

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). OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 260032

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

Worksheet S Parts I-III Date/Time Prepared: 5/24/2016 8:30 am

**PART I - COST REPORT STATUS**

Provider use only

1.  Electronically filed cost report  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5.  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.  Initial Report for this Provider CCN  
 9.  Final Report for this Provider CCN

10. NPR Date:  
 11. Contractor's Vendor Code: 4  
 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/24/2016 Time: 8:30 am

**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 BARNES-JEWISH HOSPITAL ( 260032 ) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	52,455	752,142	55,561	61,751,840	1.00
2.00 Subprovider - IPF	0	-53,593	1,889		182,313	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	1,987	0		0	7.00
8.00 NURSING FACILITY	0				255,025	8.00
200.00 Total	0	849	754,031	55,561	62,189,178	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: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 8:23 am
---	--	----------------------	---	---

1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: ONE BARNES-JEWISH HOSPITAL PLAZA	PO Box:								1.00
2.00	City: ST. LOUIS	State: MO	Zip Code: 63110-	County: ST. LOUIS CITY, MO						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	8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	BARNES-JEWISH HOSPITAL	260032	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	BARNES-JEWISH HOSPITAL PSYCH UNIT	26S032	41180	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	BARNES-JEWISH EXTENDED CARE	265439	41180		10/10/1990	N	P	N	9.00
10.00	Hospital-Based NF	BARNES-JEWISH EXTENDED CARE	265439	41180		10/10/1990	N		O	10.00
11.00	Hospital-Based OLTC	BARNES-JEWISH EXTENDED CARE								11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:	
						1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2015	12/31/2015	20.00
21.00	Type of Control (see instructions)						2	21.00

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					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	2.00	3.00	4.00	5.00	6.00	
24.00	26,691	17,033	8,628	6,239	6,912	1,006	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.							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260032		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 8:23 am					
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days					
	1.00	2.00	3.00	4.00	5.00	6.00					
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	25.00				
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1	26.00				
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1	27.00				
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0	35.00				
							Beginning:	Ending:			
							1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00				
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0	37.00				
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00				
							Y/N	Y/N			
							1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00			
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00			
							V	XVIII	XIX		
							1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>											
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00		
<b>Teaching Hospitals</b>											
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260032		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 8:23 am	
	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
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
	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 Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00				
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.							
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)		12.58	500.58		0.024515	64.00
	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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260032		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 8:23 am		
		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		
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)	GERIATRICS	1408	0.18	0.02	0.900000		65.00
65.01		INTERNAL MEDICINE	1400	0.00	129.79	0.000000		65.01
65.02		PEDIATRICS	2000	0.00	2.32	0.000000		65.02
				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)			60.64	503.67	0.107459		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)	INTERNAL MEDICINE	1400	18.30	120.97	0.131399		67.00
67.01		PEDIATRICS	2000	0.00	3.26	0.000000		67.01
67.02		GERIATRICS	1408	0.12	0.49	0.196721		67.02
				1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				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)				Y	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 8:23 am	
			1.00	2.00	3.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	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
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a critical access hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
			1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
			1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.		N	0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 8:23 am
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1	3,635,202	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	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00
<b>Transplant Center Information</b>				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		Y	125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		08/26/1980	126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		09/16/1987	127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		03/08/1990	128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		02/02/1995	129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		08/26/1980	130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
<b>All Providers</b>				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	269026
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: BJC HEALTHCARE	Contractor's Name: WPS		Contractor's Number: 05301
142.00	Street: 4901 FOREST PARK AVENUE	PO Box: SUITE 120		142.00
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?			Y
				1.00
				2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00
				1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260032		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 8:23 am		
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC	N	N	N	N	161.00		
						1.00		
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.50	169.00	
				Beginning	Ending			
				1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			01/01/2015	03/31/2015	170.00		
						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: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 8:23 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/23/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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.	Y			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.			Y	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			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2016	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 8:23 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	2.00	3.00
			N		N
					21.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y		40.00
			1.00	2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RACHELLE		SAULS	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-0330		RLS5919@BJC.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 8:23 am
---	----------------------	---	--

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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 260032

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

Worksheet S-2  
Part V  
Date/Time Prepared:  
5/24/2016 8:23 am

		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name	RACHELLE	1.00
2.00	Last Name	SAULS	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTHCARE	4.00
5.00	Phone Number	(314)362-0330	5.00
6.00	E-mail Address	RLS5919@BJC.ORG	6.00
7.00	Department	COST REIMBURSEMENT	7.00
8.00	Mailing Address 1	4249 CLAYTON AVE, SUITE 314	8.00
9.00	Mailing Address 2	MAIL STOP 90-67-808	9.00
10.00	City	ST. LOUIS	10.00
11.00	State	MO	11.00
12.00	Zip	63110	12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part IX Date/Time Prepared: 5/24/2016 8:23 am
		Title V 1.00	Title XIX 2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	7.00
<b>RHC</b>				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260032

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	I/P Days /	O/P Visits /	Title V
	Line Number	2.00	3.00	4.00	5.00	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	1,061	387,535	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)		1,061	387,535	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	44	15,908	0.00	0	8.00	
9.00 CORONARY CARE UNIT	32.00	15	5,475	0.00	0	9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	36	13,140	0.00	0	11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
12.01 NEURO ICU	35.01	20	7,300	0.00	0	12.01	
12.02 CARDIO-THORACIC ICU	35.02	30	10,950	0.00	0	12.02	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		1,206	440,308	0.00	0	14.00	
15.00 CAH visits					0	15.00	
16.00 SUBPROVIDER - IPF	40.00	96	35,136		0	16.00	
17.00 SUBPROVIDER - IRF						17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY	44.00	80	29,200		0	19.00	
20.00 NURSING FACILITY	45.00	12	4,380		0	20.00	
21.00 OTHER LONG TERM CARE	46.00	28	10,220			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)		1,422				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)		23	8,395			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: 260032

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title VIII	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)	92,372	24,463	254,797			1.00
2.00 HMO and other (see instructions)	25,957	35,782				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	92,372	24,463	254,797			7.00
8.00 INTENSIVE CARE UNIT	3,166	939	11,041			8.00
9.00 CORONARY CARE UNIT	2,022	437	4,521			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	5,770	1,730	11,202			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
12.01 NEURO ICU	2,091	819	6,451			12.01
12.02 CARDIO-THORACIC ICU	3,676	472	8,187			12.02
13.00 NURSERY		936	6,506			13.00
14.00 Total (see instructions)	109,097	29,796	302,705	695.09	8,410.67	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	5,676	7,649	21,735	10.01	141.05	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	9,319	0	16,894	0.00	48.61	19.00
20.00 NURSING FACILITY		2,847	3,661	0.00	5.52	20.00
21.00 OTHER LONG TERM CARE			6,237	0.00	12.88	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)				705.10	8,618.73	27.00
28.00 Observation Bed Days		961	6,500			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	24	931	1,453			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

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	17,238	5,809	52,728	1.00
2.00 HMO and other (see instructions)			4,204	6,756		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
12.01 NEURO ICU						12.01
12.02 CARDIO-THORACIC ICU						12.02
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	17,238	5,809	52,728	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	483	724	2,258	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				34	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: 260032		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/24/2016 8:23 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	498,501,526	224,455	498,725,981	17,733,837.55	28.12	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		129,125	0	129,125	1,056.00	122.28	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		2,341,595	0	2,341,595	22,236.00	105.31	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	40,731,296	0	40,731,296	1,489,658.83	27.34	7.00
7.01	Contracted interns and residents (in an approved programs)		56,067	0	56,067	217.30	258.02	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	2,255,923	0	2,255,923	98,983.26	22.79	9.00
10.00	Excluded area salaries (see instructions)		30,588,109	585,391	31,173,500	1,131,370.28	27.55	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		20,143,336	0	20,143,336	374,370.80	53.81	11.00
12.00	Contract labor: Top level management and other management and administrative services		228,534	0	228,534	12,782.40	17.88	12.00
13.00	Contract labor: Physician-Part A - Administrative		10,341,184	0	10,341,184	77,227.18	133.91	13.00
14.00	Home office salaries & wage-related costs		111,679,079	0	111,679,079	2,152,780.00	51.88	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		64,923,367	0	64,923,367	527,960.16	122.97	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		126,968,123	0	126,968,123			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		10,350,896	0	10,350,896			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		29,097	0	29,097			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		458,324	0	458,324			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		12,438,093	0	12,438,093			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	2,900,045	-160,418	2,739,627	89,916.71	30.47	26.00
27.00	Administrative & General	5.00	38,014,704	720,685	38,735,389	1,462,877.69	26.48	27.00
28.00	Administrative & General under contract (see inst.)		20,046,877	0	20,046,877	264,245.49	75.86	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	8,871,796	8,385	8,880,181	327,214.16	27.14	30.00
31.00	Laundry & Linen Service	8.00	32,406	0	32,406	2,192.50	14.78	31.00
32.00	Housekeeping	9.00	11,391,052	-108,609	11,282,443	867,997.25	13.00	32.00
33.00	Housekeeping under contract (see instructions)		1,048,047	0	1,048,047	74,915.74	13.99	33.00
34.00	Dietary	10.00	7,182,513	-1,928,933	5,253,580	349,941.10	15.01	34.00
35.00	Dietary under contract (see instructions)		1,823,928	0	1,823,928	46,536.19	39.19	35.00
36.00	Cafeteria	11.00	2,531,739	1,912,985	4,444,724	326,668.22	13.61	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	21,883,373	662,686	22,546,059	557,190.21	40.46	38.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260032

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/24/2016 8:23 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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	
39.00	Central Services and Supply	14.00 3,873,473	14,084	3,887,557	214,288.94	18.14	39.00
40.00	Pharmacy	15.00 18,915,792	-165,307	18,750,485	490,240.90	38.25	40.00
41.00	Medical Records & Medical Records Library	16.00 3,691,889	0	3,691,889	200,745.64	18.39	41.00
42.00	Social Service	17.00 9,095,069	-141,041	8,954,028	284,459.48	31.48	42.00
43.00	Other General Service	18.00 4,454,211	106,591	4,560,802	131,695.65	34.63	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260032

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/24/2016 8:23 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Related to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	478,291,420	224,455	478,515,875	16,607,422.84	28.81	1.00
2.00	Excluded area salaries (see instructions)	32,844,032	585,391	33,429,423	1,230,353.54	27.17	2.00
3.00	Subtotal salaries (line 1 minus line 2)	445,447,388	-360,936	445,086,452	15,377,069.30	28.94	3.00
4.00	Subtotal other wages & related costs (see inst.)	142,392,133	0	142,392,133	2,617,160.38	54.41	4.00
5.00	Subtotal wage-related costs (see inst.)	126,997,220	0	126,997,220	0.00	28.53	5.00
6.00	Total (sum of lines 3 thru 5)	714,836,741	-360,936	714,475,805	17,994,229.68	39.71	6.00
7.00	Total overhead cost (see instructions)	155,756,914	921,108	156,678,022	5,691,125.87	27.53	7.00

Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2016 8:23 am
----------------------	---	--

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	6,162,536	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	39,294,007	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	54,205,106	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,934,857	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	176,159	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)	2,492,281	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	4,423,557	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	36,676,753	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	415,802	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	56,697	21.00
22.00	Day Care Cost and Allowances	1,429,732	22.00
23.00	Tuition Reimbursement	2,977,045	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	150,244,532	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

WAGE INDEX PENSION COST SCHEDULE		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Exhibit 3 Date/Time Prepared: 5/24/2016 8:23 am
				1.00
1.00	Step 1: Determine the 3-Year Averaging Period Wage Index FY ending.		2019	1.00
		From	To	
		1.00	2.00	
2.00	Provider cost reporting period used for Wage Index year shown on Line 1.	01/01/2015	12/31/2015	2.00
3.00	End of the 3-year averaging period (Final date from cost reporting period shown on Line 2.)	12/31/2015		3.00
4.00	Beginning of the 3-year averaging period (Subtract 36 months from End date shown on Line 3)	01/01/2013		4.00
Step 2: Adjust Averaging Period for a New Plan (See Instructions) (Leave this section blank if the provider has not elected to use an adjusted averaging period)				
5.00	Effective date of pension plan			5.00
6.00	First day of the provider cost reporting period containing the pension plan effective date			6.00
Step 3: Average Pension Contribution During the Averaging Period				
7.00	Beginning date of averaging period from Line 4 or Line 6	01/01/2013		7.00
8.00	Ending date of averaging period from Line 3	12/31/2015		8.00
		Deposit Date	Contributions	
		1.00	2.00	
9.00	Enter provider contributions made during the averaging period shown on lines 7 & 8. Add additional lines as necessary if more than 15 contributions are made during the cost reporting period. (Data may be grouped within the averaging period to agree with documentation records (enter beginning date of grouped date range))			9.00
9.01		01/01/2013	122,115,532	9.01
9.02		01/01/2014	109,100,000	9.02
9.03		01/01/2015	125,250,000	9.03
				1.00
10.00	Total Number of Months Included in Averaging Period		36	10.00
11.00	Total Contributions Made During Averaging Period		356,465,532	11.00
12.00	Average Monthly Contribution. (Line 11 divided by line 10)		9,901,820	12.00
13.00	Number of Months in Provider Cost Reporting Period shown on Line 2		12	13.00
14.00	Average Pension Contributions (Line 12 multiplied by Line 13)		118,821,840	14.00
Step 4: Total Pension Cost for Wage Index (If the Wage Index FY shown on Line 1 is after 2022, enter "0" on Lines 15 and 16.)				
15.00	Annual Prefunding Installment from Line 8 of Pension Prefunding Worksheet, if applicable (see instructions)		4,233,831	15.00
16.00	Reportable Prefunding Installment (Line 15 multiplied by Line 13/12)		4,233,831	16.00
17.00	Total Pension Cost for Wage Index (Line 14 + Line 16)		123,055,671	17.00
		Prepared By	Date	
		1.00	2.00	
100.00	Prepared By and Date Prepared	CASSANDRA CUSICK	05/10/2016	100.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 260032

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/24/2016 8:23 am

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 260032

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

Worksheet S-7

Date/Time Prepared:  
5/24/2016 8:23 am

		1.00	2.00	3.00	4.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.					1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.					2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	163	0	163	3.00
4.00		RUL	100	0	100	4.00
5.00		RVX	21	0	21	5.00
6.00		RVL	37	0	37	6.00
7.00		RHX	14	0	14	7.00
8.00		RHL	18	0	18	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	665	0	665	12.00
13.00		RUB	1,297	0	1,297	13.00
14.00		RUA	1,612	0	1,612	14.00
15.00		RVC	261	0	261	15.00
16.00		RVB	1,085	0	1,085	16.00
17.00		RVA	1,483	0	1,483	17.00
18.00		RHC	55	0	55	18.00
19.00		RHB	106	0	106	19.00
20.00		RHA	306	0	306	20.00
21.00		RMC	91	0	91	21.00
22.00		RMB	41	0	41	22.00
23.00		RMA	42	0	42	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	12	0	12	26.00
27.00		ES2	122	0	122	27.00
28.00		ES1	11	0	11	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	16	0	16	30.00
31.00		HD2	14	0	14	31.00
32.00		HD1	17	0	17	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	6	0	6	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	34	0	34	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	26	0	26	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	312	0	312	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	134	0	134	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	106	0	106	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	51	0	51	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	98	0	98	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	223	0	223	52.00
53.00		CA2	6	0	6	53.00
54.00		CA1	380	0	380	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	14	0	14	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	8	0	8	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 260032

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

Worksheet S-7

Date/Time Prepared:  
5/24/2016 8:23 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	24	0	24	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	16	0	16	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	36	0	36	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	56	0	56	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	127	0	127	78.00
199.00		AAA	73	0	73	199.00
200.00	TOTAL		9,319	0	9,319	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		41180	41180	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		4,723,213	55.62	Y	202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	SUPPLIES		439,154	5.17	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		8,491,863			207.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 260032

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

Worksheet S-7

Date/Time Prepared: 5/24/2016 8:23 am

			Prior to 10/1	On/After 10/1	Transfer Total to Settlement Worksheet (Y/N)	
1.00 Wage Index Factor			0.9366	0.9256	3.00	1.00
	Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
3.00	RUX	742.74	742.74	150	745.12	3.00
4.00	RUL	726.55	726.55	100	728.89	4.00
5.00	RVX	661.09	661.09	21	663.21	5.00
6.00	RVL	593.11	593.11	37	595.01	6.00
7.00	RHX	598.95	598.95	8	600.87	7.00
8.00	RHL	534.21	534.21	18	535.93	8.00
9.00	RMX	549.44	549.44	0	551.20	9.00
10.00	RML	504.12	504.12	0	505.73	10.00
11.00	RLX	482.53	482.53	0	484.07	11.00
12.00	RUC	563.08	563.08	481	564.89	12.00
13.00	RUB	563.08	563.08	1,091	564.89	13.00
14.00	RUA	470.82	470.82	1,138	472.34	14.00
15.00	RVC	483.05	483.05	197	484.61	15.00
16.00	RVB	418.31	418.31	792	419.66	16.00
17.00	RVA	416.70	416.70	1,240	418.03	17.00
18.00	RHC	420.92	420.92	54	422.27	18.00
19.00	RHB	378.83	378.83	91	380.05	19.00
20.00	RHA	333.51	333.51	241	334.59	20.00
21.00	RMC	369.78	369.78	73	370.96	21.00
22.00	RMB	347.12	347.12	41	348.24	22.00
23.00	RMA	285.62	285.62	32	286.53	23.00
24.00	RLB	359.52	359.52	0	360.67	24.00
25.00	RLA	231.65	231.65	0	232.39	25.00
26.00	ES3	678.09	678.09	12	680.26	26.00
27.00	ES2	530.81	530.81	60	532.50	27.00
28.00	ES1	474.16	474.16	11	475.67	28.00
29.00	HE2	457.97	457.97	0	459.44	29.00
30.00	HE1	380.29	380.29	8	381.50	30.00
31.00	HD2	428.84	428.84	14	430.21	31.00
32.00	HD1	357.63	357.63	17	358.77	32.00
33.00	HC2	404.56	404.56	0	405.85	33.00
34.00	HC1	338.20	338.20	6	339.28	34.00
35.00	HB2	399.70	399.70	0	400.99	35.00
36.00	HB1	334.96	334.96	30	336.04	36.00
37.00	LE2	415.89	415.89	0	417.22	37.00
38.00	LE1	347.91	347.91	16	349.02	38.00
39.00	LD2	399.70	399.70	0	400.99	39.00
40.00	LD1	334.96	334.96	273	336.04	40.00
41.00	LC2	351.15	351.15	0	352.28	41.00
42.00	LC1	296.12	296.12	95	297.07	42.00
43.00	LB2	333.35	333.35	0	334.42	43.00
44.00	LB1	283.17	283.17	17	284.07	44.00
45.00	CE2	370.57	370.57	0	371.76	45.00
46.00	CE1	341.44	341.44	0	342.54	46.00
47.00	CD2	351.15	351.15	0	352.28	47.00
48.00	CD1	322.02	322.02	49	323.04	48.00
49.00	CC2	307.45	307.45	0	308.43	49.00
50.00	CC1	284.79	284.79	81	285.71	50.00
51.00	CB2	284.79	284.79	0	285.71	51.00
52.00	CB1	263.75	263.75	167	264.59	52.00
53.00	CA2	241.09	241.09	6	241.86	53.00
54.00	CA1	224.90	224.90	246	225.62	54.00
55.00	SE3	0.00	0.00	0	0.00	55.00
56.00	SE2	0.00	0.00	0	0.00	56.00
57.00	SE1	0.00	0.00	0	0.00	57.00
58.00	SSC	0.00	0.00	0	0.00	58.00
59.00	SSB	0.00	0.00	0	0.00	59.00
60.00	SSA	0.00	0.00	0	0.00	60.00
61.00	IB2	0.00	0.00	0	0.00	61.00
62.00	IB1	0.00	0.00	0	0.00	62.00
63.00	IA2	0.00	0.00	0	0.00	63.00
64.00	IA1	0.00	0.00	0	0.00	64.00
65.00	BB2	255.65	255.65	0	256.47	65.00
66.00	BB1	244.32	244.32	14	245.11	66.00
67.00	BA2	211.96	211.96	0	212.64	67.00
68.00	BA1	202.24	202.24	4	202.89	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 260032

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

Worksheet S-7

Date/Time Prepared:  
5/24/2016 8:23 am

	Group	Base Rate	Actual Rate	Days for	Base Rate	
		Prior to 10/1	for Services Prior to 10/1	Services Prior to 10/1	On/After 10/1	
	1.00	2.00	3.00	4.00	5.00	
69.00	PE2	341.44	341.44	0	342.54	69.00
70.00	PE1	325.25	325.25	9	326.30	70.00
71.00	PD2	322.02	322.02	0	323.04	71.00
72.00	PD1	305.83	305.83	8	306.81	72.00
73.00	PC2	276.70	276.70	0	277.59	73.00
74.00	PC1	263.75	263.75	30	264.59	74.00
75.00	PB2	234.62	234.62	0	235.36	75.00
76.00	PB1	224.90	224.90	37	225.62	76.00
77.00	PA2	194.15	194.15	0	194.77	77.00
78.00	PA1	186.06	186.06	118	186.65	78.00
199.00	AAA	186.06	186.06	28	186.65	199.00
200.00	TOTAL			7,161		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 260032

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

Worksheet S-7

Date/Time Prepared:  
5/24/2016 8:23 am

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total		
3.00	745.12	13	121,098		3.00
4.00	728.89	0	72,655		4.00
5.00	663.21	0	13,883		5.00
6.00	595.01	0	21,945		6.00
7.00	600.87	6	8,397		7.00
8.00	535.93	0	9,616		8.00
9.00	551.20	0	0		9.00
10.00	505.73	0	0		10.00
11.00	484.07	0	0		11.00
12.00	564.89	184	374,781		12.00
13.00	564.89	206	730,687		13.00
14.00	472.34	474	759,682		14.00
15.00	484.61	64	126,176		15.00
16.00	419.66	293	454,262		16.00
17.00	418.03	243	618,289		17.00
18.00	422.27	1	23,152		18.00
19.00	380.05	15	40,175		19.00
20.00	334.59	65	102,124		20.00
21.00	370.96	18	33,671		21.00
22.00	348.24	0	14,232		22.00
23.00	286.53	10	12,005		23.00
24.00	360.67	0	0		24.00
25.00	232.39	0	0		25.00
26.00	680.26	0	8,137		26.00
27.00	532.50	62	64,864		27.00
28.00	475.67	0	5,216		28.00
29.00	459.44	0	0		29.00
30.00	381.50	8	6,094		30.00
31.00	430.21	0	6,004		31.00
32.00	358.77	0	6,080		32.00
33.00	405.85	0	0		33.00
34.00	339.28	0	2,029		34.00
35.00	400.99	0	0		35.00
36.00	336.04	4	11,393		36.00
37.00	417.22	0	0		37.00
38.00	349.02	10	9,057		38.00
39.00	400.99	0	0		39.00
40.00	336.04	39	104,550		40.00
41.00	352.28	0	0		41.00
42.00	297.07	39	39,717		42.00
43.00	334.42	0	0		43.00
44.00	284.07	89	30,096		44.00
45.00	371.76	0	0		45.00
46.00	342.54	0	0		46.00
47.00	352.28	0	0		47.00
48.00	323.04	2	16,425		48.00
49.00	308.43	0	0		49.00
50.00	285.71	17	27,925		50.00
51.00	285.71	0	0		51.00
52.00	264.59	56	58,863		52.00
53.00	241.86	0	1,447		53.00
54.00	225.62	134	85,558		54.00
55.00	0.00	0	0		55.00
56.00	0.00	0	0		56.00
57.00	0.00	0	0		57.00
58.00	0.00	0	0		58.00
59.00	0.00	0	0		59.00
60.00	0.00	0	0		60.00
61.00	0.00	0	0		61.00
62.00	0.00	0	0		62.00
63.00	0.00	0	0		63.00
64.00	0.00	0	0		64.00
65.00	256.47	0	0		65.00
66.00	245.11	0	3,420		66.00
67.00	212.64	0	0		67.00
68.00	202.89	4	1,621		68.00
69.00	342.54	0	0		69.00
70.00	326.30	15	7,822		70.00
71.00	323.04	0	0		71.00
72.00	306.81	8	4,901		72.00
73.00	277.59	0	0		73.00
74.00	264.59	6	9,501		74.00
75.00	235.36	0	0		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 260032

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

Worksheet S-7  
Date/Time Prepared:  
5/24/2016 8:23 am

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
76.00	225.62	19	12,608	76.00
77.00	194.77	0	0	77.00
78.00	186.65	9	23,635	78.00
199.00	186.65	45	13,609	199.00
200.00 TOTAL		2,158	4,097,402	200.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/24/2016 8:23 am
---	----------------------	---	--

				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.294790		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		130,526,303		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		75,359,599		5.00
6.00	Medicaid charges		670,382,545		6.00
7.00	Medicaid cost (line 1 times line 6)		197,622,070		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		800,968		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		237,479		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	123,179,053	34,347,327	157,526,380	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	36,311,953	10,125,249	46,437,202	21.00
22.00	Partial payment by patients approved for charity care	6,880,683	2,356,645	9,237,328	22.00
23.00	Cost of charity care (line 21 minus line 22)	29,431,270	7,768,604	37,199,874	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		62,655,360		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		3,971,100		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		58,684,260		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		17,299,533		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		54,499,407		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		54,499,407		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260032

