medical Education	0	4,143,438	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/23/2015 7:19 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,210	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,210	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,210	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,206	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,547,503	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,547,503	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,547,503	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)		571.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,831,460	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)		1,831,460	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16T033		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/23/2015 7:19 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT						44.00	
44.01	NICU	0	0	0.00	0	0	44.01	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,724,701	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,556,161	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)						177,068	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						174,471	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						351,539	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,204,622	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16T033		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/23/2015 7:19 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	313,154	3,547,503	0.088274	0	0	90.00
91.00	Nursing School cost	0	3,547,503	0.000000	0	0	91.00
92.00	Allied health cost	29,792	3,547,503	0.008398	0	0	92.00
93.00	All other Medical Education	0	3,547,503	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/23/2015 7:19 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		32,122,014	30.00
31.00	03100	INTENSIVE CARE UNIT		8,269,212	31.00
32.01	03201	NICU		0	32.01
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.272192	20,182,580	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.304776	5,974,164	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.427890	236,743	55.00
57.00	05700	CT SCAN	0.057511	5,009,921	57.00
58.00	05800	MRI	0.115101	1,979,079	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.092103	21,609,312	59.00
60.00	06000	LABORATORY	0.229175	14,187,213	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1.012730	736,187	63.00
65.00	06500	RESPIRATORY THERAPY	0.162123	10,900,028	65.00
66.00	06600	PHYSICAL THERAPY	0.519805	4,785,126	66.00
69.00	06900	ELECTROCARDIOLOGY	0.231841	5,304,174	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.279730	157,587	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.342763	22,847,458	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.384535	17,612,343	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287937	25,067,743	73.00
74.00	07400	RENAL DIALYSIS	0.463458	34,750	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0.568833	43,315	90.01
90.02	09002	OP INSTITUTES	0.248037	174,297	90.02
90.03	09003	MARC	0.000000	0	90.03
90.04	09004	BARIATRIC CLINIC	1.807993	0	90.04
90.05	09005	PAIN MANAGEMENT	0.296398	2,117	90.05
91.00	09100	EMERGENCY	0.167284	6,730,161	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.517157	762,564	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		164,336,862	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)		164,336,862	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3	
		Component CCN: 16S033		Date/Time Prepared: 11/23/2015 7:19 am	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.01	03201 NICU		0		32.01
40.00	04000 SUBPROVIDER - IPF		1,471,048		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.272192	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.304776	13,265	4,043	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.427890	0	0	55.00
57.00	05700 CT SCAN	0.057511	8,785	505	57.00
58.00	05800 MRI	0.115101	14,113	1,624	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.092103	0	0	59.00
60.00	06000 LABORATORY	0.229175	97,378	22,317	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1.012730	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.162123	10,943	1,774	65.00
66.00	06600 PHYSICAL THERAPY	0.519805	230,469	119,799	66.00
69.00	06900 ELECTROCARDIOLOGY	0.231841	10,698	2,480	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.279730	634	177	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.342763	1,837	630	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.384535	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.287937	244,551	70,415	73.00
74.00	07400 RENAL DIALYSIS	0.463458	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICAL PSYCH	0.568833	3,605	2,051	90.01
90.02	09002 OP INSTITUTES	0.248037	742	184	90.02
90.03	09003 MARC	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	1.807993	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.296398	0	0	90.05
91.00	09100 EMERGENCY	0.167284	116,476	19,485	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.517157	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		753,496	245,484	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)		753,496		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/23/2015 7:19 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.01	03201 NICU		0	32.01
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		3,561,542	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.272192	9,457	2,574 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.304776	131,229	39,995 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.427890	794	340 55.00
57.00	05700 CT SCAN	0.057511	79,963	4,599 57.00
58.00	05800 MRI	0.115101	22,629	2,605 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.092103	0	0 59.00
60.00	06000 LABORATORY	0.229175	466,752	106,968 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1.012730	3,440	3,484 63.00
65.00	06500 RESPIRATORY THERAPY	0.162123	230,003	37,289 65.00
66.00	06600 PHYSICAL THERAPY	0.519805	2,202,790	1,145,021 66.00
69.00	06900 ELECTROCARDIOLOGY	0.231841	26,177	6,069 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.279730	1,792	501 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.342763	196,811	67,460 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.384535	1,020	392 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.287937	863,036	248,500 73.00
74.00	07400 RENAL DIALYSIS	0.463458	0	0 74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	0.568833	98,317	55,926 90.01
90.02	09002 OP INSTITUTES	0.248037	11,274	2,796 90.02
90.03	09003 MARC	0.000000	0	0 90.03
90.04	09004 BARIATRIC CLINIC	1.807993	0	0 90.04
90.05	09005 PAIN MANAGEMENT	0.296398	0	0 90.05
91.00	09100 EMERGENCY	0.167284	1,089	182 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.517157	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50-94 and 96-98)		4,346,573	1,724,701 200.00
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)		4,346,573	1,724,701 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/23/2015 7:19 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	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)		12,068,226		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		43,064,856		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0		1.04
2.00	Outlier payments for discharges. (see instructions)		2,408,598		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		11,327,411		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		231.80		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)		11.57		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)		11.57		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		17.67		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)		11.57		12.00