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

Worksheet A  
Date/Time Prepared:  
5/24/2016 8:23 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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		16,877,160		17,018,926	1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)		21,527,422	-66,033	21,461,389	1.03
1.04	00104	NEW CRC-B&F(GSON)		1,596,683	24,777	1,621,460	1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)		1,468,859	0	1,468,859	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		24,475,485	27,698,259	52,173,744	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,900,045	14,172,594	-254,548	16,818,091	4.00
5.01	00540	NONPATIENT TELEPHONES	1,303,373	4,183	-13,976	1,293,580	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	958,773	7,672,092	-3,959,351	4,671,514	5.03
5.04	00570	ADMITTING	11,136,500	9,259,536	-34,157	20,361,879	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	24,616,058	351,891,088	-59,894,281	316,612,865	5.06
7.00	00700	OPERATION OF PLANT	8,871,796	34,131,959	16,596	43,020,351	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	32,406	3,070,898	-2,802	3,100,502	8.00
9.00	00900	HOUSEKEEPING	11,391,052	9,116,302	-307,219	20,200,135	9.00
10.00	01000	DIETARY	7,182,513	10,131,783	-7,186,157	10,128,139	10.00
11.00	01100	CAFETERIA	2,531,739	6,230,577	7,013,263	15,775,579	11.00
13.00	01300	NURSING ADMINISTRATION	21,883,373	25,463,486	-129,728	47,217,131	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,873,473	16,153,983	-5,525,506	14,501,950	14.00
15.00	01500	PHARMACY	18,915,792	119,889,358	26,903,423	165,708,573	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,691,889	4,422,464	-68,182	8,046,171	16.00
17.00	01700	SOCIAL SERVICE	9,095,069	3,956,144	-205,001	12,846,212	17.00
18.00	01852	EXTENDED CARE SERVICES	1,012,633	1,194,135	-4,100	2,202,668	18.00
18.01	01851	LAB ADMINISTRATION	3,441,578	6,980,954	-50,288	10,372,244	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	7,975,978	6,208,235	-245,641	13,938,572	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	40,731,296	19,110,839	60,441,029	120,283,164	21.00
23.01	02301	PARAMED PRGM-PHARMACY	0	0	215,806	215,806	23.01
23.02	02302	PARAMED PRGM-PASTORAL ED	150,102	49,687	199,789	258,167	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	103,403,748	56,535,121	-863,608	159,075,261	30.00
31.00	03100	INTENSIVE CARE UNIT	7,951,954	4,642,858	-57,736	12,537,076	31.00
32.00	03200	CORONARY CARE UNIT	3,193,058	1,250,063	-16,716	4,426,405	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,409,802	4,428,357	-167,593	12,670,566	34.00
35.01	02400	NEURO ICU	4,499,577	1,900,048	-51,785	6,347,840	35.01
35.02	02401	CARDIO-THORACIC ICU	7,118,782	3,977,317	-44,010	11,052,089	35.02
40.00	04000	SUBPROVIDER - IPF	7,969,788	5,065,399	-69,247	12,965,940	40.00
43.00	04300	NURSERY	942,920	573,754	-6,486	1,510,188	43.00
44.00	04400	SKILLED NURSING FACILITY	2,255,923	3,524,062	-12,251	5,767,734	44.00
45.00	04500	NURSING FACILITY	0	0	463,589	463,589	45.00
46.00	04600	OTHER LONG TERM CARE	736,665	808,632	-504,943	1,040,354	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	34,845,723	158,631,783	-121,909,249	71,568,257	50.00
51.00	05100	RECOVERY ROOM	8,885,009	5,257,554	110,193	14,252,756	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,040,375	3,178,933	-684,176	7,535,132	52.00
53.00	05300	ANESTHESIOLOGY	2,276,553	16,393,128	-3,258,472	15,411,209	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,611,004	29,101,696	-15,768,240	26,944,460	54.00
54.01	03630	ULTRASOUND	1,125,817	2,210,924	-514,902	2,821,839	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,361,375	31,278,775	-8,818,023	30,822,127	55.00
56.00	05600	RADIOISOTOPE	1,325,031	2,622,503	-1,742,783	2,204,751	56.00
57.00	05700	CT SCAN	2,864,420	3,577,665	-1,424,183	5,017,902	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,148,985	5,568,779	-1,955,659	6,762,105	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,237,919	27,599,375	-24,896,658	6,940,636	59.00
60.00	06000	LABORATORY	15,053,720	26,390,541	-901,697	40,542,564	60.00
60.01	06001	HLA LAB	927,366	2,219,633	-37,132	3,109,867	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,165,530	28,721,901	-77,719	33,809,712	63.00
65.00	06500	RESPIRATORY THERAPY	8,175,130	6,574,234	-828,368	13,920,996	65.00
66.00	06600	PHYSICAL THERAPY	4,504,492	1,906,862	-52,562	6,358,792	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,766,634	532,663	-22,996	2,276,301	67.00
68.00	06800	SPEECH PATHOLOGY	623,435	244,413	-39,917	827,931	68.00
69.00	06900	ELECTROCARDIOLOGY	2,829,320	3,234,324	-2,054,621	4,009,023	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	589,383	689,509	-69,967	1,208,925	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	67,427,511	67,427,511	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	98,171,688	98,171,688	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,264,383	2,062,318	-516,146	3,810,555	74.00
76.00	03330	ENDOSCOPY	3,813,777	5,364,893	-2,950,571	6,228,099	76.00
76.01	03950	OB/GYN IN VITRO	628,167	1,643,971	-180,120	2,092,018	76.01
76.02	03320	ELECTROSHOCK THERAPY	268,372	142,745	-10,520	400,597	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	631,900	631,900	76.03
76.04	03952	BONE MARROW ACQUISITION	728,105	4,309,155	0	5,037,260	76.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260032

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

Worksheet A

Date/Time Prepared:  
5/24/2016 8:23 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	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	317,295	317,295	0	317,295	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	9,901,702	7,848,234	17,749,936	-1,195,312	16,554,624	90.00
90.01	04950 OUTPATIENT PSYCH	129,690	1,036,829	1,166,519	-883,598	282,921	90.01
91.00	09100 EMERGENCY	13,476,878	13,826,942	27,303,820	-680,480	26,623,340	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	795,451	10,020,020	10,815,471	446,197	11,261,668	105.00
106.00	10600 HEART ACQUISITION	675,836	1,250,928	1,926,764	12,737	1,939,501	106.00
107.00	10700 LIVER ACQUISITION	433,567	3,845,807	4,279,374	276,943	4,556,317	107.00
108.00	10800 LUNG ACQUISITION	304,759	3,616,620	3,921,379	238,974	4,160,353	108.00
109.00	10900 PANCREAS ACQUISITION	0	493,445	493,445	25,714	519,159	109.00
113.00	11300 INTEREST EXPENSE		14,312,320	14,312,320	0	14,312,320	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	486,955,563	1,223,788,234	1,710,743,797	19,103,327	1,729,847,124	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	333,198	333,198	191.00
191.01	19101 RESEARCH CTSA I/P	0	58,276	58,276	39,804	98,080	191.01
191.02	19102 RESEARCH CTSA O/P	0	23,468	23,468	47,031	70,499	191.02
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	7,379,288	8,812,043	16,191,331	-269,266	15,922,065	194.00
194.01	07951 RETAIL PHARMACY	3,283,922	20,594,833	23,878,755	-19,249,671	4,629,084	194.01
194.02	07952 MARKETING/COMMUNITY RELATIONS	882,753	4,439,669	5,322,422	-4,423	5,317,999	194.02
194.03	07953 GUEST MEALS	0	0	0	0	0	194.03
200.00	TOTAL (SUM OF LINES 118-199)	498,501,526	1,257,716,523	1,756,218,049	0	1,756,218,049	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260032

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

Worksheet A  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-623,590	16,395,336	1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	-828,741	20,632,648	1.03
1.04	00104	NEW CRC-B&F(GSON)	0	1,621,460	1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	0	1,468,859	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-252,038	51,921,706	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,947,311	34,765,402	4.00
5.01	00540	NONPATIENT TELEPHONES	78	1,293,658	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	8,367,728	13,039,242	5.03
5.04	00570	ADMINITTING	0	20,361,879	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-39,441,921	277,170,944	5.06
7.00	00700	OPERATION OF PLANT	14,979,056	57,999,407	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,100,502	8.00
9.00	00900	HOUSEKEEPING	-1,290,788	18,909,347	9.00
10.00	01000	DIETARY	-72,510	10,055,629	10.00
11.00	01100	CAFETERIA	-11,458,100	4,317,479	11.00
13.00	01300	NURSING ADMINISTRATION	-2,796,751	44,420,380	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,501,950	14.00
15.00	01500	PHARMACY	-292,051	165,416,522	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,284,485	6,761,686	16.00
17.00	01700	SOCIAL SERVICE	66	12,846,278	17.00
18.00	01852	EXTENDED CARE SERVICES	-52,002	2,150,666	18.00
18.01	01851	LAB ADMINISTRATION	0	10,372,244	18.01
18.02	01850	RESEARCH ADMINISTRATION	140,488	140,488	18.02
20.00	02000	NURSING SCHOOL	-19,584,969	-5,646,397	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-178,269	120,104,895	21.00
23.01	02301	PARAMED PRGM-PHARMACY	0	215,806	23.01
23.02	02302	PARAMED PRGM-PASTORAL ED	-838	257,329	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-22,180,621	136,894,640	30.00
31.00	03100	INTENSIVE CARE UNIT	-75	12,537,001	31.00
32.00	03200	CORONARY CARE UNIT	0	4,426,405	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-440	12,670,126	34.00
35.01	02400	NEURO ICU	0	6,347,840	35.01
35.02	02401	CARDIO-THORACIC ICU	0	11,052,089	35.02
40.00	04000	SUBPROVIDER - IPF	-1,894,111	11,071,829	40.00
43.00	04300	NURSERY	0	1,510,188	43.00
44.00	04400	SKILLED NURSING FACILITY	0	5,767,734	44.00
45.00	04500	NURSING FACILITY	0	463,589	45.00
46.00	04600	OTHER LONG TERM CARE	0	1,040,354	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-914,646	70,653,611	50.00
51.00	05100	RECOVERY ROOM	0	14,252,756	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-16,373	7,518,759	52.00
53.00	05300	ANESTHESIOLOGY	-8,137,785	7,273,424	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-599,954	26,344,506	54.00
54.01	03630	ULTRASOUND	-238,594	2,583,245	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-10,210,043	20,612,084	55.00
56.00	05600	RADIO SOTOPE	-117,943	2,086,808	56.00
57.00	05700	CT SCAN	-955,226	4,062,676	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-317,295	6,444,810	58.00
59.00	05900	CARDIAC CATHETERIZATION	-179,931	6,760,705	59.00
60.00	06000	LABORATORY	971,951	41,514,515	60.00
60.01	06001	HLA LAB	399,195	3,509,062	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-170,611	33,639,101	63.00
65.00	06500	RESPIRATORY THERAPY	-7,564	13,913,432	65.00
66.00	06600	PHYSICAL THERAPY	-5,174	6,353,618	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,276,301	67.00
68.00	06800	SPEECH PATHOLOGY	0	827,931	68.00
69.00	06900	ELECTROCARDIOLOGY	-23,935	3,985,088	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-87,715	1,121,210	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	67,427,511	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	98,171,688	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,810,555	74.00
76.00	03330	ENDOSCOPY	-50	6,228,049	76.00
76.01	03950	OB/GYN IN VI TRO	-28,398	2,063,620	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	400,597	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	631,900	76.03
76.04	03952	BONE MARROW ACQUISITION	-91,430	4,945,830	76.04
76.98	07698	HYPERTHERMIC OXYGEN THERAPY	0	317,295	76.98

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260032

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

Worksheet A  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	-448,086	16,106,538	90.00
90.01	04950 OUTPATIENT PSYCH	0	282,921	90.01
91.00	09100 EMERGENCY	-4,803,142	21,820,198	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION	0	11,261,668	105.00
106.00	10600 HEART ACQUISITION	0	1,939,501	106.00
107.00	10700 LIVER ACQUISITION	0	4,556,317	107.00
108.00	10800 LUNG ACQUISITION	0	4,160,353	108.00
109.00	10900 PANCREAS ACQUISITION	0	519,159	109.00
113.00	11300 INTEREST EXPENSE	-14,312,320	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-101,092,642	1,628,754,482	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
191.00	19100 RESEARCH	0	333,198	191.00
191.01	19101 RESEARCH CTSA I/P	0	98,080	191.01
191.02	19102 RESEARCH CTSA O/P	0	70,499	191.02
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	15,922,065	194.00
194.01	07951 RETAIL PHARMACY	0	4,629,084	194.01
194.02	07952 MARKETING/COMMUNITY RELATIONS	0	5,317,999	194.02
194.03	07953 GUEST MEALS	0	0	194.03
200.00	TOTAL (SUM OF LINES 118-199)	-101,092,642	1,655,125,407	200.00

COST CENTERS USED IN COST REPORT	Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet Non-CMS W Date/Time Prepared: 5/24/2016 8:23 am
----------------------------------	----------------------	---	---

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.03 NEW CRC-B&F(BJH CAMP EXP)	00103		1.03
1.04 NEW CRC-B&F(GSON)	00104		1.04
1.05 NEW CRC-B&F(THE HIGHLANDS)	00105		1.05
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAPITAL RELATED COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01 NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.01
5.03 PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04 ADMITTING	00570	ADMITTING	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	00590		5.06
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
18.00 EXTENDED CARE SERVICES	01852		18.00
18.01 LAB ADMINISTRATION	01851		18.01
18.02 RESEARCH ADMINISTRATION	01850		18.02
20.00 NURSING SCHOOL	02000		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.01 PARAMED ED PRGM-PHARMACY	02301		23.01
23.02 PARAMED ED PRGM-PASTORAL ED	02302		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
32.00 CORONARY CARE UNIT	03200		32.00
34.00 SURGICAL INTENSIVE CARE UNIT	03400		34.00
35.01 NEURO ICU	02400		35.01
35.02 CARDIO-THORACIC ICU	02401		35.02
40.00 SUBPROVIDER - IPF	04000		40.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
45.00 NURSING FACILITY	04500		45.00
46.00 OTHER LONG TERM CARE	04600		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01 ULTRASOUND	03630	ULTRASOUND	54.01
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
56.00 RADIOISOTOPE	05600		56.00
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 HLA LAB	06001		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
76.00 ENDOSCOPY	03330	ENDOSCOPY	76.00
76.01 OB/GYN IN VITRO	03950		76.01
76.02 ELECTROSHOCK THERAPY	03320	ELECTROSHOCK THERAPY	76.02

COST CENTERS USED IN COST REPORT

Provider CCN: 260032

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
76.03	CORNEAL TISSUE ACQUISITION	03951		76.03
76.04	BONE MARROW ACQUISITION	03952		76.04
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
90.01	OUTPATIENT PSYCH	04950		90.01
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
191.00	RESEARCH	19100		191.00
191.01	RESEARCH CTSA I/P	19101		191.01
191.02	RESEARCH CTSA O/P	19102		191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01	RETAIL PHARMACY	07951		194.01
194.02	MARKETING/COMMUNITY RELATIONS	07952		194.02
194.03	GUEST MEALS	07953		194.03
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - RECLASS COST OF DRUGS SOLD</b>					
1.00	PHARMACY	15.00	0	27,315,301	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
0			0	27,315,301	
<b>B - RECLASS COST OF MEDICAL SUPPLIES CHA</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	67,427,511	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
0			0	67,427,511	
<b>C - RECLASS COST OF IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	98,171,688	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
7.00		0.00	0	0				7.00	
8.00		0.00	0	0				8.00	
9.00		0.00	0	0				9.00	
0			0	98,171,688					
<b>D - RECLASS EQUIPMENT DEPRECIATION</b>									
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27,651,151				1.00	
2.00		0.00	0	0				2.00	
3.00		0.00	0	0				3.00	
4.00		0.00	0	0				4.00	
5.00		0.00	0	0				5.00	
6.00		0.00	0	0				6.00	
7.00		0.00	0	0				7.00	
8.00		0.00	0	0				8.00	
9.00		0.00	0	0				9.00	
10.00		0.00	0	0				10.00	
11.00		0.00	0	0				11.00	
12.00		0.00	0	0				12.00	
13.00		0.00	0	0				13.00	
14.00		0.00	0	0				14.00	
15.00		0.00	0	0				15.00	
16.00		0.00	0	0				16.00	
17.00		0.00	0	0				17.00	
18.00		0.00	0	0				18.00	
19.00		0.00	0	0				19.00	
20.00		0.00	0	0				20.00	
21.00		0.00	0	0				21.00	
22.00		0.00	0	0				22.00	
23.00		0.00	0	0				23.00	
24.00		0.00	0	0				24.00	
25.00		0.00	0	0				25.00	
26.00		0.00	0	0				26.00	
27.00		0.00	0	0				27.00	
28.00		0.00	0	0				28.00	
29.00		0.00	0	0				29.00	
30.00		0.00	0	0				30.00	
31.00		0.00	0	0				31.00	
32.00		0.00	0	0				32.00	
33.00		0.00	0	0				33.00	
34.00		0.00	0	0				34.00	
35.00		0.00	0	0				35.00	
36.00		0.00	0	0				36.00	
37.00		0.00	0	0				37.00	
38.00		0.00	0	0				38.00	
39.00		0.00	0	0				39.00	
40.00		0.00	0	0				40.00	
41.00		0.00	0	0				41.00	
42.00		0.00	0	0				42.00	
43.00		0.00	0	0				43.00	
44.00		0.00	0	0				44.00	
45.00		0.00	0	0				45.00	
46.00		0.00	0	0				46.00	
47.00		0.00	0	0				47.00	
48.00		0.00	0	0				48.00	
49.00		0.00	0	0				49.00	
50.00		0.00	0	0				50.00	
51.00		0.00	0	0				51.00	
52.00		0.00	0	0				52.00	
53.00		0.00	0	0				53.00	
54.00		0.00	0	0				54.00	
55.00		0.00	0	0				55.00	
56.00		0.00	0	0				56.00	
57.00		0.00	0	0				57.00	
58.00		0.00	0	0				58.00	
59.00		0.00	0	0				59.00	
60.00		0.00	0	0				60.00	
61.00		0.00	0	0				61.00	
62.00		0.00	0	0				62.00	
0			0	27,651,151					
<b>E - RECLASS FINANCE ACCRUALS</b>									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,305,329				1.00	
0			0	1,305,329					

RECLASSIFICATIONS

Provider CCN: 260032

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

Worksheet A-6  
Date/Time Prepared:  
5/24/2016 8:23 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>F - RECLASS WASH U AFFILIATION AGREEMENT</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	60,457,883	1.00
	O		0	60,457,883	
<b>G - RECLASS COST OF INTERPRETERS</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	732,358	802,190	1.00
	O		732,358	802,190	
<b>H - RECLASS GAMMA KNIFE COSTS</b>					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,320	1.00
2.00	CT SCAN	57.00	0	4,416	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	3,178	3.00
	O		0	13,914	
<b>I - RECLASS PARAMEDICAL EDUCATION</b>					
1.00	PARAMED ED PRGM-PHARMACY	23.01	171,757	44,049	1.00
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	47,273	12,398	2.00
	O		219,030	56,447	
<b>J - RECLASS FINANCE ACCRUALS</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,717,736	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,837	2.00
	O		0	2,730,573	
<b>K - RECLASS NURSING FACILITY COSTS</b>					
1.00	NURSING FACILITY	45.00	221,000	242,589	1.00
	O		221,000	242,589	
<b>L - RECLASS DIETARY COSTS TO CAFETERIA</b>					
1.00	CAFETERIA	11.00	1,912,985	5,130,608	1.00
	O		1,912,985	5,130,608	
<b>M - RECLASS PRETRANSPLANT RELATED DIETIC</b>					
1.00	KIDNEY ACQUISITION	105.00	92	28	1.00
2.00	HEART ACQUISITION	106.00	2,918	902	2.00
3.00	LIVER ACQUISITION	107.00	5,831	1,802	3.00
4.00	LUNG ACQUISITION	108.00	7,107	2,196	4.00
	O		15,948	4,928	
<b>N - RECLASS TRANSPLANT SALARIES AND BENE</b>					
1.00	NURSING ADMINISTRATION	13.00	662,686	179,598	1.00
2.00	KIDNEY ACQUISITION	105.00	293,874	82,549	2.00
3.00	LIVER ACQUISITION	107.00	185,361	52,326	3.00
4.00	LUNG ACQUISITION	108.00	152,665	47,627	4.00
5.00	PANCREAS ACQUISITION	109.00	19,847	5,575	5.00
	O		1,314,433	367,675	
<b>O - RECLASS PRETRANSPLANT RELATED SOCIAL</b>					
1.00	KIDNEY ACQUISITION	105.00	54,138	15,516	1.00
2.00	HEART ACQUISITION	106.00	39,034	11,187	2.00
3.00	LIVER ACQUISITION	107.00	24,579	7,044	3.00
4.00	LUNG ACQUISITION	108.00	23,063	6,610	4.00
5.00	PANCREAS ACQUISITION	109.00	227	65	5.00
	O		141,041	40,422	
<b>P - RECLASS SALARIES PORTION OF RESEARCH</b>					
1.00	RESEARCH ADMINISTRATION	18.02	106,591	0	1.00
	O		106,591	0	
<b>Q - RECLASS BARNARD BUILDING RENTAL</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,417	1.00
2.00	HOUSEKEEPING	9.00	0	3,369	2.00
3.00	LABORATORY	60.00	0	5,159	3.00
4.00	RESEARCH CTSA I/P	191.01	0	51,965	4.00
5.00	RESEARCH CTSA O/P	191.02	0	47,031	5.00
6.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	3,740	6.00
	O		0	115,681	
<b>R - RECLASS NONREIMBURSABLE PARKING</b>					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	172,418	1,351,608	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	O		172,418	1,351,608	
<b>S - RECLASS CORNEAL TISSUE ACQUISITION C</b>					
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	631,900	1.00
	O		0	631,900	

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
<b>T - RECLASS EXTENDED RECOVERY NURSING SE</b>						
1.00	RECOVERY ROOM		51.00	0	275,593	1.00
	O			0	275,593	
<b>U - RECLASS PHYSICIAN SUITE CLEANING COS</b>						
1.00	OTHER NONREIMBURSABLE COST CENTERS		194.00	108,709	32,089	1.00
	O			108,709	32,089	
<b>V - RECLASS PROPERTY INSURANCE</b>						
1.00	OTHER CAPITAL RELATED COSTS		3.00	0	1,332,591	1.00
	O			0	1,332,591	
<b>W - RECLASS RECRUITING BONUSES AND RELOC</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT		4.00	12,000	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL		5.06	35,600	0	2.00
3.00	OPERATION OF PLANT		7.00	8,385	0	3.00
4.00	HOUSEKEEPING		9.00	100	0	4.00
5.00	CENTRAL SERVICES & SUPPLY		14.00	14,084	0	5.00
6.00	PHARMACY		15.00	6,450	0	6.00
7.00	NURSING SCHOOL		20.00	1,435	0	7.00
8.00	ADULTS & PEDIATRICS		30.00	1,900	0	8.00
9.00	CARDIO-THORACIC ICU		35.02	1,500	0	9.00
10.00	OPERATING ROOM		50.00	32,234	0	10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	500	0	11.00
12.00	RESPIRATORY THERAPY		65.00	2,576	0	12.00
13.00	ELECTROCARDIOLOGY		69.00	1,000	0	13.00
14.00	OTHER NONREIMBURSABLE COST CENTERS		194.00	100	0	14.00
	O			117,864	0	
<b>X - RECLASS FEDERAL AND FOUNDATION RESEA</b>						
1.00	RESEARCH		191.00	208,627	124,571	1.00
2.00			0.00	0	0	2.00
3.00			0.00	0	0	3.00
4.00			0.00	0	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
	O			208,627	124,571	
<b>Y - RECLASS ASBESTOS ABATEMENT PAYMENTS</b>						
1.00	OPERATION OF PLANT		7.00	0	438,237	1.00
2.00			0.00	0	0	2.00
	O			0	438,237	
500.00	Grand Total: Increases			5,271,004	296,020,479	500.00

RECLASSIFICATIONS

Provider CCN: 260032

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

Worksheet A-6  
Date/Time Prepared:  
5/24/2016 8:23 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - RECLASS COST OF DRUGS SOLD</b>							
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,384	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	35,911	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	2,054	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	223	0		4.00
5.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	365	0		5.00
6.00	NEURO ICU	35.01	0	794	0		6.00
7.00	CARDIO-THORACIC ICU	35.02	0	6,033	0		7.00
8.00	SUBPROVIDER - IPF	40.00	0	662	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	736	0		9.00
10.00	OTHER LONG TERM CARE	46.00	0	638	0		10.00
11.00	OPERATING ROOM	50.00	0	32,195	0		11.00
12.00	RECOVERY ROOM	51.00	0	171	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	1,096,584	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	295,632	0		14.00
15.00	ULTRASOUND	54.01	0	3,928	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,024,244	0		16.00
17.00	RADIOISOTOPE	56.00	0	1,451,890	0		17.00
18.00	CT SCAN	57.00	0	15,721	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33,976	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	1,067	0		20.00
21.00	LABORATORY	60.00	0	7,123	0		21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	77,377	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	5,946	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	1,506,539	0		24.00
25.00	RENAL DIALYSIS	74.00	0	27,356	0		25.00
26.00	ENDOSCOPY	76.00	0	157	0		26.00
27.00	OB/GYN IN VITRO	76.01	0	13,163	0		27.00
28.00	ELECTROSHOCK THERAPY	76.02	0	115	0		28.00
29.00	CLINIC	90.00	0	480,885	0		29.00
30.00	OUTPATIENT PSYCH	90.01	0	826,361	0		30.00
31.00	EMERGENCY	91.00	0	21,318	0		31.00
32.00	RESEARCH CTSA I/P	191.01	0	12,161	0		32.00
33.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	110,639	0		33.00
34.00	RETAIL PHARMACY	194.01	0	19,221,953	0		34.00
	<b>0</b>		<b>0</b>	<b>27,315,301</b>			
<b>B - RECLASS COST OF MEDICAL SUPPLIES CHA</b>							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	1,211,809	0		1.00
2.00	DIETARY	10.00	0	62	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,413,032	0		3.00
4.00	PHARMACY	15.00	0	59,915	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	517	0		5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	12,539	0		6.00
7.00	NEURO ICU	35.01	0	11,861	0		7.00
8.00	OPERATING ROOM	50.00	0	39,592,427	0		8.00
9.00	RECOVERY ROOM	51.00	0	34,116	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	615,681	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	1,324,714	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,098,778	0		12.00
13.00	ULTRASOUND	54.01	0	116,220	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	220,927	0		14.00
15.00	CT SCAN	57.00	0	40,260	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	23,205	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	7,637,437	0		17.00
18.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	342	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	305,425	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	34,024	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	18,039	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	33,088	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	245,838	0		23.00
24.00	RENAL DIALYSIS	74.00	0	307,051	0		24.00
25.00	ENDOSCOPY	76.00	0	1,899,604	0		25.00
26.00	CLINIC	90.00	0	129,763	0		26.00
27.00	EMERGENCY	91.00	0	40,837	0		27.00
	<b>0</b>		<b>0</b>	<b>67,427,511</b>			

RECLASSIFICATIONS

Provider CCN: 260032

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

Worksheet A-6  
Date/Time Prepared:  
5/24/2016 8:23 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>C - RECLASS COST OF IMPLANTABLE DEVICES</b>							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	6,900	0	1.00	
2.00	OPERATING ROOM	50.00	0	76,424,325	0	2.00	
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	875	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,943,925	0	4.00	
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,979,972	0	5.00	
6.00	CT SCAN	57.00	0	157,132	0	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	15,973,612	0	7.00	
8.00	ENDOSCOPY	76.00	0	525,676	0	8.00	
9.00	CLINIC	90.00	0	159,271	0	9.00	
	<b>0</b>		<b>0</b>	<b>98,171,688</b>			
<b>D - RECLASS EQUIPMENT DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39,169	9	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	13,976	0	2.00	
3.00	PURCHASING RECEIVING AND STORES	5.03	0	10,069	0	3.00	
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	34,157	0	4.00	
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,053,552	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	310,804	0	6.00	
7.00	LAUNDRY & LINEN SERVICE	8.00	0	2,802	0	7.00	
8.00	HOUSEKEEPING	9.00	0	169,790	0	8.00	
9.00	DIETARY	10.00	0	121,626	0	9.00	
10.00	CAFETERIA	11.00	0	30,330	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	930,845	0	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	112,474	0	12.00	
13.00	PHARMACY	15.00	0	136,157	0	13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	68,182	0	14.00	
15.00	SOCIAL SERVICE	17.00	0	23,538	0	15.00	
16.00	EXTENDED CARE SERVICES	18.00	0	4,100	0	16.00	
17.00	LAB ADMINISTRATION	18.01	0	50,288	0	17.00	
18.00	NURSING SCHOOL	20.00	0	224,603	0	18.00	
19.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	10,683	0	19.00	
20.00	PARAMEDICAL PRGM-PASTORAL	23.02	0	1,293	0	20.00	
21.00	ADULTS & PEDIATRICS	30.00	0	551,587	0	21.00	
22.00	INTENSIVE CARE UNIT	31.00	0	55,682	0	22.00	
23.00	CORONARY CARE UNIT	32.00	0	16,493	0	23.00	
24.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	154,689	0	24.00	
25.00	NEUROICU	35.01	0	39,130	0	25.00	
26.00	CARDIO-THORACIC ICU	35.02	0	37,977	0	26.00	
27.00	SUBPROVIDER - IPF	40.00	0	68,585	0	27.00	
28.00	NURSERY	43.00	0	6,486	0	28.00	
29.00	SKILLED NURSING FACILITY	44.00	0	11,515	0	29.00	
30.00	OTHER LONG TERM CARE	46.00	0	40,716	0	30.00	
31.00	OPERATING ROOM	50.00	0	3,587,395	0	31.00	
32.00	RECOVERY ROOM	51.00	0	131,113	0	32.00	
33.00	DELIVERY ROOM & LABOR ROOM	52.00	0	67,620	0	33.00	
34.00	ANESTHESIOLOGY	53.00	0	620,938	0	34.00	
35.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,436,225	0	35.00	
36.00	ULTRASOUND	54.01	0	394,754	0	36.00	
37.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,273,637	0	37.00	
38.00	RADIOISOTOPE	56.00	0	290,893	0	38.00	
39.00	CT SCAN	57.00	0	1,215,486	0	39.00	
40.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,901,656	0	40.00	
41.00	CARDIAC CATHETERIZATION	59.00	0	1,240,009	0	41.00	
42.00	LABORATORY	60.00	0	899,733	0	42.00	
43.00	HLA LAB	60.01	0	37,132	0	43.00	
44.00	ANESTHESIOLOGY	53.00	0	216,236	0	44.00	
45.00	RESPIRATORY THERAPY	65.00	0	516,997	0	45.00	
46.00	PHYSICAL THERAPY	66.00	0	17,738	0	46.00	
47.00	OCCUPATIONAL THERAPY	67.00	0	4,957	0	47.00	
48.00	SPEECH PATHOLOGY	68.00	0	6,829	0	48.00	
49.00	ELECTROCARDIOLOGY	69.00	0	302,244	0	49.00	
50.00	ELECTROENCEPHALOGRAPHY	70.00	0	69,967	0	50.00	
51.00	RENAL DIALYSIS	74.00	0	181,739	0	51.00	
52.00	ENDOSCOPY	76.00	0	525,134	0	52.00	
53.00	OB/GYN IN VITRO	76.01	0	166,957	0	53.00	
54.00	ELECTROSHOCK THERAPY	76.02	0	10,405	0	54.00	
55.00	CLINIC	90.00	0	425,393	0	55.00	
56.00	OUTPATIENT PSYCH	90.01	0	57,237	0	56.00	
57.00	EMERGENCY	91.00	0	618,325	0	57.00	

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
58.00	HEART ACQUISITION	106.00	0	203	0	58.00
59.00	LUNG ACQUISITION	108.00	0	294	0	59.00
60.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	70,466	0	60.00
61.00	RETAIL PHARMACY	194.01	0	27,718	0	61.00
62.00	MARKETING/COMMUNITY RELATIONS	194.02	0	4,423	0	62.00
	0		0	27,651,151		
<b>E - RECLASS FINANCE ACCRUALS</b>						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,305,329	0	1.00
	0		0	1,305,329		
<b>F - RECLASS WASH U AFFILIATION AGREEMENT</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	60,457,883	0	1.00
	0		0	60,457,883		
<b>G - RECLASS COST OF INTERPRETERS</b>						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	732,358	802,190	0	1.00
	0		732,358	802,190		
<b>H - RECLASS GAMMA KNIFE COSTS</b>						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	13,914	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	0		0	13,914		
<b>I - RECLASS PARAMEDICAL EDUCATION</b>						
1.00	PHARMACY	15.00	171,757	44,049	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	47,273	12,398	0	2.00
	0		219,030	56,447		
<b>J - RECLASS FINANCE ACCRUALS</b>						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	2,730,573	0	1.00
2.00		0.00	0	0	0	2.00
	0		0	2,730,573		
<b>K - RECLASS NURSING FACILITY COSTS</b>						
1.00	OTHER LONG TERM CARE	46.00	221,000	242,589	0	1.00
	0		221,000	242,589		
<b>L - RECLASS DIETARY COSTS TO CAFETERIA</b>						
1.00	DIETARY	10.00	1,912,985	5,130,608	0	1.00
	0		1,912,985	5,130,608		
<b>M - RECLASS PRETRANSPLANT RELATED DIETIC</b>						
1.00	DIETARY	10.00	15,948	4,928	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
	0		15,948	4,928		
<b>N - RECLASS TRANSPLANT SALARIES AND BENE</b>						
1.00	OPERATING ROOM	50.00	1,277,221	363,786	0	1.00
2.00	HEART ACQUISITION	106.00	37,212	3,889	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
	0		1,314,433	367,675		
<b>O - RECLASS PRETRANSPLANT RELATED SOCIAL</b>						
1.00	SOCIAL SERVICE	17.00	141,041	40,422	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
	0		141,041	40,422		
<b>P - RECLASS SALARIES PORTION OF RESEARCH</b>						
1.00	RESEARCH ADMINISTRATION	18.02	0	106,591	0	1.00
	0		0	106,591		
<b>Q - RECLASS BARNARD BUILDING RENTAL</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	115,681	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
	0		0	115,681		

RECLASSIFICATIONS

Provider CCN: 260032

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

Worksheet A-6  
Date/Time Prepared:  
5/24/2016 8:23 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>R - RECLASS NONREIMBURSABLE PARKING</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	331,176	9		1.00
2.00	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	419,749	9		2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	434,048	9		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	172,418	55,798	0		4.00
5.00	OPERATION OF PLANT	7.00	0	110,837	0		5.00
	0		172,418	1,351,608			
<b>S - RECLASS CORNEAL TISSUE ACQUISITION C</b>							
1.00	OPERATING ROOM	50.00	0	631,900	0		1.00
	0		0	631,900			
<b>T - RECLASS EXTENDED RECOVERY NURSING SE</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	275,593	0		1.00
	0		0	275,593			
<b>U - RECLASS PHYSICIAN SUITE CLEANING COS</b>							
1.00	HOUSEKEEPING	9.00	108,709	32,089	0		1.00
	0		108,709	32,089			
<b>V - RECLASS PROPERTY INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,332,591	0		1.00
	0		0	1,332,591			
<b>W - RECLASS RECRUITING BONUSES AND RELOC</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,000	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35,600	0		2.00
3.00	OPERATION OF PLANT	7.00	0	8,385	0		3.00
4.00	HOUSEKEEPING	9.00	0	100	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,084	0		5.00
6.00	PHARMACY	15.00	0	6,450	0		6.00
7.00	NURSING SCHOOL	20.00	0	1,435	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	1,900	0		8.00
9.00	CARDIO-THORACIC ICU	35.02	0	1,500	0		9.00
10.00	OPERATING ROOM	50.00	0	32,234	0		10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	500	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	2,576	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	1,000	0		13.00
14.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	100	0		14.00
	0		0	117,864			
<b>X - RECLASS FEDERAL AND FOUNDATION RESEA</b>							
1.00	NURSING ADMINISTRATION	13.00	0	41,167	0		1.00
2.00	NURSING SCHOOL	20.00	19,734	0	0		2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	4,787	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	44,533	0	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	800	0		5.00
6.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	144,360	77,817	0		6.00
	0		208,627	124,571			
<b>Y - RECLASS ASBESTOS ABATEMENT PAYMENTS</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	436,933	0		1.00
2.00	NURSING SCHOOL	20.00	0	1,304	0		2.00
	0		0	438,237			
500.00	Grand Total: Decreases		5,046,549	296,244,934			500.00

RECLASSIFICATIONS

Provider CCN: 260032

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/24/2016 8:23 am

Increases				Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
<b>A - RECLASS COST OF DRUGS SOLD</b>									
1.00	PHARMACY	15.00	0	27,315,301	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,384	1.00
2.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	35,911	2.00
3.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	2,054	3.00
4.00		0.00	0		CORONARY CARE UNIT	32.00	0	223	4.00
5.00		0.00	0		SURGICAL INTENSIVE CARE UNIT	34.00	0	365	5.00
6.00		0.00	0		NEURO ICU	35.01	0	794	6.00
7.00		0.00	0		CARDIO-THORACIC ICU	35.02	0	6,033	7.00
8.00		0.00	0		SUBPROVIDER - IPF	40.00	0	662	8.00
9.00		0.00	0		SKILLED NURSING FACILITY	44.00	0	736	9.00
10.00		0.00	0		OTHER LONG TERM CARE	46.00	0	638	10.00
11.00		0.00	0		OPERATING ROOM	50.00	0	32,195	11.00
12.00		0.00	0		RECOVERY ROOM	51.00	0	171	12.00
13.00		0.00	0		ANESTHESIOLOGY	53.00	0	1,096,584	13.00
14.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	295,632	14.00
15.00		0.00	0		ULTRASOUND	54.01	0	3,928	15.00
16.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	2,024,244	16.00
17.00		0.00	0		RADIOISOTOPE	56.00	0	1,451,890	17.00
18.00		0.00	0		CT SCAN	57.00	0	15,721	18.00
19.00		0.00	0		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33,976	19.00
20.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	1,067	20.00
21.00		0.00	0		LABORATORY	60.00	0	7,123	21.00
22.00		0.00	0		BLOOD STORAGE, PROCESSING & TRANS.	63.00	0	77,377	22.00
23.00		0.00	0		RESPIRATORY THERAPY	65.00	0	5,946	23.00
24.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	1,506,539	24.00
25.00		0.00	0		RENAL DIALYSIS	74.00	0	27,356	25.00
26.00		0.00	0		ENDOSCOPY	76.00	0	157	26.00
27.00		0.00	0		OB/GYN IN VITRO	76.01	0	13,163	27.00
28.00		0.00	0		ELECTROSHOCK THERAPY	76.02	0	115	28.00
29.00		0.00	0		CLINIC	90.00	0	480,885	29.00
30.00		0.00	0		OUTPATIENT PSYCH	90.01	0	826,361	30.00
31.00		0.00	0		EMERGENCY	91.00	0	21,318	31.00
32.00		0.00	0		RESEARCH CTSA I/P	191.01	0	12,161	32.00
33.00		0.00	0		OTHER NONREIMBURSABLE COST CENTERS	194.00	0	110,639	33.00
34.00		0.00	0		RETAIL PHARMACY	194.01	0	19,221,953	34.00
0			0	27,315,301			0	27,315,301	
<b>B - RECLASS COST OF MEDICAL SUPPLIES CHARGED TO PATIENTS</b>									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	67,427,511	PURCHASING RECEIVING AND STORES	5.03	0	1,211,809	1.00
2.00		0.00	0		DIETARY	10.00	0	62	2.00
3.00		0.00	0		CENTRAL SERVICES & SUPPLY	14.00	0	5,413,032	3.00
4.00		0.00	0		PHARMACY	15.00	0	59,915	4.00
5.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	517	5.00
6.00		0.00	0		SURGICAL INTENSIVE CARE UNIT	34.00	0	12,539	6.00
7.00		0.00	0		NEURO ICU	35.01	0	11,861	7.00
8.00		0.00	0		OPERATING ROOM	50.00	0	39,592,427	8.00
9.00		0.00	0		RECOVERY ROOM	51.00	0	34,116	9.00
10.00		0.00	0		DELIVERY ROOM & LABOR ROOM	52.00	0	615,681	10.00
11.00		0.00	0		ANESTHESIOLOGY	53.00	0	1,324,714	11.00
12.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	8,098,778	12.00
13.00		0.00	0		ULTRASOUND	54.01	0	116,220	13.00
14.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	220,927	14.00
15.00		0.00	0		CT SCAN	57.00	0	40,260	15.00
16.00		0.00	0		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	23,205	16.00
17.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	7,637,437	17.00
18.00		0.00	0		BLOOD STORAGE, PROCESSING & TRANS.	63.00	0	342	18.00
19.00		0.00	0		RESPIRATORY THERAPY	65.00	0	305,425	19.00
20.00		0.00	0		PHYSICAL THERAPY	66.00	0	34,024	20.00
21.00		0.00	0		OCCUPATIONAL THERAPY	67.00	0	18,039	21.00
22.00		0.00	0		SPEECH PATHOLOGY	68.00	0	33,088	22.00
23.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	245,838	23.00

RECLASSIFICATIONS

Provider CCN: 260032

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/24/2016 8:23 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
24.00		0.00	0	0	RENAL DIALYSIS	74.00	0	307,051	24.00
25.00		0.00	0	0	ENDOSCOPY	76.00	0	1,899,604	25.00
26.00		0.00	0	0	CLINIC	90.00	0	129,763	26.00
27.00		0.00	0	0	EMERGENCY	91.00	0	40,837	27.00
0			0	67,427,511			0	67,427,511	
C - RECLASS COST OF IMPLANTABLE DEVICES									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	98,171,688	PURCHASING RECEIVING AND STORES	5.03	0	6,900	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	76,424,325	2.00
3.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	875	3.00
4.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	2,943,925	4.00
5.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	1,979,972	5.00
6.00		0.00	0	0	CT SCAN	57.00	0	157,132	6.00
7.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	15,973,612	7.00
8.00		0.00	0	0	ENDOSCOPY	76.00	0	525,676	8.00
9.00		0.00	0	0	CLINIC	90.00	0	159,271	9.00
0			0	98,171,688			0	98,171,688	
D - RECLASS EQUIPMENT DEPRECIATION									
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27,651,151	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39,169	1.00
2.00		0.00	0	0	NONPATIENT TELEPHONES	5.01	0	13,976	2.00
3.00		0.00	0	0	PURCHASING RECEIVING AND STORES	5.03	0	10,069	3.00
4.00		0.00	0	0	ADMINISTRATIVE	5.04	0	34,157	4.00
5.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,053,552	5.00
6.00		0.00	0	0	OPERATION OF PLANT	7.00	0	310,804	6.00
7.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	2,802	7.00
8.00		0.00	0	0	HOUSEKEEPING	9.00	0	169,790	8.00
9.00		0.00	0	0	DIETARY	10.00	0	121,626	9.00
10.00		0.00	0	0	CAFETERIA	11.00	0	30,330	10.00
11.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	930,845	11.00
12.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	112,474	12.00
13.00		0.00	0	0	PHARMACY	15.00	0	136,157	13.00
14.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	68,182	14.00
15.00		0.00	0	0	SOCIAL SERVICE	17.00	0	23,538	15.00
16.00		0.00	0	0	EXTENDED CARE SERVICES	18.00	0	4,100	16.00
17.00		0.00	0	0	LAB ADMINISTRATION	18.01	0	50,288	17.00
18.00		0.00	0	0	NURSING SCHOOL	20.00	0	224,603	18.00
19.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	10,683	19.00
20.00		0.00	0	0	PARAMEDICAL PRGM-PASTORAL	23.02	0	1,293	20.00
21.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	551,587	21.00
22.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	55,682	22.00
23.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	16,493	23.00
24.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	154,689	24.00
25.00		0.00	0	0	NEUROICU	35.01	0	39,130	25.00
26.00		0.00	0	0	CARDIO-THORACIC ICU	35.02	0	37,977	26.00
27.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	68,585	27.00
28.00		0.00	0	0	NURSERY	43.00	0	6,486	28.00
29.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	11,515	29.00
30.00		0.00	0	0	OTHER LONG TERM CARE	46.00	0	40,716	30.00
31.00		0.00	0	0	OPERATING ROOM	50.00	0	3,587,395	31.00
32.00		0.00	0	0	RECOVERY ROOM	51.00	0	131,113	32.00
33.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	67,620	33.00
34.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	620,938	34.00
35.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	4,436,225	35.00
36.00		0.00	0	0	ULTRASOUND	54.01	0	394,754	36.00
37.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	3,273,637	37.00
38.00		0.00	0	0	RADIOISOTOPE	56.00	0	290,893	38.00
39.00		0.00	0	0	CT SCAN	57.00	0	1,215,486	39.00
40.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,901,656	40.00

RECLASSIFICATIONS

Provider CCN: 260032

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

Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 5/24/2016 8:23 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
41.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	1,240,009	41.00
42.00		0.00	0	0	LABORATORY	60.00	0	899,733	42.00
43.00		0.00	0	0	HLA LAB	60.01	0	37,132	43.00
44.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	216,236	44.00
45.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	516,997	45.00
46.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	17,738	46.00
47.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	4,957	47.00
48.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	6,829	48.00
49.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	302,244	49.00
50.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	69,967	50.00
51.00		0.00	0	0	RENAL DIALYSIS	74.00	0	181,739	51.00
52.00		0.00	0	0	ENDOSCOPY	76.00	0	525,134	52.00
53.00		0.00	0	0	OB/GYN IN VITRO	76.01	0	166,957	53.00
54.00		0.00	0	0	ELECTROSHOCK THERAPY	76.02	0	10,405	54.00
55.00		0.00	0	0	CLINIC	90.00	0	425,393	55.00
56.00		0.00	0	0	OUTPATIENT PSYCH	90.01	0	57,237	56.00
57.00		0.00	0	0	EMERGENCY	91.00	0	618,325	57.00
58.00		0.00	0	0	HEART ACQUISITION	106.00	0	203	58.00
59.00		0.00	0	0	LUNG ACQUISITION	108.00	0	294	59.00
60.00		0.00	0	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	70,466	60.00
61.00		0.00	0	0	RETAIL PHARMACY	194.01	0	27,718	61.00
62.00		0.00	0	0	MARKETING/COMMUNITY RELATIONS	194.02	0	4,423	62.00
			0	27,651,151			0	27,651,151	
E - RECLASS FINANCE ACCRUALS									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,305,329	RADIOLOGY-THERAPEUTIC	55.00	0	1,305,329	1.00
			0	1,305,329			0	1,305,329	
F - RECLASS WASH U AFFILIATION AGREEMENT									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	60,457,883	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	60,457,883	1.00
			0	60,457,883			0	60,457,883	
G - RECLASS COST OF INTERPRETERS									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	732,358	802,190	OTHER NONREIMBURSABLE COST CENTERS	194.00	732,358	802,190	1.00
			732,358	802,190			732,358	802,190	
H - RECLASS GAMMA KNIFE COSTS									
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,320	RADIOLOGY-THERAPEUTIC	55.00	0	13,914	1.00
2.00	CT SCAN	57.00	0	4,416		0.00	0	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	3,178		0.00	0	0	3.00
			0	13,914			0	13,914	
I - RECLASS PARAMEDICAL EDUCATION									
1.00	PARAMED PRGM-PHARMACY	23.01	171,757	44,049	PHARMACY	15.00	171,757	44,049	1.00
2.00	PARAMED PRGM-PASTORAL ED	23.02	47,273	12,398	OTHER ADMINISTRATIVE AND GENERAL	5.06	47,273	12,398	2.00
			219,030	56,447			219,030	56,447	
J - RECLASS FINANCE ACCRUALS									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,717,736	PURCHASING RECEIVING AND STORES	5.03	0	2,730,573	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,837		0.00	0	0	2.00
			0	2,730,573			0	2,730,573	
K - RECLASS NURSING FACILITY COSTS									
1.00	NURSING FACILITY	45.00	221,000	242,589	OTHER LONG TERM CARE	46.00	221,000	242,589	1.00
			221,000	242,589			221,000	242,589	
L - RECLASS DIETARY COSTS TO CAFETERIA									
1.00	CAFETERIA	11.00	1,912,985	5,130,608	DIETARY	10.00	1,912,985	5,130,608	1.00
			1,912,985	5,130,608			1,912,985	5,130,608	
M - RECLASS PRETRANSPLANT RELATED DIETIC									
1.00	KIDNEY ACQUISITION	105.00	92	28	DIETARY	10.00	15,948	4,928	1.00
2.00	HEART ACQUISITION	106.00	2,918	902		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	5,831	1,802		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	7,107	2,196		0.00	0	0	4.00
			15,948	4,928			15,948	4,928	
N - RECLASS TRANSPLANT SALARIES AND BENE									
1.00	NURSING ADMINISTRATIVE	13.00	662,686	179,598	OPERATING ROOM	50.00	1,277,221	363,786	1.00
2.00	KIDNEY ACQUISITION	105.00	293,874	82,549	HEART ACQUISITION	106.00	37,212	3,889	2.00
3.00	LIVER ACQUISITION	107.00	185,361	52,326		0.00	0	0	3.00

RECLASSIFICATIONS

Provider CCN: 260032

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/24/2016 8:23 am

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
4.00 LUNG ACQUISITION	108.00	152,665	47,627		0.00	0	0	4.00	
5.00 PANCREAS ACQUISITION	109.00	19,847	5,575		0.00	0	0	5.00	
0		1,314,433	367,675	0		1,314,433	367,675		
O - RECLASS PRETRANSPLANT RELATED SOCIAL									
1.00 KIDNEY ACQUISITION	105.00	54,138	15,516	SOCIAL SERVICE	17.00	141,041	40,422	1.00	
2.00 HEART ACQUISITION	106.00	39,034	11,187		0.00	0	0	2.00	
3.00 LIVER ACQUISITION	107.00	24,579	7,044		0.00	0	0	3.00	
4.00 LUNG ACQUISITION	108.00	23,063	6,610		0.00	0	0	4.00	
5.00 PANCREAS ACQUISITION	109.00	227	65		0.00	0	0	5.00	
0		141,041	40,422	0		141,041	40,422		
P - RECLASS SALARIES PORTION OF RESEARCH									
1.00 RESEARCH	18.02	106,591	0	RESEARCH	18.02	0	106,591	1.00	
ADMINISTRATION				ADMINISTRATION					
0		106,591	0	0		0	106,591		
Q - RECLASS BARNARD BUILDING RENTAL									
1.00 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,417	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	115,681	1.00	
2.00 HOUSEKEEPING	9.00	0	3,369		0.00	0	0	2.00	
3.00 LABORATORY	60.00	0	5,159		0.00	0	0	3.00	
4.00 RESEARCH CTSA I/P	191.01	0	51,965		0.00	0	0	4.00	
5.00 RESEARCH CTSA O/P	191.02	0	47,031		0.00	0	0	5.00	
6.00 OTHER NONREIMBURSABLE COST CENTERS	194.00	0	3,740		0.00	0	0	6.00	
0		0	115,681	0		0	115,681		
R - RECLASS NONREIMBURSABLE PARKING									
1.00 OTHER NONREIMBURSABLE COST CENTERS	194.00	172,418	1,351,608	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	331,176	1.00	
2.00	0.00	0	0	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	419,749	2.00	
3.00	0.00	0	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	434,048	3.00	
4.00	0.00	0	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	172,418	55,798	4.00	
5.00	0.00	0	0	OPERATION OF PLANT	7.00	0	110,837	5.00	
0		172,418	1,351,608	0		172,418	1,351,608		
S - RECLASS CORNEAL TISSUE ACQUISITION C									
1.00 CORNEAL TISSUE ACQUISITION	76.03	0	631,900	OPERATING ROOM	50.00	0	631,900	1.00	
0		0	631,900	0		0	631,900		
T - RECLASS EXTENDED RECOVERY NURSING SE									
1.00 RECOVERY ROOM	51.00	0	275,593	ADULTS & PEDIATRICS	30.00	0	275,593	1.00	
0		0	275,593	0		0	275,593		
U - RECLASS PHYSICIAN SUITE CLEANING COS									
1.00 OTHER NONREIMBURSABLE COST CENTERS	194.00	108,709	32,089	HOUSEKEEPING	9.00	108,709	32,089	1.00	
0		108,709	32,089	0		108,709	32,089		
V - RECLASS PROPERTY INSURANCE									
1.00 OTHER CAPITAL RELATED COSTS	3.00	0	1,332,591	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,332,591	1.00	
0		0	1,332,591	0		0	1,332,591		
W - RECLASS RECRUITING BONUSES AND RELOC									
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	12,000	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,000	1.00	
2.00 OTHER ADMINISTRATIVE AND GENERAL	5.06	35,600	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35,600	2.00	
3.00 OPERATION OF PLANT	7.00	8,385	0	OPERATION OF PLANT	7.00	0	8,385	3.00	
4.00 HOUSEKEEPING	9.00	100	0	HOUSEKEEPING	9.00	0	100	4.00	
5.00 CENTRAL SERVICES & SUPPLY	14.00	14,084	0	CENTRAL SERVICES & SUPPLY	14.00	0	14,084	5.00	
6.00 PHARMACY	15.00	6,450	0	PHARMACY	15.00	0	6,450	6.00	
7.00 NURSING SCHOOL	20.00	1,435	0	NURSING SCHOOL	20.00	0	1,435	7.00	
8.00 ADULTS & PEDIATRICS	30.00	1,900	0	ADULTS & PEDIATRICS	30.00	0	1,900	8.00	
9.00 CARDIO-THORACIC ICU	35.02	1,500	0	CARDIO-THORACIC ICU	35.02	0	1,500	9.00	
10.00 OPERATING ROOM	50.00	32,234	0	OPERATING ROOM	50.00	0	32,234	10.00	
11.00 MAGNETIC RESONANCE IMAGING (MRI)	58.00	500	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	500	11.00	
12.00 RESPIRATORY THERAPY	65.00	2,576	0	RESPIRATORY THERAPY	65.00	0	2,576	12.00	
13.00 ELECTROCARDIOLOGY	69.00	1,000	0	ELECTROCARDIOLOGY	69.00	0	1,000	13.00	
14.00 OTHER NONREIMBURSABLE COST CENTERS	194.00	100	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	100	14.00	
0		117,864	0	0		0	117,864		