13.00	Total allowable FTE count for the prior year.		11.57		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		11.57		14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.57		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		11.57		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.049914		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.049614		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.049614		21.00
22.00	IME payment adjustment (see instructions)		1,776,954		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).		3.08		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		6.10		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)		3.08		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.013287		26.00
27.00	IME payments adjustment factor. (see instructions)		0.003538		27.00
28.00	IME add-on adjustment amount (see instructions)		235,137		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)		2,012,091		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/23/2015 7:19 am	
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		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1.00	1.01	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.42		30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.71		31.00
32.00	Sum of lines 30 and 31		27.13		32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.60		33.00
34.00	Disproportionate share adjustment (see instructions)		1,598,860		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0		35.00
35.01	Factor 3 (see instructions)		0.00000000		35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		3,393,844		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		855,435		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,788,989		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	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		63,941,620		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)		63,941,620		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,972,650		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).		591,824		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		17,381		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).		121,052		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		2,243		58.00
59.00	Total (sum of amounts on lines 49 through 58)		69,646,770		59.00
60.00	Primary payer payments		80,143		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		69,566,627		61.00
62.00	Deductibles billed to program beneficiaries		6,064,440		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/23/2015 7:19 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinsurance billed to program beneficiaries		83,247		63.00
64.00	Allowable bad debts (see instructions)		219,270		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		142,526		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		55,237		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		63,561,466		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		2,400		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	MISC		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)		-12,476		70.93
70.94	HRR adjustment amount (see instructions)		0		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		63,546,590		71.00
71.01	Sequestration adjustment (see instructions)		1,270,932		71.01
72.00	Interim payments		61,624,182		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)		651,476		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		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. 1, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/23/2015 7:19 am	
		Title XVIII	Hospital	PPS	
		Prior to 10/1		On/After 10/1	
		1.00	1.01	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		0	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: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/23/2015 7:19 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		31,517	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		37,093,107	2.00
3.00	PPS payments		36,680,011	3.00
4.00	Outlier payment (see instructions)		504,306	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		1,021	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		31,517	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		87,270	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)		87,270	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)		87,270	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		55,753	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)		31,517	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)		37,185,338	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		121,399	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,466,336	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)		30,629,120	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		313,242	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)		30,942,362	30.00
31.00	Primary payer payments		75,369	31.00
32.00	Subtotal (line 30 minus line 31)		30,866,993	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		44,147	33.00
34.00	Allowable bad debts (see instructions)		234,159	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		152,203	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		65,881	36.00
37.00	Subtotal (see instructions)		31,063,343	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	MISC		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)		31,063,343	40.00
40.01	Sequestration adjustment (see instructions)		621,267	40.01
41.00	Interim payments		30,374,026	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		68,050	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/23/2015 7:19 am
		Component CCN: 16S033	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		394	2.00
3.00	PPS payments		1,030	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		1,030	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		206	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)		824	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)		824	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		824	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		824	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)		824	40.00
40.01	Sequestration adjustment (see instructions)		16	40.01
41.00	Interim payments		807	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/23/2015 7:19 am
		Component CCN: 16T033	Title XVII I	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		74	2.00
3.00	PPS payments		55	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		55	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		11	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)		44	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)		44	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		44	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		44	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)		44	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
41.00	Interim payments		43	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
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: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
11/23/2015 7:19 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		61,624,182		30,374,026	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)		61,624,182		30,374,026	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		651,476		68,050	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		62,275,658		30,442,076	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160033
Component CCN: 16S033