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
X - RECLASS FEDERAL AND FOUNDATION RESEA									
1.00	RESEARCH	191.00	208,627	124,571	NURSING	13.00	0	41,167	1.00
					ADMINISTRATION				
2.00		0.00	0		NURSING SCHOOL	20.00	19,734	0	2.00
3.00		0.00	0		I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	4,787	3.00
4.00		0.00	0		CARDIAC CATHETERIZATION	59.00	44,533	0	4.00
5.00		0.00	0		PHYSICAL THERAPY	66.00	0	800	5.00
6.00		0.00	0		OTHER NONREIMBURSABLE COST CENTERS	194.00	144,360	77,817	6.00
	0		208,627	124,571	0		208,627	124,571	
Y - RECLASS ASBESTOS ABATEMENT PAYMENTS									
1.00	OPERATION OF PLANT	7.00	0	438,237	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	436,933	1.00
2.00		0.00	0		NURSING SCHOOL	20.00	0	1,304	2.00
	0		0	438,237	0		0	438,237	
500.00	Grand Total : Increases		5,271,004	296,020,479	Grand Total : Decreases		5,046,549	296,244,934	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260032

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	20,677,877	0	0	0	1.00
2.00	Land Improvements	17,622,833	27,782	0	27,782	2.00
3.00	Buildings and Fixtures	613,539,581	19,093,638	0	19,093,638	3.00
4.00	Building Improvements	16,432,916	0	0	0	4.00
5.00	Fixed Equipment	564,586,436	1,128,842	0	1,128,842	5.00
6.00	Movable Equipment	644,918,265	34,454,341	0	34,454,341	6.00
7.00	HIT designated Assets	21,957,604	2,995,090	0	2,995,090	7.00
8.00	Subtotal (sum of lines 1-7)	1,899,735,512	57,699,693	0	57,699,693	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,899,735,512	57,699,693	0	57,699,693	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	20,677,877	0			1.00
2.00	Land Improvements	17,650,615	6,137,477			2.00
3.00	Buildings and Fixtures	631,546,685	112,725,593			3.00
4.00	Building Improvements	16,432,916	8,404,307			4.00
5.00	Fixed Equipment	561,843,243	241,377,386			5.00
6.00	Movable Equipment	677,275,245	474,445,902			6.00
7.00	HIT designated Assets	24,952,694	4,610,295			7.00
8.00	Subtotal (sum of lines 1-7)	1,950,379,275	847,700,960			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	1,950,379,275	847,700,960			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260032

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	16,877,160	0	0	0	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	21,527,422	0	0	0	0	1.03
1.04	NEW CRC-B&F(GSON)	1,596,683	0	0	0	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	1,468,859	0	0	0	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	24,475,485	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	65,945,609	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	16,877,160				1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	21,527,422				1.03
1.04	NEW CRC-B&F(GSON)	0	1,596,683				1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	1,468,859				1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	24,475,485				2.00
3.00	Total (sum of lines 1-2)	0	65,945,609				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260032

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	684,858,780	0	684,858,780	0.354904	472,942	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	512,210,929	0	512,210,929	0.265435	353,716	1.03
1.04	NEW CRC-B&F(GSON)	35,879,542	0	35,879,542	0.018593	24,777	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0.000000	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	696,752,147	0	696,752,147	0.361068	481,156	2.00
3.00	Total (sum of lines 1-2)	1,929,701,398	0	1,929,701,398	1.000000	1,332,591	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	472,942	15,922,394	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	0	353,716	20,278,932	0	1.03
1.04	NEW CRC-B&F(GSON)	0	0	24,777	1,596,683	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	1,468,859	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	481,156	51,440,550	0	2.00
3.00	Total (sum of lines 1-2)	0	0	1,332,591	90,707,418	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	472,942	0	0	16,395,336	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	353,716	0	0	20,632,648	1.03
1.04	NEW CRC-B&F(GSON)	0	24,777	0	0	1,621,460	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0	1,468,859	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	481,156	0	0	51,921,706	2.00
3.00	Total (sum of lines 1-2)	0	1,332,591	0	0	92,040,009	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.03 Investment income - NEW CRC-B&F(BJH CAMP EXP) (chapter 2)			ONEW CRC-B&F(BJH CAMP EXP)	1.03	0	1.03
1.04 Investment income - NEW CRC-B&F(GSON) (chapter 2)			ONEW CRC-B&F(GSON)	1.04	0	1.04
1.05 Investment income - NEW CRC-B&F(THE HIGHLANDS) (chapter 2)			ONEW CRC-B&F(THE HIGHLANDS)	1.05	0	1.05
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B	-14,312,320	INTEREST EXPENSE	113.00	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)	B	-1,638,780	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-37,399,312			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	-8,981,263			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-10,799,742	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.03 Depreciation - NEW CRC-B&F(BJH CAMP EXP)			ONEW CRC-B&F(BJH CAMP EXP)	1.03	0	26.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 260032

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

Worksheet A-8

Date/Time Prepared:  
5/24/2016 8:23 am

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		
26.04 Depreciation - NEW CRC-B&F(GSON)			0NEW CRC-B&F(GSON)		1.04	0	26.04
26.05 Depreciation - NEW CRC-B&F(THE HIGHLANDS)			0NEW CRC-B&F(THE HIGHLANDS)		1.05	0	26.05
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0NEW 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		0OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 OTHER REVENUE	B	-72,453	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00
33.01 OTHER REVENUE	B	78	NONPATIENT TELEPHONES		5.01	0	33.01
33.02 OTHER REVENUE	B	-818,498	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.02
33.03 OTHER REVENUE	B	-170	OPERATION OF PLANT		7.00	0	33.03
33.04 OTHER REVENUE	B	-72,469	DIETARY		10.00	0	33.04
33.05 OTHER REVENUE	B	-658,358	CAFETERIA		11.00	0	33.05
33.06 OTHER REVENUE	B	-401,228	NURSING ADMINISTRATION		13.00	0	33.06
33.07 OTHER REVENUE	B	-271,401	PHARMACY		15.00	0	33.07
33.08 OTHER REVENUE	B	-1,283,713	MEDICAL RECORDS & LIBRARY		16.00	0	33.08
33.09 OTHER REVENUE	B	66	SOCIAL SERVICE		17.00	0	33.09
33.10 OTHER REVENUE	B	-4,696	EXTENDED CARE SERVICES		18.00	0	33.10
33.11 OTHER REVENUE	B	-21,105,093	NURSING SCHOOL		20.00	0	33.11
33.12 OTHER REVENUE	B	-178,069	I&R SERVICES-SALARY & FRINGES APPRVD		21.00	0	33.12
33.13 OTHER REVENUE	B	-838	PARAMEDICAL PRGM-PASTORAL ED		23.02	0	33.13
33.14 OTHER REVENUE	B	-1,381,093	ADULTS & PEDIATRICS		30.00	0	33.14
33.15 OTHER REVENUE	B	-115	INTENSIVE CARE UNIT		31.00	0	33.15
33.16 OTHER REVENUE	B	-107,283	OPERATING ROOM		50.00	0	33.16
33.17 OTHER REVENUE	B	-16,373	DELIVERY ROOM & LABOR ROOM		52.00	0	33.17
33.18 OTHER REVENUE	B	-408,624	RADIOLOGY-DIAGNOSTIC		54.00	0	33.18
33.19 OTHER REVENUE	B	-238,594	ULTRASOUND		54.01	0	33.19
33.20 OTHER REVENUE	B	-4,162	RADIOLOGY-THERAPEUTIC		55.00	0	33.20
33.21 OTHER REVENUE	B	-117,943	RADIOISOTOPE		56.00	0	33.21
33.22 OTHER REVENUE	B	-955,226	CT SCAN		57.00	0	33.22
33.23 OTHER REVENUE	B	-317,295	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0	33.23
33.24 OTHER REVENUE	B	-4	CARDIAC CATHETERIZATION		59.00	0	33.24
33.25 OTHER REVENUE	B	-4,955	PHYSICAL THERAPY		66.00	0	33.25
33.26 OTHER REVENUE	B	-8,185	ELECTROCARDIOLOGY		69.00	0	33.26
33.27 OTHER REVENUE	B	827	ELECTROENCEPHALOGRAPHY		70.00	0	33.27
33.28 OTHER REVENUE	B	-28,398	OB/GYN IN VI TRO		76.01	0	33.28
33.29 OTHER REVENUE	B	-187,513	CLINIC		90.00	0	33.29
33.30 OTHER REVENUE	B	-106,508	EMERGENCY		91.00	0	33.30
33.32 OTHER REVENUE	B	-91,430	BONE MARROW ACQUISITION		76.04	0	33.32
35.00 FINANCE ACCRUALS - NON-ALLOWABLE EXP	A	-1,571	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	35.00
35.01 RESEARCH ADMINISTRATIVE COSTS	A	140,488	RESEARCH ADMINISTRATION		18.02	0	35.01
36.00 ALLOWABLE FRA COSTS	A	95,541,187	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	36.00
37.00 ASBESTOS ABATEMENT	A	1,495,439	OPERATION OF PLANT		7.00	0	37.00
38.00 CONTRIBUTIONS	A	-3,052,486	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	38.00
38.01 CONTRIBUTIONS	A	-72,024,914	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	38.01
38.02 CONTRIBUTIONS	A	1,818	NURSING ADMINISTRATION		13.00	0	38.02
38.03 CONTRIBUTIONS	A	-2,308	ADULTS & PEDIATRICS		30.00	0	38.03
38.04 CONTRIBUTIONS	A	-50	RESPIRATORY THERAPY		65.00	0	38.04
38.05 REMOVE ASBESTOS ACCRUAL	A	32,485	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	38.05

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
38.06 REMOVE ASBESTOS ACCRUAL	A	5,550	OPERATION OF PLANT	7.00	0	38.06
41.00 PATIENT PHONES	A	-22,603	EXTENDED CARE SERVICES	18.00	0	41.00
41.01 PATIENT PHONES	A	-261,734	ADULTS & PEDIATRICS	30.00	0	41.01
43.00 MALPRACTICE EXP	A	-10,537,992	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00 WASH UNIV ASSESSMENTS	A	-275,985	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
45.00 LOBBYING PORTION OF DUES	A	-147,257	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
45.01 LOBBYING PORTION OF DUES	A	-96	NURSING SCHOOL	20.00	0	45.01
45.02 LOBBYING PORTION OF DUES	A	-100	ELECTROENCEPHALOGRAPHY	70.00	0	45.02
45.03 LOBBYING PORTION OF DUES	A	-1,000	CLINIC	90.00	0	45.03
45.04 NONALLOWABLE INTERN/RESIDENT COSTS	A	-111,594	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.04
45.05 NONALLOWABLE INTERN/RESIDENT COSTS	A	-3,119	NURSING ADMINISTRATION	13.00	0	45.05
45.06 NONALLOWABLE INTERN/RESIDENT COSTS	A	-2,657,548	ADULTS & PEDIATRICS	30.00	0	45.06
45.07 NONALLOWABLE INTERN/RESIDENT COSTS	A	-9,736	CARDIAC CATHETERIZATION	59.00	0	45.07
45.08 NONALLOWABLE INTERN/RESIDENT COSTS	A	-10	LABORATORY	60.00	0	45.08
45.09 ENTERTAINMENT/PROMOTION EXP	A	-920	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.09
45.10 ENTERTAINMENT/PROMOTION EXP	A	-16,897	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.10
45.11 ENTERTAINMENT/PROMOTION EXP	A	-9,805	OPERATION OF PLANT	7.00	0	45.11
45.12 ENTERTAINMENT/PROMOTION EXP	A	-41	DIETARY	10.00	0	45.12
45.13 ENTERTAINMENT/PROMOTION EXP	A	-1,498	NURSING ADMINISTRATION	13.00	0	45.13
45.14 ENTERTAINMENT/PROMOTION EXP	A	-8,270	EXTENDED CARE SERVICES	18.00	0	45.14
45.15 ENTERTAINMENT/PROMOTION EXP	A	-33	NURSING SCHOOL	20.00	0	45.15
45.16 ENTERTAINMENT/PROMOTION EXP	A	-4	ADULTS & PEDIATRICS	30.00	0	45.16
45.17 ENTERTAINMENT/PROMOTION EXP	A	-743	OPERATING ROOM	50.00	0	45.17
45.18 ENTERTAINMENT/PROMOTION EXP	A	-219	PHYSICAL THERAPY	66.00	0	45.18
45.19 ENTERTAINMENT/PROMOTION EXP	A	-15,750	ELECTROCARDIOLOGY	69.00	0	45.19
45.20 ENTERTAINMENT/PROMOTION EXP	A	-10	CLINIC	90.00	0	45.20
45.21 ENTERTAINMENT/PROMOTION EXP	A	-740	EMERGENCY	91.00	0	45.21
45.22 ECF LAB	A	-80,769	LABORATORY	60.00	0	45.22
45.31 SQ FTG COSTS TO BJC HO, BJC HC, SLCH	A	-750,963	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.31
45.32 SQ FTG COSTS TO BJC HO, BJC HC, SLCH	A	-828,741	NEW CRC-B&F(BJH CAMP EXP)	1.03	9	45.32
45.33 SQ FTG COSTS TO BJC HO, BJC HC, SLCH	A	-2,770,612	OPERATION OF PLANT	7.00	0	45.33
45.34 SQ FTG COSTS TO BJC HO, BJC HC, SLCH	A	-1,290,788	HOUSEKEEPING	9.00	0	45.34
45.35 ADVERTISING EXPENSE	A	-18,570	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.35
45.37 ADVERTISING EXPENSE	A	-979	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.37
45.40 ADVERTISING EXPENSE	A	-100,251	NURSING ADMINISTRATION	13.00	0	45.40
45.41 ADVERTISING EXPENSE	A	-16,363	EXTENDED CARE SERVICES	18.00	0	45.41
45.43 ADVERTISING EXPENSE	A	-190,411	NURSING SCHOOL	20.00	0	45.43
45.44 ADVERTISING EXPENSE	A	-195,830	RADIOLOGY-DIAGNOSTIC	54.00	0	45.44
45.45 ADVERTISING EXPENSE	A	-180,162	RADIOLOGY-THERAPEUTIC	55.00	0	45.45
45.47 PHYSICIAN RECRUITMENT	A	-1,308	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.47
45.48 PHYSICIAN RECRUITMENT	A	141,142	NURSING ADMINISTRATION	13.00	0	45.48
45.49 SPEC EVENTS-NONALLOWABLE	A	-3,500	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.49
45.50 SPEC EVENTS-NONALLOWABLE	A	-247,960	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.50
45.51 SPEC EVENTS-NONALLOWABLE	A	-55,932	NURSING ADMINISTRATION	13.00	0	45.51
45.52 SPEC EVENTS-NONALLOWABLE	A	-20,650	PHARMACY	15.00	0	45.52
45.53 SPEC EVENTS-NONALLOWABLE	A	-772	MEDICAL RECORDS & LIBRARY	16.00	0	45.53
45.54 SPEC EVENTS-NONALLOWABLE	A	-70	EXTENDED CARE SERVICES	18.00	0	45.54
45.55 SPEC EVENTS-NONALLOWABLE	A	-43,334	NURSING SCHOOL	20.00	0	45.55
45.56 SPEC EVENTS-NONALLOWABLE	A	-200	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	45.56
45.57 SPEC EVENTS-NONALLOWABLE	A	217	ADULTS & PEDIATRICS	30.00	0	45.57

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		
45.58	SPEC EVENTS-NONALLOWABLE	A	40	INTENSIVE CARE UNIT	31.00	0	45.58
45.59	SPEC EVENTS-NONALLOWABLE	A	4,500	RADIOLOGY-DIAGNOSTIC	54.00	0	45.59
45.60	SPEC EVENTS-NONALLOWABLE	A	-2,532	RADIOLOGY-THERAPEUTIC	55.00	0	45.60
45.61	SPEC EVENTS-NONALLOWABLE	A	-7,514	RESPIRATORY THERAPY	65.00	0	45.61
46.00	SPEC EVENTS-NONALLOWABLE	A	-50	ENDOSCOPY	76.00	0	46.00
46.01	SPEC EVENTS-NONALLOWABLE	A	-5,298	EMERGENCY	91.00	0	46.01
47.03	ALLOWABLE PENSION EXP/FUNDING	A	-8,382	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.03
48.01	REMOVE ACCELERATED DEPRECIATION	A	-497,401	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	48.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-101,092,642				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: 260032

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

Worksheet A-8-1

Date/Time Prepared: 5/24/2016 8:23 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		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>						
1.00	60.00	LABORATORY	AFFILIATE BILLING TO BJC FAC	-2,266,529	-4,436,570	1.00
2.00	60.01	HLA LAB	AFFILIATE BILLING TO BJC FAC	-293,261	-692,456	2.00
3.00	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO BJC FAC	-344,038	-176,493	3.00
4.00	60.00	LABORATORY	AFFILIATE BILLING TO REHAB I	-486,962	-277,386	4.00
4.01	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO REHAB I	-40,288	-37,222	4.01
4.02	50.00	OPERATING ROOM	MIDWEST STONE	614,760	820,630	4.02
4.03	5.06	OTHER ADMINISTRATIVE AND GEN	TFC	4,383,731	4,672,491	4.03
4.04	1.00	NEW CAP REL COSTS-BLDG & FIX	GAMMA KNIFE DEPR - B&F	127,373	0	4.04
4.05	2.00	NEW CAP REL COSTS-MVBLE EQUI	GAMMA KNIFE DEPR - MME	245,363	0	4.05
4.06	55.00	RADIOLOGY-THERAPEUTIC	GAMMA KNIFE EXPENSES	1,856,697	11,879,884	4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	BJC EMPLOYEE BENEFITS	22,742,402	0	4.07
4.08	5.03	PURCHASING RECEIVING AND STO	BJC PURCHASING	8,367,728	0	4.08
4.09	5.06	OTHER ADMINISTRATIVE AND GEN	BJC OTHER A & G	119,008,615	168,078,702	4.09
4.10	7.00	OPERATION OF PLANT	BJC OPERATION OF PLANT	16,258,654	0	4.10
4.11	60.00	LABORATORY	SLCH AFFILIATE BILLINGS	1,001,920	1,909,655	4.11
4.12	59.00	CARDIAC CATHETERIZATION	SLCH AFFILIATE BILLINGS	555,276	725,467	4.12
4.14	20.00	NURSING SCHOOL	MO BAP BUILDING RENT	2,535,198	781,200	4.14
5.00	0		0	174,266,639	183,247,902	5.00

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

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

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

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

6.00	B		0.00	BJC HEALTHCARE	100.00	6.00
7.00	B		0.00	BJC STAFFING AGENCY	100.00	7.00
8.00	G	JOINT VENTURE	50.00	TFC	50.00	8.00
9.00	G	JOINT VENTURE	50.00	BJ GAMMA KNIFE FACILITY	50.00	9.00
10.00	C		50.00	MIDWEST STONE	50.00	10.00
10.01	G	JOINT VENTURE	50.00	REHAB INSTITUTE	50.00	10.01
100.00	G. Other (financial or non-financial) specify:	JOINT VENTURE				100.00

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

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

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

Provider CCN: 260032

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

Worksheet A-8-1

Date/Time Prepared:  
5/24/2016 8:23 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	2,170,041	0		1.00
2.00	399,195	0		2.00
3.00	-167,545	0		3.00
4.00	-209,576	0		4.00
4.01	-3,066	0		4.01
4.02	-205,870	0		4.02
4.03	-288,760	0		4.03
4.04	127,373	9		4.04
4.05	245,363	9		4.05
4.06	-10,023,187	0		4.06
4.07	22,742,402	0		4.07
4.08	8,367,728	0		4.08
4.09	-49,070,087	0		4.09
4.10	16,258,654	0		4.10
4.11	-907,735	0		4.11
4.12	-170,191	0		4.12
4.14	1,753,998	0		4.14
5.00	-8,981,263			5.00

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

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

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

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

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

6.00	HEALTH CARE		6.00
7.00	TEMPORARY STAFFING		7.00
8.00	TELECOMMUNICATIONS		8.00
9.00	NEURO-SURGICAL PROCEDURES		9.00
10.00	LITHOTRIPSY PROCEDURES		10.00
10.01	REHAB SERVICES		10.01
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260032

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

Worksheet A-8-2

Date/Time Prepared:  
5/24/2016 8:23 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	5.06	OTHER ADMINISTRATIVE AND GENERAL	1,471,791	1,471,791	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	2,377,683	2,377,683	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	17,878,151	17,878,151	0	0	0	3.00
4.00	34.00	SURGICAL INTENSIVE CARE UNIT	440	440	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	1,894,111	1,894,111	0	0	0	5.00
6.00	50.00	OPERATING ROOM	600,750	600,750	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	8,137,785	8,137,785	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	88,442	88,442	0	0	0	8.00
9.00	90.00	CLINIC	259,563	259,563	0	0	0	9.00
10.00	91.00	EMERGENCY	4,690,596	4,690,596	0	0	0	10.00
200.00			37,399,312	37,399,312	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	1,471,791		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	2,377,683		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	17,878,151		3.00
4.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	440		4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	1,894,111		5.00
6.00	50.00	OPERATING ROOM	0	0	0	600,750		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	8,137,785		7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	88,442		8.00
9.00	90.00	CLINIC	0	0	0	259,563		9.00
10.00	91.00	EMERGENCY	0	0	0	4,690,596		10.00
200.00			0	0	0	37,399,312		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260032

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW CRC-B&F (BJH CAMP EXP)	NEW CRC-B&F (GSON)	NEW CRC-B&F (THE HIGHLANDS)	
		1.00	1.03	1.04	1.05	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	16,395,336	16,395,336				1.00
1.03 00103 NEW CRC-B&F(BJH CAMP EXP)	20,632,648	0	20,632,648			1.03
1.04 00104 NEW CRC-B&F(GSON)	1,621,460	0	0	1,621,460		1.04
1.05 00105 NEW CRC-B&F(THE HIGHLANDS)	1,468,859	0	0	0	1,468,859	1.05
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	51,921,706					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	34,765,402	205,076	50,654	0	0	4.00
5.01 00540 NONPATIENT TELEPHONES	1,293,658	93,482	35,684	0	0	5.01
5.03 00560 PURCHASING RECEIVING AND STORES	13,039,242	140,299	5,614	0	0	5.03
5.04 00570 ADMIN TTING	20,361,879	246,337	0	0	19,506	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	277,170,944	3,655,378	4,953,947	0	399,378	5.06
7.00 00700 OPERATION OF PLANT	57,999,407	1,743,039	2,910,645	0	2,530	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	3,100,502	20,797	624	0	0	8.00
9.00 00900 HOUSEKEEPING	18,909,347	178,454	92,784	0	499	9.00
10.00 01000 DIETARY	10,055,629	294,330	4,127	0	0	10.00
11.00 01100 CAFETERIA	4,317,479	301,170	127,843	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	44,420,380	189,494	73,942	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	14,501,950	252,746	47,503	0	0	14.00
15.00 01500 PHARMACY	165,416,522	59,302	602,861	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,761,686	32,115	176,482	0	0	16.00
17.00 01700 SOCIAL SERVICE	12,846,278	11,247	73,414	0	0	17.00
18.00 01852 EXTENDED CARE SERVICES	2,150,666	132,337	0	0	0	18.00
18.01 01851 LAB ADMINISTRATION	10,372,244	0	864,305	0	0	18.01
18.02 01850 RESEARCH ADMINISTRATION	140,488	0	0	0	0	18.02
20.00 02000 NURSING SCHOOL	-5,646,397	0	0	1,621,460	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	120,104,895	75,548	64,681	0	0	21.00
23.01 02301 PARAMED PRGM-PHARMACY	215,806	0	0	0	0	23.01
23.02 02302 PARAMED PRGM-PASTORAL ED	257,329	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	136,894,640	4,350,341	19,241	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	12,537,001	345,536	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	4,426,405	89,308	0	0	0	32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	12,670,126	311,097	0	0	0	34.00
35.01 02400 NEURO ICU	6,347,840	107,394	0	0	0	35.01
35.02 02401 CARDIO-THORACIC ICU	11,052,089	0	306,581	0	0	35.02
40.00 04000 SUBPROVIDER - IPF	11,071,829	255,708	0	0	0	40.00
43.00 04300 NURSERY	1,510,188	19,280	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	5,767,734	147,524	0	0	0	44.00
45.00 04500 NURSING FACILITY	463,589	22,655	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	1,040,354	115,068	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	70,653,611	499,658	1,486,759	0	0	50.00
51.00 05100 RECOVERY ROOM	14,252,756	268,265	338,841	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,518,759	181,309	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	7,273,424	0	19,481	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	26,344,506	160,656	534,677	0	50,663	54.00
54.01 03630 ULTRASOUND	2,583,245	90,834	61,083	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	20,612,084	132,032	727,361	0	0	55.00
56.00 05600 RADIOISOTOPE	2,086,808	87,908	0	0	0	56.00
57.00 05700 CT SCAN	4,062,676	0	48,911	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	6,444,810	95,564	128,659	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	6,760,705	7,342	360,642	0	0	59.00
60.00 06000 LABORATORY	41,514,515	29,153	1,232,976	0	19,506	60.00
60.01 06001 HLA LAB	3,509,062	0	43,297	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	33,639,101	34,224	222,002	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	13,913,432	59,482	21,225	0	0	65.00
66.00 06600 PHYSICAL THERAPY	6,353,618	31,567	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,276,301	8,859	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	827,931	4,425	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	3,985,088	75,692	43,857	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,121,210	13,042	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	67,427,511	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	98,171,688	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	3,810,555	70,630	0	0	0	74.00
76.00 03330 ENDOSCOPY	6,228,049	45,462	216,900	0	0	76.00
76.01 03950 OB/GYN IN VITRO	2,063,620	41,486	0	0	0	76.01
76.02 03320 ELECTROSHOCK THERAPY	400,597	20,716	0	0	0	76.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260032