Period:
From 07/01/2014
To 06/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
11/23/2015 7:19 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		675,863		807	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)		675,863		807	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		19,777		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		695,640		808	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160033
Component CCN: 16T033

Period:
From 07/01/2014
To 06/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
11/23/2015 7:19 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					43 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		4,474,703			0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 3.00
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)		4,474,703			43 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)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		74,864			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		4,549,567			43 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet E-1
Part II
Date/Time Prepared:
11/23/2015 7:19 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			15,298 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			27,277 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			5,789 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			56,936 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			919,539,391 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			9,947,411 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)			708,894 8.00
9.00	Sequestration adjustment amount (see instructions)			14,178 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			694,716 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)			694,716 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part II Date/Time Prepared: 11/23/2015 7:19 am
		Component CCN: 16S033	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		891,175	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		13.295890	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		891,175	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		891,175	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		891,175	18.00
19.00	Deductibles		168,120	19.00
20.00	Subtotal (line 18 minus line 19)		723,055	20.00
21.00	Coinsurance		33,312	21.00
22.00	Subtotal (line 20 minus line 21)		689,743	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		22,443	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		14,588	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		6,310	25.00
26.00	Subtotal (sum of lines 22 and 24)		704,331	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		5,506	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	MISC		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		709,837	31.00
31.01	Sequestration adjustment (see instructions)		14,197	31.01
32.00	Interim payments		675,863	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		19,777	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part III Date/Time Prepared: 11/23/2015 7:19 am
		Title VIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,351,688 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0481 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			297,655 3.00
4.00	Outlier Payments			3,985 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			17.013699 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,653,328 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,653,328 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,653,328 19.00
20.00	Deductibles			16,028 20.00
21.00	Subtotal (line 19 minus line 20)			4,637,300 21.00
22.00	Coinsurance			11,025 22.00
23.00	Subtotal (line 21 minus line 22)			4,626,275 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,156 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			751 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,156 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,627,026 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			15,389 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	MISC			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,642,415 32.00
32.01	Sequestration adjustment (see instructions)			92,848 32.01
33.00	Interim payments			4,474,703 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			74,864 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			3,985 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/23/2015 7:19 am	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			15.51	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.71	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			12.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			17.67	6.00
7.00	Enter the lesser of line 5 or line 6			12.80	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	17.67	0.00	17.67	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	12.80	0.00	12.80	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	12.80	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	12.80	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	12.80	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	12.80	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	12.80	0.00		17.00
18.00	Per resident amount	130,276.86	127,142.13		18.00
19.00	Approved amount for resident costs	1,667,544	0	1,667,544	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			4.87	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,667,544	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	31,630	6,145		26.00
27.00	Total Inpatient Days (see instructions)	67,999	67,999		27.00
28.00	Ratio of inpatient days to total inpatient days	0.465154	0.090369		28.00
29.00	Program direct GME amount	775,665	150,694		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		21,293		30.00
31.00	Net Program direct GME amount			905,066	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/23/2015 7:19 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		3,593,744	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		70,082,185	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		80,143	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		70,002,042	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		37,126,113	42.00
43.00	Primary payer payments (see instructions)		75,369	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		37,050,744	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		107,052,786	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.653902	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.346098	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		905,066	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		591,824	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		313,242	50.00