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CRC-B&F (BJH CAMP EXP)	NEW CRC-B&F (GSON)	NEW CRC-B&F (THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
76.03	03951	CORNEAL TISSUE ACQUISITION	631,900	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	4,945,830	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	317,295	0	12,955	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	16,106,538	9,326	1,056,558	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	282,921	0	86,930	0	0	90.01
91.00	09100	EMERGENCY	21,820,198	16,129	708,680	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	11,261,668	395	56,220	0	0	105.00
106.00	10600	HEART ACQUISITION	1,939,501	395	33,924	0	0	106.00
107.00	10700	LIVER ACQUISITION	4,556,317	395	32,996	0	0	107.00
108.00	10800	LUNG ACQUISITION	4,160,353	395	24,615	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	519,159	395	640	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,628,754,482	15,380,798	17,911,121	1,621,460	492,082	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	333,198	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	98,080	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	70,499	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	15,922,065	1,014,538	2,571,979	0	976,777	194.00
194.01	07951	RETAIL PHARMACY	4,629,084	0	65,641	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	5,317,999	0	83,907	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,655,125,407	16,395,336	20,632,648	1,621,460	1,468,859	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260032

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

Worksheet B Part I Date/Time Prepared: 5/24/2016 8:23 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	
	NEW MVBLE EQUIP						
	2.00	4.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03 00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04 00104	NEW CRC-B&F(GSON)						1.04
1.05 00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	51,921,706					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	871,504	35,892,636				4.00
5.01 00540	NONPATIENT TELEPHONES	25,047	94,320	1,542,191			5.01
5.03 00560	PURCHASING RECEIVING AND STORES	18,046	69,383	2,525	13,275,109		5.03
5.04 00570	ADMITTING	61,219	805,904	63,555	11,417	21,569,817	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	5,486,950	1,833,519	146,288	114,140	0	5.06
7.00 00700	OPERATION OF PLANT	557,041	642,623	33,964	73,622	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,020	2,345	155	81,174	0	8.00
9.00 00900	HOUSEKEEPING	304,310	816,465	11,173	53,034	0	9.00
10.00 01000	DIETARY	156,415	380,181	13,869	77,414	0	10.00
11.00 01100	CAFETERIA	115,929	321,647	13,641	239,515	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,668,326	1,631,568	58,673	9,288	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	201,582	281,327	12,664	427,789	0	14.00
15.00 01500	PHARMACY	244,032	1,356,898	39,833	3,433,456	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	122,201	267,167	27,312	7,444	0	16.00
17.00 01700	SOCIAL SERVICE	42,186	647,967	12,959	1,385	0	17.00
18.00 01852	EXTENDED CARE SERVICES	234,773	73,280	36,048	4,199	0	18.00
18.01 01851	LAB ADMINISTRATION	90,130	249,053	8,376	1,056	0	18.01
18.02 01850	RESEARCH ADMINISTRATION	0	7,714	0	0	0	18.02
20.00 02000	NURSING SCHOOL	519,501	575,865	27,701	5,610	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	19,145	2,947,561	11,196	6,266	0	21.00
23.01 02301	PARAMED PRGM-PHARMACY	0	12,429	0	0	0	23.01
23.02 02302	PARAMED PRGM-PASTORAL ED	2,317	14,283	1,152	20	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	988,593	7,483,138	301,881	212,798	1,689,014	30.00
31.00 03100	INTENSIVE CARE UNIT	99,797	575,451	15,462	38,198	156,233	31.00
32.00 03200	CORONARY CARE UNIT	29,560	231,069	4,192	6,593	63,706	32.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	277,245	608,584	16,642	49,178	153,676	34.00
35.01 02400	NEURO ICU	70,132	325,616	8,379	16,106	83,854	35.01
35.02 02401	CARDIO-THORACIC ICU	68,065	515,266	18,011	38,602	115,513	35.02
40.00 04000	SUBPROVIDER - IPF	122,923	576,742	18,365	8,835	128,209	40.00
43.00 04300	NURSERY	11,625	68,235	1,128	7,958	23,081	43.00
44.00 04400	SKILLED NURSING FACILITY	20,636	163,252	2,063	13,389	38,094	44.00
45.00 04500	NURSING FACILITY	21,893	15,993	166	859	3,616	45.00
46.00 04600	OTHER LONG TERM CARE	51,082	37,317	386	2,004	8,436	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	6,429,580	2,431,551	107,119	664,600	2,034,534	50.00
51.00 05100	RECOVERY ROOM	234,990	642,973	30,021	53,479	414,679	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	121,192	364,752	8,140	15,339	69,870	52.00
53.00 05300	ANESTHESIOLOGY	1,112,891	164,745	46,132	147,625	853,597	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,950,911	984,974	46,536	164,102	1,276,486	54.00
54.01 03630	ULTRASOUND	707,506	81,471	4,778	2,937	219,890	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	6,307,002	605,079	42,026	71,419	1,266,130	55.00
56.00 05600	RADIOISOTOPE	521,359	95,887	7,026	45,733	81,286	56.00
57.00 05700	CT SCAN	2,178,480	207,287	9,363	23,808	1,046,687	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,408,283	227,916	9,894	42,973	763,884	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,222,432	303,459	16,156	0	354,617	59.00
60.00 06000	LABORATORY	1,612,565	1,089,378	42,856	381,421	2,866,388	60.00
60.01 06001	HLA LAB	66,551	67,110	2,671	78,359	161,950	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	387,554	373,809	14,057	795,371	952,612	63.00
65.00 06500	RESPIRATORY THERAPY	926,601	591,788	6,377	79,074	269,075	65.00
66.00 06600	PHYSICAL THERAPY	31,793	325,972	5,983	1,091	100,767	66.00
67.00 06700	OCCUPATIONAL THERAPY	8,884	127,844	0	548	31,542	67.00
68.00 06800	SPEECH PATHOLOGY	12,239	45,115	106	192	14,562	68.00
69.00 06900	ELECTROCARDIOLOGY	541,703	204,819	8,976	44,083	644,721	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	125,402	42,651	1,010	995	57,538	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,853,813	891,972	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,992,946	1,058,936	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,928,801	73.00
74.00 07400	RENAL DIALYSIS	325,726	163,864	3,509	27,517	112,132	74.00
76.00 03330	ENDOSCOPY	941,182	275,988	12,244	34,483	217,961	76.00
76.01 03950	OB/GYN IN VITRO	299,232	45,458	331	11,748	23,198	76.01
76.02 03320	ELECTROSHOCK THERAPY	18,649	19,421	1,416	1,350	10,700	76.02
76.03 03951	CORNEAL TISSUE ACQUISITION	0	0	0	19,266	7,137	76.03
76.04 03952	BONE MARROW ACQUISITION	0	52,690	879	600	20,347	76.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260032

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	
	NEW MVBLE EQUIP						
	2.00	4.00					
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	300	66	9,957	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	762,416	716,547	77,076	44,690	281,702	90.00	90.00
90.01 04950 OUTPATIENT PSYCH	102,584	9,385	6,322	25,396	11,177	90.01	90.01
91.00 09100 EMERGENCY	1,108,206	975,268	48,598	88,860	912,771	91.00	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	92.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	82,755	3,239	346	70,145	105.00	105.00
106.00 10600 HEART ACQUISITION	364	49,251	2,436	118	7,086	106.00	106.00
107.00 10700 LIVER ACQUISITION	0	46,990	2,657	253	31,367	107.00	107.00
108.00 10800 LUNG ACQUISITION	527	35,285	1,607	229	26,088	108.00	108.00
109.00 10900 PANCREAS ACQUISITION	0	1,453	0	1	2,686	109.00	109.00
113.00 11300 INTEREST EXPENSE						113.00	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	50,974,029	35,085,097	1,487,600	12,656,180	21,568,410	118.00	118.00
NONREIMBURSABLE COST CENTERS							
191.00 19100 RESEARCH	0	15,098	0	0	0	191.00	191.00
191.01 19101 RESEARCH CTSA I/P	0	0	0	1,547	0	191.01	191.01
191.02 19102 RESEARCH CTSA O/P	0	0	0	508	0	191.02	191.02
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	890,072	490,916	30,197	30,366	1,252	194.00	194.00
194.01 07951 RETAIL PHARMACY	49,678	237,644	18,293	585,152	155	194.01	194.01
194.02 07952 MARKETING/COMMUNITY RELATIONS	7,927	63,881	6,101	1,356	0	194.02	194.02
194.03 07953 GUEST MEALS	0	0	0	0	0	194.03	194.03
200.00 Cross Foot Adjustments						200.00	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00	201.00
202.00 TOTAL (sum lines 118-201)	51,921,706	35,892,636	1,542,191	13,275,109	21,569,817	202.00	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260032

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description			CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	293,760,544	293,760,544			5.06
7.00	00700	OPERATION OF PLANT	0	63,962,871	13,772,869	77,735,740		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,210,617	691,329	276,561	4,178,507	8.00
9.00	00900	HOUSEKEEPING	0	20,366,066	4,385,344	945,540	142,791	9.00
10.00	01000	DIETARY	0	10,981,965	2,364,703	1,482,084	5,040	10.00
11.00	01100	CAFETERIA	0	5,437,224	1,170,776	1,503,764	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	48,051,671	10,346,774	931,460	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,725,561	3,386,122	1,126,692	6,259	14.00
15.00	01500	PHARMACY	0	171,152,904	36,853,325	1,633,412	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,394,407	1,592,208	528,871	0	16.00
17.00	01700	SOCIAL SERVICE	0	13,645,436	2,938,217	211,483	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	2,631,303	566,588	533,649	0	18.00
18.01	01851	LAB ADMINISTRATION	0	11,585,164	2,494,587	1,955,867	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	148,202	31,912	0	0	18.02
20.00	02000	NURSING SCHOOL	0	-2,896,260	0	3,373,851	829	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	123,229,292	26,534,471	470,019	44,389	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	228,235	49,145	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	275,101	59,236	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	151,939,646	32,716,556	17,586,261	2,366,986	30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,767,678	2,964,539	1,393,372	116,434	31.00
32.00	03200	CORONARY CARE UNIT	0	4,850,833	1,044,510	360,133	40,720	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	14,086,548	3,033,200	1,254,494	108,729	34.00
35.01	02400	NEURO ICU	0	6,959,321	1,498,523	433,065	54,166	35.01
35.02	02401	CARDIO-THORACIC ICU	0	12,114,127	2,608,487	693,772	75,676	35.02
40.00	04000	SUBPROVIDER - IPF	0	12,182,611	2,623,233	1,031,139	51,481	40.00
43.00	04300	NURSERY	0	1,641,495	353,457	77,745	23,391	43.00
44.00	04400	SKILLED NURSING FACILITY	0	6,152,692	1,324,835	594,889	63,800	44.00
45.00	04500	NURSING FACILITY	0	528,771	113,858	91,354	9,581	45.00
46.00	04600	OTHER LONG TERM CARE	0	1,254,647	270,158	464,011	22,037	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	84,307,412	18,153,578	5,379,304	89,190	50.00
51.00	05100	RECOVERY ROOM	0	16,236,004	3,496,034	1,848,551	59,314	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,279,361	1,782,762	731,125	27,410	52.00
53.00	05300	ANESTHESIOLOGY	0	9,617,895	2,070,983	44,085	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,513,511	8,077,634	2,509,422	109,122	54.00
54.01	03630	ULTRASOUND	0	3,751,744	807,848	596,337	4,525	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29,763,133	6,408,776	2,494,510	14,419	55.00
56.00	05600	RADIOISOTOPE	0	2,926,007	630,045	354,487	17,712	56.00
57.00	05700	CT SCAN	0	7,577,212	1,631,571	310,475	24,372	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,121,983	2,394,852	914,811	128,678	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,025,353	2,158,719	845,716	25,683	59.00
60.00	06000	LABORATORY	0	48,788,758	10,505,488	2,999,312	0	60.00
60.01	06001	HLA LAB	0	3,929,000	846,016	97,978	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	36,418,730	7,841,899	640,386	13,134	63.00
65.00	06500	RESPIRATORY THERAPY	0	15,867,054	3,416,589	287,889	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,850,791	1,475,153	127,295	2,153	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,453,978	528,405	35,724	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	904,570	194,777	17,844	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,548,939	1,194,831	404,471	11,318	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,361,848	293,241	52,590	581	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	70,173,296	15,110,135	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	102,223,570	22,011,392	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,928,801	415,321	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,513,933	971,967	284,813	5,152	74.00
76.00	03330	ENDOSCOPY	0	7,972,269	1,716,637	674,155	15,598	76.00
76.01	03950	OB/GYN IN VITRO	0	2,485,073	535,101	167,290	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	472,849	101,817	83,536	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	658,303	141,750	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	0	5,020,346	1,081,011	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	340,573	73,334	29,317	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260032

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
		5.05	5A.05	5.06	7.00	8.00		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	19,054,853	4,103,005	2,623,977	29,408	90.00
90.01	04950	OUTPATIENT PSYCH	0	524,715	112,985	196,716	0	90.01
91.00	09100	EMERGENCY	0	25,678,710	5,529,294	1,723,391	428,960	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	11,474,768	2,470,816	128,815	0	105.00
106.00	10600	HEART ACQUISITION	0	2,033,075	437,774	78,361	0	106.00
107.00	10700	LIVER ACQUISITION	0	4,670,975	1,005,782	76,261	0	107.00
108.00	10800	LUNG ACQUISITION	0	4,249,099	914,941	57,296	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	524,334	112,903	3,040	0	109.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,621,611,497	286,544,128	65,772,768	4,139,038	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	348,296	74,997	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	99,627	21,452	141,809	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	71,007	15,290	128,345	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	21,928,162	4,721,703	11,354,402	39,469	194.00
194.01	07951	RETAIL PHARMACY	0	5,585,647	1,202,735	148,541	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,481,171	1,180,239	189,875	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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	1,655,125,407	293,760,544	77,735,740	4,178,507	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260032

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	25,839,741					9.00
10.00	01000	DIETARY	500,521	15,334,313				10.00
11.00	01100	CAFETERIA	507,842	0	8,619,606			11.00
13.00	01300	NURSING ADMINISTRATION	314,567	0	327,798	59,972,270		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	380,500	0	129,133	0	20,754,267	14.00
15.00	01500	PHARMACY	551,626	0	294,273	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	178,607	0	122,924	0	0	16.00
17.00	01700	SOCIAL SERVICE	71,421	0	170,107	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	180,221	1,761,395	24,833	0	0	18.00
18.01	01851	LAB ADMINISTRATION	660,524	0	52,150	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	1,242	0	0	18.02
20.00	02000	NURSING SCHOOL	1,139,397	0	114,233	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	158,732	0	889,029	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	4,967	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	3,725	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,939,132	11,432,807	2,155,522	28,362,690	0	30.00
31.00	03100	INTENSIVE CARE UNIT	470,561	322,321	165,141	2,170,225	0	31.00
32.00	03200	CORONARY CARE UNIT	121,622	125,685	63,325	833,522	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	423,660	289,784	158,933	2,099,542	0	34.00
35.01	02400	NEURO ICU	146,252	130,303	85,675	1,131,403	0	35.01
35.02	02401	CARDIO-THORACIC ICU	234,297	138,577	125,408	1,649,549	0	35.02
40.00	04000	SUBPROVIDER - IPF	348,230	688,409	173,832	1,430,180	0	40.00
43.00	04300	NURSERY	26,256	0	18,625	240,700	0	43.00
44.00	04400	SKILLED NURSING FACILITY	200,903	0	60,841	1,000,560	0	44.00
45.00	04500	NURSING FACILITY	30,852	0	7,450	134,867	0	45.00
46.00	04600	OTHER LONG TERM CARE	156,703	0	16,142	286,570	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,816,667	0	594,755	7,813,393	0	50.00
51.00	05100	RECOVERY ROOM	624,282	3,236	160,174	2,106,340	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	246,911	0	106,783	1,404,926	0	52.00
53.00	05300	ANESTHESIOLOGY	14,888	0	69,533	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	847,467	0	284,340	0	0	54.00
54.01	03630	ULTRASOUND	201,391	0	21,108	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	842,431	0	150,241	0	0	55.00
56.00	05600	RADIOISOTOPE	119,715	0	21,108	0	0	56.00
57.00	05700	CT SCAN	104,852	0	57,116	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	308,945	0	62,083	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	285,610	0	72,016	950,925	0	59.00
60.00	06000	LABORATORY	1,012,910	0	381,190	0	0	60.00
60.01	06001	HLA LAB	33,089	0	18,625	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	216,267	0	103,058	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	97,224	0	161,416	0	0	65.00
66.00	06600	PHYSICAL THERAPY	42,989	0	95,608	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,064	0	33,525	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,026	0	11,175	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	136,596	0	59,600	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,760	0	13,658	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	8,450,555	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	12,303,712	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	96,185	0	34,766	0	0	74.00
76.00	03330	ENDOSCOPY	227,672	0	72,016	955,476	0	76.00
76.01	03950	OB/GYN IN VITRO	56,496	0	11,175	142,161	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	28,211	0	4,967	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	0	0	11,175	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	9,901	0	0	0	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260032

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	886,154	0	186,249	2,456,701	0	90.00
90.01	04950	OUTPATIENT PSYCH	66,434	0	3,725	0	0	90.01
91.00	09100	EMERGENCY	582,014	0	307,932	4,062,141	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	43,503	0	21,108	284,268	0	105.00
106.00	10600	HEART ACQUISITION	26,463	0	12,417	167,973	0	106.00
107.00	10700	LIVER ACQUISITION	25,755	0	12,417	160,946	0	107.00
108.00	10800	LUNG ACQUISITION	19,350	0	9,933	123,864	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,027	0	0	3,348	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,799,675	14,892,517	8,330,300	59,972,270	20,754,267	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	2,483	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	47,891	38,834	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	43,344	38,834	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	3,834,542	22,163	211,082	0	0	194.00
194.01	07951	RETAIL PHARMACY	50,165	0	58,358	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	64,124	0	17,383	0	0	194.02
194.03	07953	GUEST MEALS	0	341,965	0	0	0	194.03
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)	25,839,741	15,334,313	8,619,606	59,972,270	20,754,267	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260032

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				EXTENDED CARE SERVICES	LAB ADMINISTRATIVE	
				15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03 00103 NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04 00104 NEW CRC-B&F(GSON)						1.04
1.05 00105 NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	210,485,540					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	9,817,017				16.00
17.00 01700 SOCIAL SERVICE	0	0	17,036,664			17.00
18.00 01852 EXTENDED CARE SERVICES	0	0	0	5,697,989		18.00
18.01 01851 LAB ADMINISTRATION	0	0	0	0	16,748,292	18.01
18.02 01850 RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	2,095	0	0	0	0	21.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02 02302 PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	54,355	768,829	14,340,335	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	3,109	71,117	621,403	0	0	31.00
32.00 03200 CORONARY CARE UNIT	338	28,999	254,448	0	0	32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	552	69,952	630,464	0	0	34.00
35.01 02400 NEURO ICU	1,202	38,170	363,071	0	0	35.01
35.02 02401 CARDIO-THORACIC ICU	9,131	52,581	460,776	0	0	35.02
40.00 04000 SUBPROVIDER - IPF	1,002	58,360	0	0	0	40.00
43.00 04300 NURSERY	0	10,506	366,167	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	1,114	17,340	0	3,592,932	0	44.00
45.00 04500 NURSING FACILITY	0	1,646	0	778,603	0	45.00
46.00 04600 OTHER LONG TERM CARE	966	3,840	0	1,326,454	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	48,728	926,108	0	0	0	50.00
51.00 05100 RECOVERY ROOM	260	188,760	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	31,804	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	1,659,756	388,552	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	447,459	581,049	0	0	0	54.00
54.01 03630 ULTRASOUND	5,945	100,093	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	3,063,831	576,335	0	0	0	55.00
56.00 05600 RADIOISOTOPE	2,197,536	37,001	0	0	0	56.00
57.00 05700 CT SCAN	23,795	476,446	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	51,425	347,716	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,615	161,420	0	0	0	59.00
60.00 06000 LABORATORY	10,781	1,303,326	0	0	12,339,510	60.00
60.01 06001 HLA LAB	0	73,719	0	0	667,061	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	117,115	433,623	0	0	3,741,721	63.00
65.00 06500 RESPIRATORY THERAPY	9,000	122,481	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	45,868	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	14,358	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	6,629	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	2,280,251	293,473	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	26,191	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	406,020	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	482,021	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	169,121,131	877,978	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	41,405	51,042	0	0	0	74.00
76.00 03330 ENDOSCOPY	238	99,215	0	0	0	76.00
76.01 03950 OB/GYN IN VITRO	19,923	10,560	0	0	0	76.01
76.02 03320 ELECTROSHOCK THERAPY	174	4,871	0	0	0	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0	3,249	0	0	0	76.03
76.04 03952 BONE MARROW ACQUISITION	0	9,262	0	0	0	76.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260032

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				EXTENDED CARE SERVICES	LAB ADMINISTRATION	
				15.00	16.00	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	4,532	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	727,853	128,229	0	0	0	90.00
90.01 04950 OUTPATIENT PSYCH	1,250,754	5,088	0	0	0	90.01
91.00 09100 EMERGENCY	32,266	415,488	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	31,930	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	3,225	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	14,278	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	11,875	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	1,222	0	0	0	109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	181,185,105	9,816,377	17,036,664	5,697,989	16,748,292	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	191.00
191.01 19101 RESEARCH CTSA I/P	18,407	0	0	0	0	191.01
191.02 19102 RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	167,460	570	0	0	0	194.00
194.01 07951 RETAIL PHARMACY	29,114,568	70	0	0	0	194.01
194.02 07952 MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03 07953 GUEST MEALS	0	0	0	0	0	194.03
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)	210,485,540	9,817,017	17,036,664	5,697,989	16,748,292	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260032

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

Worksheet B Part I Date/Time Prepared: 5/24/2016 8:23 am

Cost Center Description	OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY	Subtotal
	RESEARCH ADMINISTRATION		SERVICES-SALARY & FRINGES		
	18.02		21.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03 00103 NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04 00104 NEW CRC-B&F(GSON)					1.04
1.05 00105 NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
18.00 01852 EXTENDED CARE SERVICES					18.00
18.01 01851 LAB ADMINISTRATION					18.01
18.02 01850 RESEARCH ADMINISTRATION	181,356				18.02
20.00 02000 NURSING SCHOOL	0	1,732,050			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0		151,328,027		21.00
23.01 02301 PARAMED PRGM-PHARMACY	0			282,347	23.01
23.02 02302 PARAMED PRGM-PASTORAL ED	0				23.02
				338,062	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	0	1,487,055	33,897,479	0	30,047,653
31.00 03100 INTENSIVE CARE UNIT	0	26,520	4,751,700	0	26,844,120
32.00 03200 CORONARY CARE UNIT	0	0	2,587,709	0	10,311,844
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	22,155,858
35.01 02400 NEURO ICU	0	7,577	953,367	0	11,802,095
35.02 02401 CARDIO-THORACIC ICU	0	7,577	0	0	18,169,958
40.00 04000 SUBPROVIDER - IPF	0	106,199	2,633,108	0	21,327,784
43.00 04300 NURSERY	0	9,314	0	0	2,767,656
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	13,009,906
45.00 04500 NURSING FACILITY	0	0	0	0	1,696,982
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	3,801,528
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	24,923,726	0	144,052,861
51.00 05100 RECOVERY ROOM	0	1,381	166,461	0	24,890,797
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	72,891	1,059,296	0	13,743,269
53.00 05300 ANESTHESIOLOGY	0	0	12,060,844	0	25,926,536
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	9,579,064	0	59,949,068
54.01 03630 ULTRASOUND	0	0	1,301,421	0	6,790,412
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	2,073,194	0	45,386,870
56.00 05600 RADIOISOTOPE	0	0	2,088,327	0	8,391,938
57.00 05700 CT SCAN	0	0	847,437	0	11,053,276
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,359,482	0	18,689,975
59.00 05900 CARDIAC CATHETERIZATION	0	2,210	2,209,389	0	16,738,656
60.00 06000 LABORATORY	0	0	9,367,205	0	86,708,480
60.01 06001 HLA LAB	0	0	30,266	0	5,695,754
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	2,496,912	0	52,022,845
65.00 06500 RESPIRATORY THERAPY	0	0	1,013,898	0	20,975,551
66.00 06600 PHYSICAL THERAPY	0	0	1,649,475	0	10,289,332
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	3,078,054
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	1,141,021
69.00 06900 ELECTROCARDIOLOGY	0	0	1,422,483	0	11,351,962
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	4,615,505	0	6,381,374
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	94,140,006
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	137,020,695
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	282,347	172,625,578
74.00 07400 RENAL DIALYSIS	0	0	211,859	0	6,211,122
76.00 03330 ENDOSCOPY	0	0	2,058,061	0	13,791,337
76.01 03950 OB/GYN IN VI TRO	0	0	181,594	0	3,609,373
76.02 03320 ELECTROSHOCK THERAPY	0	6,985	211,859	0	915,269
76.03 03951 CORNEAL TISSUE ACQUISITION	0	0	0	0	803,302
76.04 03952 BONE MARROW ACQUISITION	0	0	0	0	6,121,794

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260032

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description	OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY	Subtotal	
	RESEARCH ADMINISTRATION		SERVICES-SALARY & FRINGES			
	18.02		21.00			
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	457,657	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	11,516,063	0	41,712,492	90.00
90.01 04950 OUTPATIENT PSYCH	0	0	2,890,365	0	5,050,782	90.01
91.00 09100 EMERGENCY	0	4,341	8,671,096	0	47,435,633	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	14,455,208	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	2,759,288	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	5,966,414	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	5,386,358	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	645,874	109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	1,732,050	150,828,645	282,347	1,567,639,659	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	181,356	0	0	0	607,132	191.00
191.01 19101 RESEARCH CTSA I/P	0	0	423,718	0	791,738	191.01
191.02 19102 RESEARCH CTSA O/P	0	0	75,664	0	372,484	191.02
OTHER NONREIMBURSABLE COST CENTERS						
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	42,279,553	194.00
194.01 07951 RETAIL PHARMACY	0	0	0	0	36,160,084	194.01
194.02 07952 MARKETING/COMMUNITY RELATIONS	0	0	0	0	6,932,792	194.02
194.03 07953 GUEST MEALS	0	0	0	0	341,965	194.03
200.00 Cross Foot Adjustments		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)	181,356	1,732,050	151,328,027	282,347	1,655,125,407	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260032

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)				1.03
1.04	00104	NEW CRC-B&F(GSON)				1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)				1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01852	EXTENDED CARE SERVICES				18.00
18.01	01851	LAB ADMINISTRATION				18.01
18.02	01850	RESEARCH ADMINISTRATION				18.02
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
23.01	02301	PARAMED ED PRGM-PHARMACY				23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	338,062			23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	62,301	303,109,954	-33,897,479	269,212,475
31.00	03100	INTENSIVE CARE UNIT	5,476	26,849,596	-4,751,700	22,097,896
32.00	03200	CORONARY CARE UNIT	2,104	10,313,948	-2,587,709	7,726,239
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,520	22,160,378	0	22,160,378
35.01	02400	NEURO ICU	2,408	11,804,503	-953,367	10,851,136
35.02	02401	CARDIO-THORACIC ICU	3,707	18,173,665	0	18,173,665
40.00	04000	SUBPROVIDER - IPF	4,351	21,332,135	-2,633,108	18,699,027
43.00	04300	NURSERY	565	2,768,221	0	2,768,221
44.00	04400	SKILLED NURSING FACILITY	2,654	13,012,560	0	13,012,560
45.00	04500	NURSING FACILITY	346	1,697,328	0	1,697,328
46.00	04600	OTHER LONG TERM CARE	776	3,802,304	0	3,802,304
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	29,387	144,082,248	-24,923,726	119,158,522
51.00	05100	RECOVERY ROOM	5,078	24,895,875	-166,461	24,729,414
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,804	13,746,073	-1,059,296	12,686,777
53.00	05300	ANESTHESIOLOGY	5,289	25,931,825	-12,060,844	13,870,981
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,230	59,961,298	-9,579,064	50,382,234
54.01	03630	ULTRASOUND	1,385	6,791,797	-1,301,421	5,490,376
55.00	05500	RADIOLOGY-THERAPEUTIC	9,259	45,396,129	-2,073,194	43,322,935
56.00	05600	RADIOISOTOPE	1,712	8,393,650	-2,088,327	6,305,323
57.00	05700	CT SCAN	2,255	11,055,531	-847,437	10,208,094
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,813	18,693,788	-3,359,482	15,334,306
59.00	05900	CARDIAC CATHETERIZATION	3,415	16,742,071	-2,209,389	14,532,682
60.00	06000	LABORATORY	17,689	86,726,169	-9,367,205	77,358,964
60.01	06001	HLA LAB	1,162	5,696,916	-30,266	5,666,650
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,613	52,033,458	-2,496,912	49,536,546
65.00	06500	RESPIRATORY THERAPY	4,279	20,979,830	-1,013,898	19,965,932
66.00	06600	PHYSICAL THERAPY	2,099	10,291,431	-1,649,475	8,641,956
67.00	06700	OCCUPATIONAL THERAPY	628	3,078,682	0	3,078,682
68.00	06800	SPEECH PATHOLOGY	233	1,141,254	0	1,141,254
69.00	06900	ELECTROCARDIOLOGY	2,316	11,354,278	-1,422,483	9,931,795
70.00	07000	ELECTROENCEPHALOGRAPHY	1,302	6,382,676	-4,615,505	1,767,171
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,205	94,159,211	0	94,159,211
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,952	137,048,647	0	137,048,647
73.00	07300	DRUGS CHARGED TO PATIENTS	35,216	172,660,794	0	172,660,794
74.00	07400	RENAL DIALYSIS	1,267	6,212,389	-211,859	6,000,530
76.00	03330	ENDOSCOPY	2,813	13,794,150	-2,058,061	11,736,089
76.01	03950	OB/GYN IN VITRO	736	3,610,109	-181,594	3,428,515
76.02	03320	ELECTROSHOCK THERAPY	187	915,456	-211,859	703,597
76.03	03951	CORNEAL TISSUE ACQUISITION	164	803,466	0	803,466
76.04	03952	BONE MARROW ACQUISITION	1,249	6,123,043	0	6,123,043

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260032

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	24.00	25.00	26.00	
76.98	07698 HYPERBARIC OXYGEN THERAPY	93	457,750	0	457,750	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	8,509	41,721,001	-11,516,063	30,204,938	90.00
90.01	04950 OUTPATIENT PSYCH	1,030	5,051,812	-2,890,365	2,161,447	90.01
91.00	09100 EMERGENCY	9,677	47,445,310	-8,671,096	38,774,214	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	2,949	14,458,157	0	14,458,157	105.00
106.00	10600 HEART ACQUISITION	563	2,759,851	0	2,759,851	106.00
107.00	10700 LIVER ACQUISITION	1,217	5,967,631	0	5,967,631	107.00
108.00	10800 LUNG ACQUISITION	1,099	5,387,457	0	5,387,457	108.00
109.00	10900 PANCREAS ACQUISITION	132	646,006	0	646,006	109.00
113.00	11300 INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	320,214	1,567,621,811	-150,828,645	1,416,793,166	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	124	607,256	0	607,256	191.00
191.01	19101 RESEARCH CTSA I/P	162	791,900	-423,718	368,182	191.01
191.02	19102 RESEARCH CTSA O/P	76	372,560	-75,664	296,896	191.02
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	8,625	42,288,178	0	42,288,178	194.00
194.01	07951 RETAIL PHARMACY	7,377	36,167,461	0	36,167,461	194.01
194.02	07952 MARKETING/COMMUNITY RELATIONS	1,414	6,934,206	0	6,934,206	194.02
194.03	07953 GUEST MEALS	70	342,035	0	342,035	194.03
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	338,062	1,655,125,407	-151,328,027	1,503,797,380	202.00

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	100	BJH	SQ FT	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	103	NEW STRUCT	SQ FT	1.03
1.04	NEW CRC-B&F(GSON)	104	GSON	SQ FT	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	105	THE HIGHLANDS	SQ FT	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	200	ACTUAL DEPR		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES		4.00
5.01	NONPATIENT TELEPHONES	540	NONPATIENT TELEPHONES		5.01
5.03	PURCHASING RECEIVING AND STORES	560	\$\$ AMT	PURCHASES	5.03
5.04	ADMINISTRATIVE	570	TOTAL	REVENUE	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	580	TOTAL	REVENUE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM COST		5.06
7.00	OPERATION OF PLANT	700	BJH TOTAL	SQ FT	7.00
8.00	LAUNDRY & LINEN SERVICE	800	LAUNDRY	POUNDS	8.00
9.00	HOUSEKEEPING	900	BJH TOTAL	SQ FT	9.00
10.00	DIETARY	1000	MEALS	SERVED	10.00
11.00	CAFETERIA	1100	FTE HOURS		11.00
13.00	NURSING ADMINISTRATION	1300	NURSING	HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	1400	SUPPLY	REQUIS.	14.00
15.00	PHARMACY	1500	PHARMACY	REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	570	TOTAL	REVENUE	16.00
17.00	SOCIAL SERVICE	1700	PATIENT	DAYS	17.00
18.00	EXTENDED CARE SERVICES	1800	ECF PT DAYS		18.00
18.01	LAB ADMINISTRATION	1801	LAB HOURS		18.01
18.02	RESEARCH ADMINISTRATION	1802	RESEARCH HOURS		18.02
20.00	NURSING SCHOOL	2000	STUDENT	HOURS	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	2100	% OF TIME		21.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260032

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW CRC-B&F (BJH CAMP EXP)	NEW CRC-B&F (GSON)	NEW CRC-B&F (THE HIGHLANDS)	
			0	1.00	1.03	1.04	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
2.00	00200						2.00
4.00	00400	43,538	205,076	50,654	0	0	4.00
5.01	00540	6,694	93,482	35,684	0	0	5.01
5.03	00560	2,098	140,299	5,614	0	0	5.03
5.04	00570	92,473	246,337	0	0	19,506	5.04
5.05	00580	0	0	0	0	0	5.05
5.06	00590	11,509,266	3,655,378	4,953,947	0	399,378	5.06
7.00	00700	127,107	1,743,039	2,910,645	0	2,530	7.00
8.00	00800	3,179	20,797	624	0	0	8.00
9.00	00900	18,292	178,454	92,784	0	499	9.00
10.00	01000	13,821	294,330	4,127	0	0	10.00
11.00	01100	17,922	301,170	127,843	0	0	11.00
13.00	01300	79,935	189,494	73,942	0	0	13.00
14.00	01400	10,412,025	252,746	47,503	0	0	14.00
15.00	01500	2,449,294	59,302	602,861	0	0	15.00
16.00	01600	217,267	32,115	176,482	0	0	16.00
17.00	01700	25,620	11,247	73,414	0	0	17.00
18.00	01852	67,366	132,337	0	0	0	18.00
18.01	01851	7,602	0	864,305	0	0	18.01
18.02	01850	0	0	0	0	0	18.02
20.00	02000	843,277	0	0	1,621,460	0	20.00
21.00	02100	38,871	75,548	64,681	0	0	21.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	933	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	382,101	4,350,341	19,241	0	0	30.00
31.00	03100	19,541	345,536	0	0	0	31.00
32.00	03200	2,586	89,308	0	0	0	32.00
34.00	03400	12,662	311,097	0	0	0	34.00
35.01	02400	5,440	107,394	0	0	0	35.01
35.02	02401	13,979	0	306,581	0	0	35.02
40.00	04000	19,852	255,708	0	0	0	40.00
43.00	04300	660	19,280	0	0	0	43.00
44.00	04400	346,041	147,524	0	0	0	44.00
45.00	04500	87	22,655	0	0	0	45.00
46.00	04600	203	115,068	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	522,310	499,658	1,486,759	0	0	50.00
51.00	05100	51,226	268,265	338,841	0	0	51.00
52.00	05200	9,678	181,309	0	0	0	52.00
53.00	05300	26,380	0	19,481	0	0	53.00
54.00	05400	139,563	160,656	534,677	0	50,663	54.00
54.01	03630	8,828	90,834	61,083	0	0	54.01
55.00	05500	-42,561	132,032	727,361	0	0	55.00
56.00	05600	27,790	87,908	0	0	0	56.00
57.00	05700	17,266	0	48,911	0	0	57.00
58.00	05800	11,950	95,564	128,659	0	0	58.00
59.00	05900	11,577	7,342	360,642	0	0	59.00
60.00	06000	78,042	29,153	1,232,976	0	19,506	60.00
60.01	06001	4,902	0	43,297	0	0	60.01
63.00	06300	103,525	34,224	222,002	0	0	63.00
65.00	06500	134,856	59,482	21,225	0	0	65.00
66.00	06600	25,929	31,567	0	0	0	66.00
67.00	06700	0	8,859	0	0	0	67.00
68.00	06800	55	4,425	0	0	0	68.00
69.00	06900	13,197	75,692	43,857	0	0	69.00
70.00	07000	531	13,042	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	1,844	70,630	0	0	0	74.00
76.00	03330	15,178	45,462	216,900	0	0	76.00
76.01	03950	2,336	41,486	0	0	0	76.01
76.02	03320	744	20,716	0	0	0	76.02
76.03	03951	0	0	0	0	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260032

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW CRC-B&F (BJH CAMP EXP)	NEW CRC-B&F (GSON)	NEW CRC-B&F (THE HIGHLANDS)	
		1.00	1.03	1.04	1.05	
76.04 03952 BONE MARROW ACQUISITION	462	0	0	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	158	0	12,955	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	43,834	9,326	1,056,558	0	0	90.00
90.01 04950 OUTPATIENT PSYCH	5,129	0	86,930	0	0	90.01
91.00 09100 EMERGENCY	59,147	16,129	708,680	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	5,511	395	56,220	0	0	105.00
106.00 10600 HEART ACQUISITION	9,785	395	33,924	0	0	106.00
107.00 10700 LIVER ACQUISITION	3,632	395	32,996	0	0	107.00
108.00 10800 LUNG ACQUISITION	5,253	395	24,615	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	44	395	640	0	0	109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	28,077,833	15,380,798	17,911,121	1,621,460	492,082	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	191.00
191.01 19101 RESEARCH CTSA I/P	51,965	0	0	0	0	191.01
191.02 19102 RESEARCH CTSA O/P	47,031	0	0	0	0	191.02
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	391,075	1,014,538	2,571,979	0	976,777	194.00
194.01 07951 RETAIL PHARMACY	20,370	0	65,641	0	0	194.01
194.02 07952 MARKETING/COMMUNITY RELATIONS	13,317	0	83,907	0	0	194.02
194.03 07953 GUEST MEALS	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	28,601,591	16,395,336	20,632,648	1,621,460	1,468,859	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260032

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
	NEW MVBLE EQUIP						
	2.00	2A					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03 00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04 00104	NEW CRC-B&F(GSON)						1.04
1.05 00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	871,504	1,170,772	1,170,772			4.00
5.01 00540	NONPATIENT TELEPHONES	25,047	160,907	3,076	163,983		5.01
5.03 00560	PURCHASING RECEIVING AND STORES	18,046	166,057	2,263	269	168,589	5.03
5.04 00570	ADMITTING	61,219	419,535	26,282	6,758	145	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	5,486,950	26,004,919	59,795	15,555	1,449	5.06
7.00 00700	OPERATION OF PLANT	557,041	5,340,362	20,957	3,611	934	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,020	29,620	76	17	1,030	8.00
9.00 00900	HOUSEKEEPING	304,310	594,339	26,627	1,188	673	9.00
10.00 01000	DIETARY	156,415	468,693	12,398	1,475	983	10.00
11.00 01100	CAFETERIA	115,929	562,864	10,490	1,450	3,040	11.00
13.00 01300	NURSING ADMINISTRATION	1,668,326	2,011,697	53,209	6,239	118	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	201,582	10,913,856	9,175	1,347	5,430	14.00
15.00 01500	PHARMACY	244,032	3,355,489	44,251	4,235	43,670	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	122,201	548,065	8,713	2,904	94	16.00
17.00 01700	SOCIAL SERVICE	42,186	152,467	21,132	2,441	18	17.00
18.00 01852	EXTENDED CARE SERVICES	234,773	434,476	2,390	3,833	53	18.00
18.01 01851	LAB ADMINISTRATION	90,130	962,037	8,122	891	13	18.01
18.02 01850	RESEARCH ADMINISTRATION	0	0	252	0	0	18.02
20.00 02000	NURSING SCHOOL	519,501	2,984,238	18,780	2,945	71	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	19,145	198,245	96,126	1,191	80	21.00
23.01 02301	PARAMED PRGM-PHARMACY	0	0	405	0	0	23.01
23.02 02302	PARAMED PRGM-PASTORAL ED	2,317	3,250	466	123	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	988,593	5,740,276	244,279	32,097	2,701	30.00
31.00 03100	INTENSIVE CARE UNIT	99,797	464,874	18,767	1,644	485	31.00
32.00 03200	CORONARY CARE UNIT	29,560	121,454	7,536	446	84	32.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	277,245	601,004	19,847	1,770	624	34.00
35.01 02400	NEURO ICU	70,132	182,966	10,619	891	204	35.01
35.02 02401	CARDIO-THORACIC ICU	68,065	388,625	16,804	1,915	490	35.02
40.00 04000	SUBPROVIDER - IPF	122,923	398,483	18,809	1,953	112	40.00
43.00 04300	NURSERY	11,625	31,565	2,225	120	101	43.00
44.00 04400	SKILLED NURSING FACILITY	20,636	514,201	5,324	219	170	44.00
45.00 04500	NURSING FACILITY	21,893	44,635	522	18	11	45.00
46.00 04600	OTHER LONG TERM CARE	51,082	166,353	1,217	41	25	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	6,429,580	8,938,307	79,298	11,390	8,436	50.00
51.00 05100	RECOVERY ROOM	234,990	893,322	20,969	3,192	679	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	121,192	312,179	11,895	866	195	52.00
53.00 05300	ANESTHESIOLOGY	1,112,891	1,158,752	5,373	4,905	1,874	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,950,911	8,836,470	32,122	4,948	2,083	54.00
54.01 03630	ULTRASOUND	707,506	868,251	2,657	508	37	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	6,307,002	7,123,834	19,733	4,469	907	55.00
56.00 05600	RADIOISOTOPE	521,359	637,057	3,127	747	580	56.00
57.00 05700	CT SCAN	2,178,480	2,244,657	6,760	996	302	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,408,283	3,644,456	7,433	1,052	545	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,222,432	2,601,993	9,896	1,718	0	59.00
60.00 06000	LABORATORY	1,612,565	2,972,242	35,527	4,557	4,841	60.00
60.01 06001	HLA LAB	66,551	114,750	2,189	284	995	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	387,554	747,305	12,191	1,495	10,096	63.00
65.00 06500	RESPIRATORY THERAPY	926,601	1,142,164	19,299	678	1,004	65.00
66.00 06600	PHYSICAL THERAPY	31,793	89,289	10,631	636	14	66.00
67.00 06700	OCCUPATIONAL THERAPY	8,884	17,743	4,169	0	7	67.00
68.00 06800	SPEECH PATHOLOGY	12,239	16,719	1,471	11	2	68.00
69.00 06900	ELECTROCARDIOLOGY	541,703	674,449	6,680	954	560	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	125,402	138,975	1,391	107	13	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	23,531	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	37,990	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	325,726	398,200	5,344	373	349	74.00
76.00 03330	ENDOSCOPY	941,182	1,218,722	9,001	1,302	438	76.00
76.01 03950	OB/GYN IN VITRO	299,232	343,054	1,482	35	149	76.01
76.02 03320	ELECTROSHOCK THERAPY	18,649	40,109	633	151	17	76.02
76.03 03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	245	76.03
76.04 03952	BONE MARROW ACQUISITION	0	462	1,718	93	8	76.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260032

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
	NEW MVBLE EQUIP						
	2.00	2A					
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	13,113	0	5.01	32	5.03	1 76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	762,416	1,872,134	23,368	8,196	567		90.00
90.01 04950 OUTPATIENT PSYCH	102,584	194,643	306	672	322		90.01
91.00 09100 EMERGENCY	1,108,206	1,892,162	31,805	5,168	1,128		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0					92.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	62,126	2,699	344	4		105.00
106.00 10600 HEART ACQUISITION	364	44,468	1,606	259	1		106.00
107.00 10700 LIVER ACQUISITION	0	37,023	1,532	283	3		107.00
108.00 10800 LUNG ACQUISITION	527	30,790	1,151	171	3		108.00
109.00 10900 PANCREAS ACQUISITION	0	1,079	47	0	0		109.00
113.00 11300 INTEREST EXPENSE							113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	50,974,029	114,457,323	1,144,437	158,178	160,734		118.00
NONREIMBURSABLE COST CENTERS							
191.00 19100 RESEARCH	0	0	492	0	0		191.00
191.01 19101 RESEARCH CTSA I/P	0	51,965	0	0	20		191.01
191.02 19102 RESEARCH CTSA O/P	0	47,031	0	0	6		191.02
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	890,072	5,844,441	16,010	3,211	385		194.00
194.01 07951 RETAIL PHARMACY	49,678	135,689	7,750	1,945	7,427		194.01
194.02 07952 MARKETING/COMMUNITY RELATIONS	7,927	105,151	2,083	649	17		194.02
194.03 07953 GUEST MEALS	0	0	0	0	0		194.03
200.00 Cross Foot Adjustments		0					200.00
201.00 Negative Cost Centers	0	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	51,921,706	120,641,600	1,170,772	163,983	168,589		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260032

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	5.06	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE	452,720					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	26,081,718			5.06
7.00	00700	OPERATION OF PLANT	0	0	1,222,842	6,588,706		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	61,381	23,441	115,565	8.00
9.00	00900	HOUSEKEEPING	0	0	389,358	80,142	3,949	9.00
10.00	01000	DIETARY	0	0	209,953	125,618	139	10.00
11.00	01100	CAFETERIA	0	0	103,949	127,456	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	918,652	78,948	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	300,641	95,496	173	14.00
15.00	01500	PHARMACY	0	0	3,271,877	138,444	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	141,366	44,826	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	260,873	17,925	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	50,305	45,231	0	18.00
18.01	01851	LAB ADMINISTRATION	0	0	221,485	165,775	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	2,833	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	0	285,960	23	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,355,898	39,838	1,228	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	4,363	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	5,259	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	35,392	0	2,904,782	1,490,572	65,464	30.00
31.00	03100	INTENSIVE CARE UNIT	3,274	0	263,210	118,099	3,220	31.00
32.00	03200	CORONARY CARE UNIT	1,335	0	92,738	30,524	1,126	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,220	0	269,307	106,328	3,007	34.00
35.01	02400	NEURO ICU	1,757	0	133,048	36,706	1,498	35.01
35.02	02401	CARDIO-THORACIC ICU	2,420	0	231,598	58,803	2,093	35.02
40.00	04000	SUBPROVIDER - IPF	2,686	0	232,907	87,397	1,424	40.00
43.00	04300	NURSERY	484	0	31,382	6,590	647	43.00
44.00	04400	SKILLED NURSING FACILITY	798	0	117,627	50,421	1,765	44.00
45.00	04500	NURSING FACILITY	76	0	10,109	7,743	265	45.00
46.00	04600	OTHER LONG TERM CARE	177	0	23,986	39,329	609	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	42,632	0	1,611,789	455,938	2,467	50.00
51.00	05100	RECOVERY ROOM	8,689	0	310,400	156,679	1,640	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,464	0	158,285	61,968	758	52.00
53.00	05300	ANESTHESIOLOGY	17,886	0	183,875	3,737	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,748	0	717,183	212,693	3,018	54.00
54.01	03630	ULTRASOUND	4,608	0	71,726	50,544	125	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	26,531	0	569,012	211,429	399	55.00
56.00	05600	RADIOLOGY-SOTOPE	1,703	0	55,939	30,046	490	56.00
57.00	05700	CT SCAN	21,932	0	144,861	26,315	674	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,006	0	212,630	77,537	3,559	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,431	0	191,665	71,681	710	59.00
60.00	06000	LABORATORY	60,808	0	932,743	254,215	0	60.00
60.01	06001	HLA LAB	3,394	0	75,115	8,304	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,961	0	696,253	54,278	363	63.00
65.00	06500	RESPIRATORY THERAPY	5,638	0	303,346	24,401	0	65.00
66.00	06600	PHYSICAL THERAPY	2,111	0	130,973	10,789	60	66.00
67.00	06700	OCCUPATIONAL THERAPY	661	0	46,915	3,028	0	67.00
68.00	06800	SPEECH PATHOLOGY	305	0	17,294	1,512	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,510	0	106,085	34,282	313	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,206	0	26,036	4,457	16	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,690	0	1,341,573	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,189	0	1,954,310	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,416	0	36,875	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,350	0	86,297	24,140	143	74.00
76.00	03330	ENDOSCOPY	4,567	0	152,414	57,140	431	76.00
76.01	03950	OB/GYN IN VITRO	486	0	47,510	14,179	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	224	0	9,040	7,080	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	150	0	12,585	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	426	0	95,979	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	209	0	6,511	2,485	0	76.98

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260032

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description			ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	5.06	7.00	8.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,903	0	364,291	222,402	813	90.00
90.01	04950	OUTPATIENT PSYCH	234	0	10,032	16,673	0	90.01
91.00	09100	EMERGENCY	19,126	0	490,926	146,071	11,864	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,470	0	219,375	10,918	0	105.00
106.00	10600	HEART ACQUISITION	148	0	38,868	6,642	0	106.00
107.00	10700	LIVER ACQUISITION	657	0	89,300	6,464	0	107.00
108.00	10800	LUNG ACQUISITION	547	0	81,234	4,856	0	108.00
109.00	10900	PANCREAS ACQUISITION	56	0	10,024	258	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	452,691	0	25,440,998	5,574,753	114,473	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	6,659	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	1,905	12,019	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	1,358	10,878	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	26	0	419,223	962,373	1,092	194.00
194.01	07951	RETAIL PHARMACY	3	0	106,786	12,590	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	104,789	16,093	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	452,720	0	26,081,718	6,588,706	115,565	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260032