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

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet G

Date/Time Prepared:
11/23/2015 7:19 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	23,791,845	0	0	0	1.00
2.00	Temporary investments	25,212,109	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	116,711,328	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-71,157,404	0	0	0	6.00
7.00	Inventory	10,372,512	0	0	0	7.00
8.00	Prepaid expenses	1,431,797	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	106,362,187	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,810,593	0	0	0	12.00
13.00	Land improvements	17,935,232	0	0	0	13.00
14.00	Accumulated depreciation	-12,293,421	0	0	0	14.00
15.00	Buildings	196,624,691	0	0	0	15.00
16.00	Accumulated depreciation	-120,380,915	0	0	0	16.00
17.00	Leasehold improvements	14,518,834	0	0	0	17.00
18.00	Accumulated depreciation	-13,745,512	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	166,153,609	0	0	0	23.00
24.00	Accumulated depreciation	-135,455,238	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	119,167,873	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	385,919,365	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	723,131	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	386,642,496	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	612,172,556	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	16,424,500	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,093,735	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,055,000	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	14,240,131	0	0	0	43.00
44.00	Other current liabilities	4,976,351	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	55,789,717	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	179,662,996	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	179,662,996	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	235,452,713	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	376,719,843				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)	376,719,843	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	612,172,556	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet G-1

Date/Time Prepared:
11/23/2015 7:19 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		338,703,240		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		37,076,611			2.00
3.00	Total (sum of line 1 and line 2)		375,779,851		0	3.00
4.00	RECONCILING	939,992		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)		939,992		0	10.00
11.00	Subtotal (line 3 plus line 10)		376,719,843		0	11.00
12.00		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)		376,719,843		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	RECONCILING		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			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: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/23/2015 7:19 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	78,779,960		78,779,960	1.00
2.00	SUBPROVIDER - IPF	5,751,580		5,751,580	2.00
3.00	SUBPROVIDER - IRF	6,919,554		6,919,554	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	91,451,094		91,451,094	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,327,825		16,327,825	11.00
12.00	CORONARY CARE UNIT				12.00
12.01	NICU	5,325,082		5,325,082	12.01
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)	21,652,907		21,652,907	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	113,104,001		113,104,001	17.00
18.00	Ancillary services	260,208,488	339,428,383	599,636,871	18.00
19.00	Outpatient services	0	82,664,966	82,664,966	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	SUPPLIES	75,507,401	65,637,020	141,144,421	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	448,819,890	487,730,369	936,550,259	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		306,336,071		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)		306,336,071		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 160033

Period:
From 07/01/2014
To 06/30/2015

Worksheet G-3

Date/Time Prepared:
11/23/2015 7:19 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	936,550,259	1.00
2.00	Less contractual allowances and discounts on patients' accounts	606,767,979	2.00
3.00	Net patient revenues (line 1 minus line 2)	329,782,280	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	306,336,071	4.00
5.00	Net income from service to patients (line 3 minus line 4)	23,446,209	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	4,268,289	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	260,722	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,154,030	14.00
15.00	Revenue from rental of living quarters	402,282	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	INTERCOMPANY REVENUE	1,123,619	24.00
24.01	OUTREACH REVENUE	2,724,611	24.01
24.02	MISCELLANEOUS REVENUE	3,253,634	24.02
24.03	GRANT REVENUE	25,880	24.03
24.04	INTEREST INCOME - RELATED	303,917	24.04
24.05	SPONSOR REVENUE	113,418	24.05
24.06		0	24.06
25.00	Total other income (sum of lines 6-24)	13,630,402	25.00
26.00	Total (line 5 plus line 25)	37,076,611	26.00
27.00	ROUNDING	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	37,076,611	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 160033