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,096,276					9.00
10.00	01000	DIETARY	21,235	840,494				10.00
11.00	01100	CAFETERIA	21,546	0	830,795			11.00
13.00	01300	NURSING ADMINISTRATION	13,346	0	31,595	3,113,804		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,143	0	12,446	0	11,354,707	14.00
15.00	01500	PHARMACY	23,403	0	28,363	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,578	0	11,848	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,030	0	16,396	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	7,646	96,544	2,394	0	0	18.00
18.01	01851	LAB ADMINISTRATION	28,023	0	5,026	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	120	0	0	18.02
20.00	02000	NURSING SCHOOL	48,340	0	11,010	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	6,734	0	85,688	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	479	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	359	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	251,972	626,646	207,759	1,472,612	0	30.00
31.00	03100	INTENSIVE CARE UNIT	19,964	17,667	15,917	112,680	0	31.00
32.00	03200	CORONARY CARE UNIT	5,160	6,889	6,104	43,277	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,974	15,883	15,319	109,010	0	34.00
35.01	02400	NEURO ICU	6,205	7,142	8,258	58,743	0	35.01
35.02	02401	CARDIO-THORACIC ICU	9,940	7,596	12,087	85,646	0	35.02
40.00	04000	SUBPROVIDER - IPF	14,774	37,733	16,755	74,256	0	40.00
43.00	04300	NURSERY	1,114	0	1,795	12,497	0	43.00
44.00	04400	SKILLED NURSING FACILITY	8,523	0	5,864	51,950	0	44.00
45.00	04500	NURSING FACILITY	1,309	0	718	7,002	0	45.00
46.00	04600	OTHER LONG TERM CARE	6,648	0	1,556	14,879	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	77,074	0	57,325	405,677	0	50.00
51.00	05100	RECOVERY ROOM	26,486	177	15,438	109,363	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,475	0	10,292	72,945	0	52.00
53.00	05300	ANESTHESIOLOGY	632	0	6,702	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,955	0	27,406	0	0	54.00
54.01	03630	ULTRASOUND	8,544	0	2,035	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	35,741	0	14,481	0	0	55.00
56.00	05600	RADIOISOTOPE	5,079	0	2,035	0	0	56.00
57.00	05700	CT SCAN	4,448	0	5,505	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,107	0	5,984	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,117	0	6,941	49,373	0	59.00
60.00	06000	LABORATORY	42,974	0	36,741	0	0	60.00
60.01	06001	HLA LAB	1,404	0	1,795	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,175	0	9,933	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,125	0	15,558	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,824	0	9,215	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	512	0	3,231	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	256	0	1,077	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,795	0	5,744	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	754	0	1,316	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,623,302	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	6,731,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,081	0	3,351	0	0	74.00
76.00	03330	ENDOSCOPY	9,659	0	6,941	49,609	0	76.00
76.01	03950	OB/GYN IN VITRO	2,397	0	1,077	7,381	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,197	0	479	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	0	0	1,077	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	420	0	0	0	0	76.98

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260032

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	37,596	0	17,951	127,554	0	90.00
90.01	04950	OUTPATIENT PSYCH	2,819	0	359	0	0	90.01
91.00	09100	EMERGENCY	24,692	0	29,680	210,909	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,846	0	2,035	14,759	0	105.00
106.00	10600	HEART ACQUISITION	1,123	0	1,197	8,721	0	106.00
107.00	10700	LIVER ACQUISITION	1,093	0	1,197	8,356	0	107.00
108.00	10800	LUNG ACQUISITION	821	0	957	6,431	0	108.00
109.00	10900	PANCREAS ACQUISITION	44	0	0	174	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	924,872	816,277	802,911	3,113,804	11,354,707	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	239	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	2,032	2,129	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	1,839	2,129	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	162,684	1,215	20,345	0	0	194.00
194.01	07951	RETAIL PHARMACY	2,128	0	5,625	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	2,721	0	1,675	0	0	194.02
194.03	07953	GUEST MEALS	0	18,744	0	0	0	194.03
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)	1,096,276	840,494	830,795	3,113,804	11,354,707	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260032

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				EXTENDED CARE SERVICES	LAB ADMINISTRATIVE	
				15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03 00103 NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04 00104 NEW CRC-B&F(GSON)						1.04
1.05 00105 NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	6,909,732					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	765,394				16.00
17.00 01700 SOCIAL SERVICE	0	0	474,282			17.00
18.00 01852 EXTENDED CARE SERVICES	0	0	0	642,872		18.00
18.01 01851 LAB ADMINISTRATION	0	0	0	0	1,391,372	18.01
18.02 01850 RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	69	0	0	0	0	21.00
23.01 02301 PARAMED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02 02302 PARAMED PRGM-PASTORAL ED	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	1,784	59,865	399,219	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	102	5,537	17,299	0	0	31.00
32.00 03200 CORONARY CARE UNIT	11	2,258	7,084	0	0	32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	18	5,447	17,551	0	0	34.00
35.01 02400 NEURO ICU	39	2,972	10,108	0	0	35.01
35.02 02401 CARDIO-THORACIC ICU	300	4,094	12,827	0	0	35.02
40.00 04000 SUBPROVIDER - IPF	33	4,544	0	0	0	40.00
43.00 04300 NURSERY	0	818	10,194	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	37	1,350	0	405,371	0	44.00
45.00 04500 NURSING FACILITY	0	128	0	87,845	0	45.00
46.00 04600 OTHER LONG TERM CARE	32	299	0	149,656	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,600	72,111	0	0	0	50.00
51.00 05100 RECOVERY ROOM	9	14,698	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	2,476	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	54,486	30,255	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,689	45,243	0	0	0	54.00
54.01 03630 ULTRASOUND	195	7,794	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	100,579	44,876	0	0	0	55.00
56.00 05600 RADIOISOTOPE	72,140	2,881	0	0	0	56.00
57.00 05700 CT SCAN	781	37,098	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,688	27,075	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	53	12,569	0	0	0	59.00
60.00 06000 LABORATORY	354	102,479	0	0	1,025,111	60.00
60.01 06001 HLA LAB	0	5,740	0	0	55,416	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	3,845	33,764	0	0	310,845	63.00
65.00 06500 RESPIRATORY THERAPY	295	9,537	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	3,572	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,118	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	516	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	74,855	22,851	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,039	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,615	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	37,533	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	5,551,833	68,364	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	1,359	3,974	0	0	0	74.00
76.00 03330 ENDOSCOPY	8	7,725	0	0	0	76.00
76.01 03950 OB/GYN IN VITRO	654	822	0	0	0	76.01
76.02 03320 ELECTROSHOCK THERAPY	6	379	0	0	0	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0	253	0	0	0	76.03
76.04 03952 BONE MARROW ACQUISITION	0	721	0	0	0	76.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260032

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				EXTENDED CARE SERVICES	LAB ADMINISTRATION	
				15.00	16.00	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	353	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	23,894	9,985	0	0	0	90.00
90.01 04950 OUTPATIENT PSYCH	41,059	396	0	0	0	90.01
91.00 09100 EMERGENCY	1,059	32,352	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	2,486	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	251	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	1,112	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	925	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	95	0	0	0	109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,947,866	765,345	474,282	642,872	1,391,372	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	191.00
191.01 19101 RESEARCH CTSA I/P	604	0	0	0	0	191.01
191.02 19102 RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	5,497	44	0	0	0	194.00
194.01 07951 RETAIL PHARMACY	955,765	5	0	0	0	194.01
194.02 07952 MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03 07953 GUEST MEALS	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	6,909,732	765,394	474,282	642,872	1,391,372	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260032

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description	OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY	PARAMED PRGM-PASTORAL ED	
	RESEARCH ADMINISTRATION		SERVICES-SALARY & FRINGES			
	18.02		21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03 00103 NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04 00104 NEW CRC-B&F(GSON)						1.04
1.05 00105 NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01852 EXTENDED CARE SERVICES						18.00
18.01 01851 LAB ADMINISTRATION						18.01
18.02 01850 RESEARCH ADMINISTRATION	3,205					18.02
20.00 02000 NURSING SCHOOL	0	786,714				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0		2,785,097			21.00
23.01 02301 PARAMED PRGM-PHARMACY	0			5,247		23.01
23.02 02302 PARAMED PRGM-PASTORAL ED	0				9,457	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0					30.00
31.00 03100 INTENSIVE CARE UNIT	0					31.00
32.00 03200 CORONARY CARE UNIT	0					32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0					34.00
35.01 02400 NEURO ICU	0					35.01
35.02 02401 CARDIO-THORACIC ICU	0					35.02
40.00 04000 SUBPROVIDER - IPF	0					40.00
43.00 04300 NURSERY	0					43.00
44.00 04400 SKILLED NURSING FACILITY	0					44.00
45.00 04500 NURSING FACILITY	0					45.00
46.00 04600 OTHER LONG TERM CARE	0					46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0					50.00
51.00 05100 RECOVERY ROOM	0					51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0					52.00
53.00 05300 ANESTHESIOLOGY	0					53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0					54.00
54.01 03630 ULTRASOUND	0					54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0					55.00
56.00 05600 RADIOISOTOPE	0					56.00
57.00 05700 CT SCAN	0					57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00 05900 CARDIAC CATHETERIZATION	0					59.00
60.00 06000 LABORATORY	0					60.00
60.01 06001 HLA LAB	0					60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0					63.00
65.00 06500 RESPIRATORY THERAPY	0					65.00
66.00 06600 PHYSICAL THERAPY	0					66.00
67.00 06700 OCCUPATIONAL THERAPY	0					67.00
68.00 06800 SPEECH PATHOLOGY	0					68.00
69.00 06900 ELECTROCARDIOLOGY	0					69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0					70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0					72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0					73.00
74.00 07400 RENAL DIALYSIS	0					74.00
76.00 03330 ENDOSCOPY	0					76.00
76.01 03950 OB/GYN IN VITRO	0					76.01
76.02 03320 ELECTROSHOCK THERAPY	0					76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0					76.03
76.04 03952 BONE MARROW ACQUISITION	0					76.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260032

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description	OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY	PARAMED PRGM-PASTORAL ED	
	RESEARCH ADMINISTRATION		SERVICES-SALARY & FRINGES			
	18.02		21.00			
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	20.00	21.00	23.01	23.02	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0					90.00
90.01 04950 OUTPATIENT PSYCH	0					90.01
91.00 09100 EMERGENCY	0					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0					105.00
106.00 10600 HEART ACQUISITION	0					106.00
107.00 10700 LIVER ACQUISITION	0					107.00
108.00 10800 LUNG ACQUISITION	0					108.00
109.00 10900 PANCREAS ACQUISITION	0					109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	3,205					191.00
191.01 19101 RESEARCH CTSA I/P	0					191.01
191.02 19102 RESEARCH CTSA O/P	0					191.02
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0					194.00
194.01 07951 RETAIL PHARMACY	0					194.01
194.02 07952 MARKETING/COMMUNITY RELATIONS	0					194.02
194.03 07953 GUEST MEALS	0					194.03
200.00 Cross Foot Adjustments		786,714	2,785,097	5,247	9,457	200.00
201.00 Negative Cost Centers	0	2,564,653	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,205	3,351,367	2,785,097	5,247	9,457	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260032

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
1.03	00103				1.03
1.04	00104				1.04
1.05	00105				1.05
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00590				5.06
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01852				18.00
18.01	01851				18.01
18.02	01850				18.02
20.00	02000				20.00
21.00	02100				21.00
23.01	02301				23.01
23.02	02302				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	13,535,420	0	13,535,420	30.00
31.00	03100	1,062,739	0	1,062,739	31.00
32.00	03200	326,026	0	326,026	32.00
34.00	03400	1,186,309	0	1,186,309	34.00
35.01	02400	461,156	0	461,156	35.01
35.02	02401	835,238	0	835,238	35.02
40.00	04000	891,866	0	891,866	40.00
43.00	04300	99,532	0	99,532	43.00
44.00	04400	1,163,620	0	1,163,620	44.00
45.00	04500	160,381	0	160,381	45.00
46.00	04600	404,807	0	404,807	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	11,764,044	0	11,764,044	50.00
51.00	05100	1,561,741	0	1,561,741	51.00
52.00	05200	643,798	0	643,798	52.00
53.00	05300	1,468,477	0	1,468,477	53.00
54.00	05400	9,958,558	0	9,958,558	54.00
54.01	03630	1,017,024	0	1,017,024	54.01
55.00	05500	8,151,991	0	8,151,991	55.00
56.00	05600	811,824	0	811,824	56.00
57.00	05700	2,494,329	0	2,494,329	57.00
58.00	05800	4,011,072	0	4,011,072	58.00
59.00	05900	2,966,147	0	2,966,147	59.00
60.00	06000	5,472,592	0	5,472,592	60.00
60.01	06001	269,386	0	269,386	60.01
63.00	06300	1,909,504	0	1,909,504	63.00
65.00	06500	1,526,045	0	1,526,045	65.00
66.00	06600	259,114	0	259,114	66.00
67.00	06700	77,384	0	77,384	67.00
68.00	06800	39,163	0	39,163	68.00
69.00	06900	946,078	0	946,078	69.00
70.00	07000	176,310	0	176,310	70.00
71.00	07100	6,038,711	0	6,038,711	71.00
72.00	07200	8,783,427	0	8,783,427	72.00
73.00	07300	5,697,488	0	5,697,488	73.00
74.00	07400	529,961	0	529,961	74.00
76.00	03330	1,517,957	0	1,517,957	76.00
76.01	03950	419,226	0	419,226	76.01
76.02	03320	59,315	0	59,315	76.02
76.03	03951	13,233	0	13,233	76.03
76.04	03952	100,484	0	100,484	76.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260032

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
76.98	07698 HYPERBARIC OXYGEN THERAPY	23,124	0	23,124	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2,714,654	0	2,714,654	90.00
90.01	04950 OUTPATIENT PSYCH	267,515	0	267,515	90.01
91.00	09100 EMERGENCY	2,896,942	0	2,896,942	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	318,062	0	318,062	105.00
106.00	10600 HEART ACQUISITION	103,284	0	103,284	106.00
107.00	10700 LIVER ACQUISITION	147,020	0	147,020	107.00
108.00	10800 LUNG ACQUISITION	127,886	0	127,886	108.00
109.00	10900 PANCREAS ACQUISITION	11,777	0	11,777	109.00
113.00	11300 INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	105,421,741	0	105,421,741	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100 RESEARCH	10,595	0	10,595	191.00
191.01	19101 RESEARCH CTSA I/P	70,674	0	70,674	191.01
191.02	19102 RESEARCH CTSA O/P	63,241	0	63,241	191.02
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	7,436,546	0	7,436,546	194.00
194.01	07951 RETAIL PHARMACY	1,235,713	0	1,235,713	194.01
194.02	07952 MARKETING/COMMUNITY RELATIONS	233,178	0	233,178	194.02
194.03	07953 GUEST MEALS	18,744	0	18,744	194.03
200.00	Cross Foot Adjustments	3,586,515	0	3,586,515	200.00
201.00	Negative Cost Centers	2,564,653	0	2,564,653	201.00
202.00	TOTAL (sum lines 118-201)	120,641,600	0	120,641,600	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260032

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (BJH SQ FT)	NEW CRC-B&F (BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F (GSON) (GSON SQ FT)	NEW CRC-B&F (THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (ACTUAL DEPR)		
		1.00	1.03	1.04	1.05	2.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,826,642					1.00
1.03	00103	NEW CRC-B&F (BJH CAMP EXP)	0	1,289,992				1.03
1.04	00104	NEW CRC-B&F (GSON)	0	0	93,215			1.04
1.05	00105	NEW CRC-B&F (THE HIGHLANDS)	0	0	0	44,127		1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					28,969,791	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	22,848	3,167	0	0	486,257	4.00
5.01	00540	NONPATIENT TELEPHONES	10,415	2,231	0	0	13,975	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	15,631	351	0	0	10,069	5.03
5.04	00570	ADMINISTRATIVE	27,445	0	0	586	34,157	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	407,254	309,730	0	11,998	3,061,451	5.06
7.00	00700	OPERATION OF PLANT	194,196	181,979	0	76	310,802	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,317	39	0	0	2,801	8.00
9.00	00900	HOUSEKEEPING	19,882	5,801	0	15	169,790	9.00
10.00	01000	DIETARY	32,792	258	0	0	87,272	10.00
11.00	01100	CAFETERIA	33,554	7,993	0	0	64,683	11.00
13.00	01300	NURSING ADMINISTRATION	21,112	4,623	0	0	930,845	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,159	2,970	0	0	112,473	14.00
15.00	01500	PHARMACY	6,607	37,692	0	0	136,158	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,578	11,034	0	0	68,182	16.00
17.00	01700	SOCIAL SERVICE	1,253	4,590	0	0	23,538	17.00
18.00	01852	EXTENDED CARE SERVICES	14,744	0	0	0	130,992	18.00
18.01	01851	LAB ADMINISTRATION	0	54,038	0	0	50,288	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	93,215	0	289,856	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8,417	4,044	0	0	10,682	21.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL PRGM-PASTORAL ED	0	0	0	0	1,293	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	484,682	1,203	0	0	551,587	30.00
31.00	03100	INTENSIVE CARE UNIT	38,497	0	0	0	55,682	31.00
32.00	03200	CORONARY CARE UNIT	9,950	0	0	0	16,493	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34,660	0	0	0	154,689	34.00
35.01	02400	NEUROICU	11,965	0	0	0	39,130	35.01
35.02	02401	CARDIO-THORACIC ICU	0	19,168	0	0	37,977	35.02
40.00	04000	SUBPROVIDER - IPF	28,489	0	0	0	68,585	40.00
43.00	04300	NURSERY	2,148	0	0	0	6,486	43.00
44.00	04400	SKILLED NURSING FACILITY	16,436	0	0	0	11,514	44.00
45.00	04500	NURSING FACILITY	2,524	0	0	0	12,215	45.00
46.00	04600	OTHER LONG TERM CARE	12,820	0	0	0	28,501	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	55,668	92,955	0	0	3,587,393	50.00
51.00	05100	RECOVERY ROOM	29,888	21,185	0	0	131,113	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,200	0	0	0	67,619	52.00
53.00	05300	ANESTHESIOLOGY	0	1,218	0	0	620,939	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,899	33,429	0	1,522	4,436,227	54.00
54.01	03630	ULTRASOUND	10,120	3,819	0	0	394,754	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	14,710	45,476	0	0	3,519,000	55.00
56.00	05600	RADIOISOTOPE	9,794	0	0	0	290,893	56.00
57.00	05700	CT SCAN	0	3,058	0	0	1,215,486	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,647	8,044	0	0	1,901,656	58.00
59.00	05900	CARDIAC CATHETERIZATION	818	22,548	0	0	1,240,009	59.00
60.00	06000	LABORATORY	3,248	77,088	0	586	899,733	60.00
60.01	06001	HLA LAB	0	2,707	0	0	37,132	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,813	13,880	0	0	216,236	63.00
65.00	06500	RESPIRATORY THERAPY	6,627	1,327	0	0	516,998	65.00
66.00	06600	PHYSICAL THERAPY	3,517	0	0	0	17,739	66.00
67.00	06700	OCCUPATIONAL THERAPY	987	0	0	0	4,957	67.00
68.00	06800	SPEECH PATHOLOGY	493	0	0	0	6,829	68.00
69.00	06900	ELECTROCARDIOLOGY	8,433	2,742	0	0	302,244	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,453	0	0	0	69,968	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,869	0	0	0	181,739	74.00
76.00	03330	ENDOSCOPY	5,065	13,561	0	0	525,134	76.00
76.01	03950	OB/GYN IN VI TRO	4,622	0	0	0	166,957	76.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260032

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		CAPITAL RELATED COSTS							
		NEW BLDG & FIXT (BJH SQ FT)	NEW CRC-B&F (BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F (GSON) (GSON SQ FT)	NEW CRC-B&F (THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (ACTUAL DEPR)			
		1.00	1.03	1.04	1.05	2.00			
76.02	03320	ELECTROSHOCK THERAPY	2,308	0	0	0	0	10,405	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	0	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	810	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1,039	66,058	0	0	0	425,391	90.00
90.01	04950	OUTPATIENT PSYCH	0	5,435	0	0	0	57,237	90.01
91.00	09100	EMERGENCY	1,797	44,308	0	0	0	618,325	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	44	3,515	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	44	2,121	0	0	0	203	106.00
107.00	10700	LIVER ACQUISITION	44	2,063	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	44	1,539	0	0	0	294	108.00
109.00	10900	PANCREAS ACQUISITION	44	40	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE							113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,713,610	1,119,837	93,215	14,783	28,441,033		118.00
NONREIMBURSABLE COST CENTERS									
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	113,032	160,805	0	29,344	496,617		194.00
194.01	07951	RETAIL PHARMACY	0	4,104	0	0	27,718		194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,246	0	0	4,423		194.02
194.03	07953	GUEST MEALS	0	0	0	0	0		194.03
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)	16,395,336	20,632,648	1,621,460	1,468,859	51,921,706		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.975670	15.994400	17.394840	33.287080	1.792271		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)							204.00
205.00		Unit cost multiplier (Wkst. B, Part II)							205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260032

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NONPATIENT TELEPHONES)	PURCHASING RECEIVING AND STORES (\$\$ AMT PURCHASES)	ADMITTING (TOTAL REVENUE)	CASHIERING/AC COUNTS RECEIVABLE (TOTAL REVENUE)	
		4.00	5.01	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	495,986,354				4.00
5.01	00540	NONPATIENT TELEPHONES	1,303,373	3,696,558			5.01
5.03	00560	PURCHASING RECEIVING AND STORES	958,773	6,053	435,410,391		5.03
5.04	00570	ADMITTING	11,136,500	152,339	374,448	4,808,291,970	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	25,336,743	350,645	3,743,641	0	5.06
7.00	00700	OPERATION OF PLANT	8,880,181	81,411	2,414,694	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	32,406	372	2,662,391	0	8.00
9.00	00900	HOUSEKEEPING	11,282,443	26,781	1,739,452	0	9.00
10.00	01000	DIETARY	5,253,580	33,244	2,539,064	0	10.00
11.00	01100	CAFETERIA	4,444,724	32,696	7,855,792	0	11.00
13.00	01300	NURSING ADMINISTRATION	22,546,059	140,637	304,647	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,887,557	30,356	14,030,928	0	14.00
15.00	01500	PHARMACY	18,750,485	95,478	112,616,858	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,691,889	65,465	244,151	0	16.00
17.00	01700	SOCIAL SERVICE	8,954,028	55,031	45,414	0	17.00
18.00	01852	EXTENDED CARE SERVICES	1,012,633	86,406	137,737	0	18.00
18.01	01851	LAB ADMINISTRATION	3,441,578	20,078	34,646	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	106,591	0	0	0	18.02
20.00	02000	NURSING SCHOOL	7,957,679	66,397	184,005	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	40,731,296	26,837	205,532	0	21.00
23.01	02301	PARAMED PRGM-PHARMACY	171,757	0	0	0	23.01
23.02	02302	PARAMED PRGM-PASTORAL ED	197,375	2,762	644	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	103,405,648	723,579	6,979,486	376,507,888	30.00
31.00	03100	INTENSIVE CARE UNIT	7,951,954	37,062	1,252,839	34,826,899	31.00
32.00	03200	CORONARY CARE UNIT	3,193,058	10,048	216,257	14,201,087	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,409,802	39,890	1,612,983	34,256,806	34.00
35.01	02400	NEURO ICU	4,499,577	20,084	528,254	18,692,362	35.01
35.02	02401	CARDIO-THORACIC ICU	7,120,282	43,172	1,266,086	25,749,590	35.02
40.00	04000	SUBPROVIDER - IPF	7,969,788	44,020	289,783	28,579,761	40.00
43.00	04300	NURSERY	942,920	2,703	261,007	5,145,025	43.00
44.00	04400	SKILLED NURSING FACILITY	2,255,923	4,946	439,154	8,491,863	44.00
45.00	04500	NURSING FACILITY	221,000	397	28,167	806,040	45.00
46.00	04600	OTHER LONG TERM CARE	515,665	926	65,724	1,880,457	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	33,600,736	256,760	21,798,021	453,529,705	50.00
51.00	05100	RECOVERY ROOM	8,885,009	71,959	1,754,027	92,438,565	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,040,375	19,512	503,106	15,575,099	52.00
53.00	05300	ANESTHESIOLOGY	2,276,553	110,576	4,841,926	190,280,249	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,611,004	111,544	5,382,323	284,548,926	54.00
54.01	03630	ULTRASOUND	1,125,817	11,452	96,327	49,016,987	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,361,375	100,735	2,342,461	282,240,259	55.00
56.00	05600	RADIOISOTOPE	1,325,031	16,842	1,499,989	18,120,024	56.00
57.00	05700	CT SCAN	2,864,420	22,443	780,858	233,322,990	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,149,485	23,716	1,409,461	170,281,849	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,193,386	38,726	0	79,049,765	59.00
60.00	06000	LABORATORY	15,053,720	102,725	12,510,131	639,002,706	60.00
60.01	06001	HLA LAB	927,366	6,403	2,570,068	36,101,220	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,165,530	33,695	26,087,151	212,352,307	63.00
65.00	06500	RESPIRATORY THERAPY	8,177,706	15,286	2,593,512	59,981,075	65.00
66.00	06600	PHYSICAL THERAPY	4,504,492	14,340	35,792	22,462,446	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,766,634	0	17,980	7,031,184	67.00
68.00	06800	SPEECH PATHOLOGY	623,435	253	6,307	3,246,206	68.00
69.00	06900	ELECTROCARDIOLOGY	2,830,320	21,514	1,445,865	143,718,502	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	589,383	2,422	32,650	12,826,060	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	60,802,670	198,834,702	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	98,164,788	236,053,513	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	429,960,056	73.00
74.00	07400	RENAL DIALYSIS	2,264,383	8,412	902,508	24,996,021	74.00
76.00	03330	ENDOSCOPY	3,813,777	29,348	1,130,997	48,587,034	76.00
76.01	03950	OB/GYN IN VITRO	628,167	793	385,305	5,171,274	76.01
76.02	03320	ELECTROSHOCK THERAPY	268,372	3,395	44,284	2,385,217	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	631,900	1,590,880	76.03
76.04	03952	BONE MARROW ACQUISITION	728,105	2,106	19,678	4,535,735	76.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260032