Period: From 07/01/2014

Worksheet I-1

Component CCN: 162303

To 06/30/2015

Date/Time Prepared: 11/23/2015 7:19 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	279,764	HOURS OF SERVICE	9,325.00	4.48	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	863	HOURS OF SERVICE	64.00	0.03	3.00
4.00	TECHNICIANS	114,271	HOURS OF SERVICE	7,372.00	3.54	4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS	23,624	HOURS OF SERVICE	787.00	0.38	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	20,504	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	439,026				9.00
10.00	EMPLOYEE BENEFITS	64,948	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	2,371	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	0	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	87,001	REQUISITIONS			14.00
15.00	DRUGS	269,000	REQUISITIONS			15.00
16.00	OTHER	0	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	862,346				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	49,022	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	38,100	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	221,101	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	273,349	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	10,612	REQUISITIONS			24.00
25.00	PHARMACY	108,285	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	102,734	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,665,549				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	1,665,549				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.
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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES	
Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015
Component CCN: 162303	Date/Time Prepared: 11/23/2015 7:19 am

Worksheet 1-2
Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	322,371	2,371	279,764	138,758	103,048	377,285	1.00
MAINTENANCE								
2.00	Hemodialysis	307,560	1,862	244,018	138,758	80,924	377,285	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	14,811	509	35,746	0	22,124	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						0	14.00
15.00	ARANESP (include in Renal Department)						222,871	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	322,371	2,371	279,764	138,758	103,048	377,285	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	97,613	0	1,321,210	344,339	1,665,549		1.00
MAINTENANCE								
2.00	Hemodialysis	76,656	0	1,227,063	319,802	1,546,865		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	20,957	0	94,147	24,537	118,684		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	97,613	0	1,321,210	344,339	1,665,549		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,665,549		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033
Component CCN: 162303

Period:
From 07/01/2014
To 06/30/2015

Worksheet 1-3
Date/Time Prepared:
11/23/2015 7:19 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)		
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)			
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		322,371	2,371	279,764	138,758	103,048	1.00
MAINTENANCE								
2.00	Hemodialysis		4,340	78.53	9,325.00	138,758.00	408,756	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
HOME								
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCPD		0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	1,268	209	21.47	1,366.00	0.00	111,753	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		4,549	100.00	10,691.00	138,758.00	520,509	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		70.866344	23.710000	26.168179	1.000000	0.197975	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	377,285	97,613	0	1,321,210	344,339		1.00
MAINTENANCE								
2.00	Hemodialysis	0	68,322	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
HOME								
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	0	0	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	18,679	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	919,330						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	919,330	87,001	0		1,321,210		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.410391	1.121976	0.000000		0.260624		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 160033

Period: From 07/01/2014 To 06/30/2015

Worksheet 1-4

Component CCN: 162303

Date/Time Prepared: 11/23/2015 7:19 am

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	5,907	1,546,865	261.87	3,433	899,000
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks		Patient Weeks		
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	5,907	1,546,865		3,433	899,000
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	5,907				
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00			
1.00	Maintenance - Hemodialysis	852,467	248.32			1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00			2.00
3.00	Training - Hemodialysis	0	0.00			3.00
4.00	Training - Peritoneal Dialysis	0	0.00			4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00			5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00			6.00
7.00	Home Program - Hemodialysis	0	0.00			7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00			8.00
		6.00	7.00			
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00			9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00			10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	852,467				11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet 1-5 Date/Time Prepared: 11/23/2015 7:19 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	899,000		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	852,467	852,467	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	852,467	852,467	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	58,088	58,088	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	58,088	58,088	5.05
6.00	Allowable bad debts (see instructions)	44,147		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	4,997		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	-58,088	8.00
9.00	Program payment (see instructions)	681,974	681,974	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	44,147		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	1,546,865		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	1,546,865		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 160033	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 11/23/2015 7:19 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,395,170	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		213,120	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)		158.16	3.00
4.00	Number of interns & residents (see instructions)		14.65	4.00
5.00	Indirect medical education percentage (see instructions)		2.65	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)		116,472	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.42	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.71	8.00
9.00	Sum of lines 7 and 8		27.13	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.64	10.00
11.00	Disproportionate share adjustment (see instructions)		247,888	11.00
12.00	Total prospective capital payments (see instructions)		4,972,650	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