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NONPATIENT TELEPHONES)	PURCHASING RECEIVING AND STORES (\$\$ AMT PURCHASES)	ADMITTING (TOTAL REVENUE)	CASHIERING/AC COUNTS RECEIVABLE (TOTAL REVENUE)	
		4.00	5.01	5.03	5.04	5.05	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	719	2,178	2,219,610	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	9,901,702	184,747	1,465,764	62,795,777	0	90.00
90.01	04950 OUTPATIENT PSYCH	129,690	15,154	832,970	2,491,432	0	90.01
91.00	09100 EMERGENCY	13,476,878	116,488	2,914,506	203,471,014	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	1,143,555	7,764	11,348	15,636,515	0	105.00
106.00	10600 HEART ACQUISITION	680,576	5,840	3,873	1,579,482	0	106.00
107.00	10700 LIVER ACQUISITION	649,338	6,369	8,287	6,992,246	0	107.00
108.00	10800 LUNG ACQUISITION	487,594	3,853	7,504	5,815,349	0	108.00
109.00	10900 PANCREAS ACQUISITION	20,074	0	43	598,668	0	109.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	484,827,255	3,565,706	415,110,342	4,807,978,427	0	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	208,627	0	0	0	0	191.00
191.01	19101 RESEARCH CTSA I/P	0	0	50,726	0	0	191.01
191.02	19102 RESEARCH CTSA O/P	0	0	16,657	0	0	191.02
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	6,783,797	72,381	995,959	279,053	0	194.00
194.01	07951 RETAIL PHARMACY	3,283,922	43,848	19,192,240	34,490	0	194.01
194.02	07952 MARKETING/COMMUNITY RELATIONS	882,753	14,623	44,467	0	0	194.02
194.03	07953 GUEST MEALS	0	0	0	0	0	194.03
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)	35,892,636	1,542,191	13,275,109	21,569,817	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.072366	0.417196	0.030489	0.004486	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,170,772	163,983	168,589	452,720	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002360	0.044361	0.000387	0.000094	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260032

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	
		5A.06	5.06	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
7.00	00700	-293,760,544	1,364,261,123	2,147,735			7.00
8.00	00800				6,833,412		8.00
9.00	00900				233,517	2,113,970	9.00
10.00	01000				8,242	40,948	10.00
11.00	01100					41,547	11.00
13.00	01300					25,735	13.00
14.00	01400				10,236	31,129	14.00
15.00	01500					45,129	15.00
16.00	01600					14,612	16.00
17.00	01700					5,843	17.00
18.00	01852					14,744	18.00
18.01	01851					54,038	18.01
18.02	01850					0	18.02
20.00	02000	2,896,260	0	93,215	1,355	93,215	20.00
21.00	02100		123,229,292	12,986	72,592	12,986	21.00
23.01	02301					0	23.01
23.02	02302					0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000		151,939,646	485,885	3,870,903	485,885	30.00
31.00	03100		13,767,678	38,497	190,412	38,497	31.00
32.00	03200		4,850,833	9,950	66,592	9,950	32.00
34.00	03400		14,086,548	34,660	177,812	34,660	34.00
35.01	02400		6,959,321	11,965	88,581	11,965	35.01
35.02	02401		12,114,127	19,168	123,759	19,168	35.02
40.00	04000		12,182,611	28,489	84,190	28,489	40.00
43.00	04300		1,641,495	2,148	38,253	2,148	43.00
44.00	04400		6,152,692	16,436	104,336	16,436	44.00
45.00	04500		528,771	2,524	15,669	2,524	45.00
46.00	04600		1,254,647	12,820	36,039	12,820	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000		84,307,412	148,623	145,859	148,623	50.00
51.00	05100		16,236,004	51,073	97,001	51,073	51.00
52.00	05200		8,279,361	20,200	44,825	20,200	52.00
53.00	05300		9,617,895	1,218	0	1,218	53.00
54.00	05400		37,513,511	69,332	178,455	69,332	54.00
54.01	03630		3,751,744	16,476	7,400	16,476	54.01
55.00	05500		29,763,133	68,920	23,581	68,920	55.00
56.00	05600		2,926,007	9,794	28,965	9,794	56.00
57.00	05700		7,577,212	8,578	39,858	8,578	57.00
58.00	05800		11,121,983	25,275	210,436	25,275	58.00
59.00	05900		10,025,353	23,366	42,001	23,366	59.00
60.00	06000		48,788,758	82,867	0	82,867	60.00
60.01	06001		3,929,000	2,707	0	2,707	60.01
63.00	06300		36,418,730	17,693	21,479	17,693	63.00
65.00	06500		15,867,054	7,954	0	7,954	65.00
66.00	06600		6,850,791	3,517	3,521	3,517	66.00
67.00	06700		2,453,978	987	0	987	67.00
68.00	06800		904,570	493	0	493	68.00
69.00	06900		5,548,939	11,175	18,509	11,175	69.00
70.00	07000		1,361,848	1,453	950	1,453	70.00
71.00	07100		70,173,296	0	0	0	71.00
72.00	07200		102,223,570	0	0	0	72.00
73.00	07300		1,928,801	0	0	0	73.00
74.00	07400		4,513,933	7,869	8,426	7,869	74.00
76.00	03330		7,972,269	18,626	25,509	18,626	76.00
76.01	03950		2,485,073	4,622	0	4,622	76.01
76.02	03320		472,849	2,308	0	2,308	76.02
76.03	03951		658,303	0	0	0	76.03
76.04	03952		5,020,346	0	0	0	76.04
76.98	07698		340,573	810	0	810	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260032

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)		
		5A.06	5.06	7.00	8.00	9.00		
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	19,054,853	72,497	48,093	72,497	90.00
90.01	04950	OUTPATIENT PSYCH	0	524,715	5,435	0	5,435	90.01
91.00	09100	EMERGENCY	0	25,678,710	47,615	701,509	47,615	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	11,474,768	3,559	0	3,559	105.00
106.00	10600	HEART ACQUISITION	0	2,033,075	2,165	0	2,165	106.00
107.00	10700	LIVER ACQUISITION	0	4,670,975	2,107	0	2,107	107.00
108.00	10800	LUNG ACQUISITION	0	4,249,099	1,583	0	1,583	108.00
109.00	10900	PANCREAS ACQUISITION	0	524,334	84	0	84	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-290,864,284	1,330,747,213	1,817,214	6,768,865	1,783,449	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
191.00	19100	RESEARCH	0	348,296	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	99,627	3,918	0	3,918	191.01
191.02	19102	RESEARCH CTSA O/P	0	71,007	3,546	0	3,546	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	21,928,162	313,707	64,547	313,707	194.00
194.01	07951	RETAIL PHARMACY	0	5,585,647	4,104	0	4,104	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,481,171	5,246	0	5,246	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)		293,760,544	77,735,740	4,178,507	25,839,741	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.215326	36.194288	0.611482	12.223324	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		26,081,718	6,588,706	115,565	1,096,276	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.019118	3.067746	0.016912	0.518586	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260032

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATIVE (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	876,611					10.00
11.00	01100	0	6,942				11.00
13.00	01300	0	264	7,630,196			13.00
14.00	01400	0	104	0	165,599,199		14.00
15.00	01500	0	237	0	0	139,065,677	15.00
16.00	01600	0	99	0	0	0	16.00
17.00	01700	0	137	0	0	0	17.00
18.00	01852	100,693	20	0	0	0	18.00
18.01	01851	0	42	0	0	0	18.01
18.02	01850	0	1	0	0	0	18.02
20.00	02000	0	92	0	0	0	20.00
21.00	02100	0	716	0	0	1,384	21.00
23.01	02301	0	4	0	0	0	23.01
23.02	02302	0	3	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	653,575	1,736	3,608,549	0	35,912	30.00
31.00	03100	18,426	133	276,115	0	2,054	31.00
32.00	03200	7,185	51	106,048	0	223	32.00
34.00	03400	16,566	128	267,122	0	365	34.00
35.01	02400	7,449	69	143,947	0	794	35.01
35.02	02401	7,922	101	209,870	0	6,033	35.02
40.00	04000	39,354	140	181,960	0	662	40.00
43.00	04300	0	15	30,624	0	0	43.00
44.00	04400	0	49	127,300	0	736	44.00
45.00	04500	0	6	17,159	0	0	45.00
46.00	04600	0	13	36,460	0	638	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	479	994,088	0	32,194	50.00
51.00	05100	185	129	267,987	0	172	51.00
52.00	05200	0	86	178,747	0	0	52.00
53.00	05300	0	56	0	0	1,096,584	53.00
54.00	05400	0	229	0	0	295,632	54.00
54.01	03630	0	17	0	0	3,928	54.01
55.00	05500	0	121	0	0	2,024,243	55.00
56.00	05600	0	17	0	0	1,451,890	56.00
57.00	05700	0	46	0	0	15,721	57.00
58.00	05800	0	50	0	0	33,976	58.00
59.00	05900	0	58	120,985	0	1,067	59.00
60.00	06000	0	307	0	0	7,123	60.00
60.01	06001	0	15	0	0	0	60.01
63.00	06300	0	83	0	0	77,377	63.00
65.00	06500	0	130	0	0	5,946	65.00
66.00	06600	0	77	0	0	0	66.00
67.00	06700	0	27	0	0	0	67.00
68.00	06800	0	9	0	0	0	68.00
69.00	06900	0	48	0	0	1,506,539	69.00
70.00	07000	0	11	0	0	0	70.00
71.00	07100	0	0	0	67,427,511	0	71.00
72.00	07200	0	0	0	98,171,688	0	72.00
73.00	07300	0	0	0	0	111,736,623	73.00
74.00	07400	0	28	0	0	27,356	74.00
76.00	03330	0	58	121,564	0	157	76.00
76.01	03950	0	9	18,087	0	13,163	76.01
76.02	03320	0	4	0	0	115	76.02
76.03	03951	0	0	0	0	0	76.03
76.04	03952	0	9	0	0	0	76.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260032

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	150	312,563	0	480,885	90.00
90.01	04950 OUTPATIENT PSYCH	0	3	0	0	826,361	90.01
91.00	09100 EMERGENCY	0	248	516,821	0	21,318	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	17	36,167	0	0	105.00
106.00	10600 HEART ACQUISITION	0	10	21,371	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	10	20,477	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	8	15,759	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	426	0	0	109.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	851,355	6,709	7,630,196	165,599,199	119,707,171	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	2	0	0	0	191.00
191.01	19101 RESEARCH CTSA I/P	2,220	0	0	0	12,161	191.01
191.02	19102 RESEARCH CTSA O/P	2,220	0	0	0	0	191.02
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	1,267	170	0	0	110,639	194.00
194.01	07951 RETAIL PHARMACY	0	47	0	0	19,235,706	194.01
194.02	07952 MARKETING/COMMUNITY RELATIONS	0	14	0	0	0	194.02
194.03	07953 GUEST MEALS	19,549	0	0	0	0	194.03
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)	15,334,313	8,619,606	59,972,270	20,754,267	210,485,540	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	17.492723	1,241.660328	7.859860	0.125328	1.513569	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	840,494	830,795	3,113,804	11,354,707	6,909,732	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.958799	119.676606	0.408090	0.068567	0.049687	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260032

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE			
			EXTENDED CARE SERVICES (ECF PT DAYS)	LAB ADMINISTRATION (LAB HOURS)	RESEARCH ADMINISTRATION (RESEARCH HOURS)	
			16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03 00103 NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04 00104 NEW CRC-B&F(GSON)						1.04
1.05 00105 NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,808,291,970					16.00
17.00 01700 SOCIAL SERVICE	0	302,705				17.00
18.00 01852 EXTENDED CARE SERVICES	0	0	26,792			18.00
18.01 01851 LAB ADMINISTRATION	0	0	0	770,376		18.01
18.02 01850 RESEARCH ADMINISTRATION	0	0	0	0	100	18.02
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01 02301 PARAMED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02 02302 PARAMED PRGM-PASTORAL ED	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	376,507,888	254,797	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	34,826,899	11,041	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	14,201,087	4,521	0	0	0	32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	34,256,806	11,202	0	0	0	34.00
35.01 02400 NEURO ICU	18,692,362	6,451	0	0	0	35.01
35.02 02401 CARDIO-THORACIC ICU	25,749,590	8,187	0	0	0	35.02
40.00 04000 SUBPROVIDER - IPF	28,579,761	0	0	0	0	40.00
43.00 04300 NURSERY	5,145,025	6,506	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	8,491,863	0	16,894	0	0	44.00
45.00 04500 NURSING FACILITY	806,040	0	3,661	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	1,880,457	0	6,237	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	453,529,705	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	92,438,565	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	15,575,099	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	190,280,249	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	284,548,926	0	0	0	0	54.00
54.01 03630 ULTRASOUND	49,016,987	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	282,240,259	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	18,120,024	0	0	0	0	56.00
57.00 05700 CT SCAN	233,322,990	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	170,281,849	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	79,049,765	0	0	0	0	59.00
60.00 06000 LABORATORY	639,002,706	0	0	567,584	0	60.00
60.01 06001 HLA LAB	36,101,220	0	0	30,683	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	212,352,307	0	0	172,109	0	63.00
65.00 06500 RESPIRATORY THERAPY	59,981,075	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	22,462,446	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	7,031,184	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	3,246,206	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	143,718,502	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	12,826,060	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	198,834,702	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	236,053,513	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	429,960,056	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	24,996,021	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	48,587,034	0	0	0	0	76.00
76.01 03950 OB/GYN IN VITRO	5,171,274	0	0	0	0	76.01
76.02 03320 ELECTROSHOCK THERAPY	2,385,217	0	0	0	0	76.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260032

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description			OTHER GENERAL SERVICE					
			MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	EXTENDED CARE SERVICES (ECF PT DAYS)	LAB ADMINISTRATIONS (LAB HOURS)		RESEARCH ADMINISTRATION (RESEARCH HOURS)
			16.00	17.00	18.00	18.01	18.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	1,590,880	0	0	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	4,535,735	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,219,610	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	62,795,777	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	2,491,432	0	0	0	0	90.01
91.00	09100	EMERGENCY	203,471,014	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	15,636,515	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,579,482	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	6,992,246	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	5,815,349	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	598,668	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,807,978,427	302,705	26,792	770,376	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	100	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	279,053	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	34,490	0	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	9,817,017	17,036,664	5,697,989	16,748,292	181,356	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002042	56.281409	212.675015	21.740412	1,813.560000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	765,394	474,282	642,872	1,391,372	3,205	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000159	1.566813	23.994924	1.806095	32.050000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260032

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description	NURSING SCHOOL (STUDENT HOURS)	INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY (% OF TIME)	Reconciliation	PARAMED PRGM-PASTORAL ED (ACCUM COST)	
		SERVICES-SALARY & FRINGES (% OF TIME)				
	20.00	21.00	23.01	23A.02	23.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03 00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04 00104	NEW CRC-B&F(GSON)					1.04
1.05 00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01852	EXTENDED CARE SERVICES					18.00
18.01 01851	LAB ADMINISTRATION					18.01
18.02 01850	RESEARCH ADMINISTRATION					18.02
20.00 02000	NURSING SCHOOL	43,889				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		10,000			21.00
23.01 02301	PARAMED PRGM-PHARMACY			100		23.01
23.02 02302	PARAMED PRGM-PASTORAL ED				-338,062	23.02
					1,654,787,345	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	37,681	2,240	0	0	303,047,653
31.00 03100	INTENSIVE CARE UNIT	672	314	0	0	26,844,120
32.00 03200	CORONARY CARE UNIT	0	171	0	0	10,311,844
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	22,155,858
35.01 02400	NEURO ICU	192	63	0	0	11,802,095
35.02 02401	CARDIO-THORACIC ICU	192	0	0	0	18,169,958
40.00 04000	SUBPROVIDER - IPF	2,691	174	0	0	21,327,784
43.00 04300	NURSERY	236	0	0	0	2,767,656
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	13,009,906
45.00 04500	NURSING FACILITY	0	0	0	0	1,696,982
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	3,801,528
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	1,647	0	0	144,052,861
51.00 05100	RECOVERY ROOM	35	11	0	0	24,890,797
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,847	70	0	0	13,743,269
53.00 05300	ANESTHESIOLOGY	0	797	0	0	25,926,536
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	633	0	0	59,949,068
54.01 03630	ULTRASOUND	0	86	0	0	6,790,412
55.00 05500	RADIOLOGY-THERAPEUTIC	0	137	0	0	45,386,870
56.00 05600	RADIOISOTOPE	0	138	0	0	8,391,938
57.00 05700	CT SCAN	0	56	0	0	11,053,276
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	222	0	0	18,689,975
59.00 05900	CARDIAC CATHETERIZATION	56	146	0	0	16,738,656
60.00 06000	LABORATORY	0	619	0	0	86,708,480
60.01 06001	HLA LAB	0	2	0	0	5,695,754
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	165	0	0	52,022,845
65.00 06500	RESPIRATORY THERAPY	0	67	0	0	20,975,551
66.00 06600	PHYSICAL THERAPY	0	109	0	0	10,289,332
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	3,078,054
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	1,141,021
69.00 06900	ELECTROCARDIOLOGY	0	94	0	0	11,351,962
70.00 07000	ELECTROENCEPHALOGRAPHY	0	305	0	0	6,381,374
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	94,140,006
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	137,020,695
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	172,625,578
74.00 07400	RENAL DIALYSIS	0	14	0	0	6,211,122
76.00 03330	ENDOSCOPY	0	136	0	0	13,791,337
76.01 03950	OB/GYN IN VITRO	0	12	0	0	3,609,373
76.02 03320	ELECTROSHOCK THERAPY	177	14	0	0	915,269
76.03 03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	803,302

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260032

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description	NURSING SCHOOL (STUDENT HOURS)	INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY (% OF TIME)	Reconciliation	PARAMED PRGM-PASTORAL ED (ACCUM COST)	
		SERVICES-SALARY & FRINGES (% OF TIME)				
	20.00	21.00	23.01	23A.02	23.02	
76.04 03952 BONE MARROW ACQUISITION	0	0	0	0	6,121,794	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	457,657	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	761	0	0	41,712,492	90.00
90.01 04950 OUTPATIENT PSYCH	0	191	0	0	5,050,782	90.01
91.00 09100 EMERGENCY	110	573	0	0	47,435,633	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	14,455,208	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	2,759,288	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	5,966,414	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	5,386,358	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	645,874	109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	43,889	9,967	100	-338,062	1,567,301,597	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	607,132	191.00
191.01 19101 RESEARCH CTSA I/P	0	28	0	0	791,738	191.01
191.02 19102 RESEARCH CTSA O/P	0	5	0	0	372,484	191.02
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	42,279,553	194.00
194.01 07951 RETAIL PHARMACY	0	0	0	0	36,160,084	194.01
194.02 07952 MARKETING/COMMUNITY RELATIONS	0	0	0	0	6,932,792	194.02
194.03 07953 GUEST MEALS	0	0	0	0	341,965	194.03
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)	1,732,050	151,328,027	282,347		338,062	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	39.464330	15,132.802700	2,823.470000		0.000204	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	3,351,367	2,785,097	5,247		9,457	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	17.925084	278.509700	52.470000		0.000006	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260032

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

Title XVII		Hospital		PPS				
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	269,212,475		269,212,475	0	269,212,475	30.00
31.00	03100	INTENSIVE CARE UNIT	22,097,896		22,097,896	0	22,097,896	31.00
32.00	03200	CORONARY CARE UNIT	7,726,239		7,726,239	0	7,726,239	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	22,160,378		22,160,378	0	22,160,378	34.00
35.01	02400	NEURO ICU	10,851,136		10,851,136	0	10,851,136	35.01
35.02	02401	CARDIO-THORACIC ICU	18,173,665		18,173,665	0	18,173,665	35.02
40.00	04000	SUBPROVIDER - IPF	18,699,027		18,699,027	0	18,699,027	40.00
43.00	04300	NURSERY	2,768,221		2,768,221	0	2,768,221	43.00
44.00	04400	SKILLED NURSING FACILITY	13,012,560		13,012,560	0	13,012,560	44.00
45.00	04500	NURSING FACILITY	1,697,328		1,697,328	0	1,697,328	45.00
46.00	04600	OTHER LONG TERM CARE	3,802,304		3,802,304	0	3,802,304	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	119,158,522		119,158,522	0	119,158,522	50.00
51.00	05100	RECOVERY ROOM	24,729,414		24,729,414	0	24,729,414	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,686,777		12,686,777	0	12,686,777	52.00
53.00	05300	ANESTHESIOLOGY	13,870,981		13,870,981	0	13,870,981	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,382,234		50,382,234	0	50,382,234	54.00
54.01	03630	ULTRASOUND	5,490,376		5,490,376	0	5,490,376	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	43,322,935		43,322,935	0	43,322,935	55.00
56.00	05600	RADIOISOTOPE	6,305,323		6,305,323	0	6,305,323	56.00
57.00	05700	CT SCAN	10,208,094		10,208,094	0	10,208,094	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,334,306		15,334,306	0	15,334,306	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,532,682		14,532,682	0	14,532,682	59.00
60.00	06000	LABORATORY	77,358,964		77,358,964	0	77,358,964	60.00
60.01	06001	HLA LAB	5,666,650		5,666,650	0	5,666,650	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	49,536,546		49,536,546	0	49,536,546	63.00
65.00	06500	RESPIRATORY THERAPY	19,965,932	0	19,965,932	0	19,965,932	65.00
66.00	06600	PHYSICAL THERAPY	8,641,956	0	8,641,956	0	8,641,956	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,078,682	0	3,078,682	0	3,078,682	67.00
68.00	06800	SPEECH PATHOLOGY	1,141,254	0	1,141,254	0	1,141,254	68.00
69.00	06900	ELECTROCARDIOLOGY	9,931,795		9,931,795	0	9,931,795	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,767,171		1,767,171	0	1,767,171	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	94,159,211		94,159,211	0	94,159,211	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	137,048,647		137,048,647	0	137,048,647	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	172,660,794		172,660,794	0	172,660,794	73.00
74.00	07400	RENAL DIALYSIS	6,000,530		6,000,530	0	6,000,530	74.00
76.00	03330	ENDOSCOPY	11,736,089		11,736,089	0	11,736,089	76.00
76.01	03950	OB/GYN IN VITRO	3,428,515		3,428,515	0	3,428,515	76.01
76.02	03320	ELECTROSHOCK THERAPY	703,597		703,597	0	703,597	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	803,466		803,466	0	803,466	76.03
76.04	03952	BONE MARROW ACQUISITION	6,123,043		6,123,043	0	6,123,043	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	457,750		457,750	0	457,750	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	30,204,938		30,204,938	0	30,204,938	90.00
90.01	04950	OUTPATIENT PSYCH	2,161,447		2,161,447	0	2,161,447	90.01
91.00	09100	EMERGENCY	38,774,214		38,774,214	0	38,774,214	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,696,885		6,696,885	0	6,696,885	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	14,458,157		14,458,157		14,458,157	105.00
106.00	10600	HEART ACQUISITION	2,759,851		2,759,851		2,759,851	106.00
107.00	10700	LIVER ACQUISITION	5,967,631		5,967,631		5,967,631	107.00
108.00	10800	LUNG ACQUISITION	5,387,457		5,387,457		5,387,457	108.00
109.00	10900	PANCREAS ACQUISITION	646,006		646,006		646,006	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,423,490,051	0	1,423,490,051	0	1,423,490,051	200.00
201.00		Less Observation Beds	6,696,885		6,696,885		6,696,885	201.00
202.00		Total (see instructions)	1,416,793,166	0	1,416,793,166	0	1,416,793,166	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260032

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

			Title XVII			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	370,881,905		370,881,905			30.00	
31.00	03100	INTENSIVE CARE UNIT	34,826,899		34,826,899			31.00	
32.00	03200	CORONARY CARE UNIT	14,201,086		14,201,086			32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34,253,836		34,253,836			34.00	
35.01	02400	NEURO ICU	18,701,305		18,701,305			35.01	
35.02	02401	CARDIO-THORACIC ICU	25,749,590		25,749,590			35.02	
40.00	04000	SUBPROVIDER - IPF	28,579,761		28,579,761			40.00	
43.00	04300	NURSERY	5,145,025		5,145,025			43.00	
44.00	04400	SKILLED NURSING FACILITY	8,184,305		8,184,305			44.00	
45.00	04500	NURSING FACILITY	806,040		806,040			45.00	
46.00	04600	OTHER LONG TERM CARE	1,425,558		1,425,558			46.00	
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	279,748,952	141,199,288	420,948,240	0.283072	0.000000	50.00	
51.00	05100	RECOVERY ROOM	33,186,750	59,250,879	92,437,629	0.267525	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,602,042	3,380,194	15,982,236	0.793805	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	114,080,073	76,435,494	190,515,567	0.072808	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	98,615,098	183,727,556	282,342,654	0.178444	0.000000	54.00	
54.01	03630	ULTRASOUND	11,342,374	37,685,769	49,028,143	0.111984	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	11,221,186	266,568,424	277,789,610	0.155956	0.000000	55.00	
56.00	05600	RADIOISOTOPE	3,836,173	14,283,851	18,120,024	0.347975	0.000000	56.00	
57.00	05700	CT SCAN	86,724,424	146,595,748	233,320,172	0.043751	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,301,288	132,980,473	170,281,761	0.090053	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	30,460,731	40,182,464	70,643,195	0.205719	0.000000	59.00	
60.00	06000	LABORATORY	370,087,935	268,914,771	639,002,706	0.121062	0.000000	60.00	
60.01	06001	HLA LAB	8,694,002	27,407,218	36,101,220	0.156966	0.000000	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	141,337,867	71,013,630	212,351,497	0.233276	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	54,809,804	5,053,683	59,863,487	0.333524	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	21,901,408	559,747	22,461,155	0.384751	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	6,681,633	349,486	7,031,119	0.437865	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	3,055,078	189,394	3,244,472	0.351753	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	74,351,984	69,364,494	143,716,478	0.069107	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	11,279,007	1,547,053	12,826,060	0.137780	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	144,210,012	67,046,381	211,256,393	0.445711	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	205,933,683	65,031,293	270,964,976	0.505780	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	304,610,125	125,334,751	429,944,876	0.401588	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	24,414,340	526,907	24,941,247	0.240587	0.000000	74.00	
76.00	03330	ENDOSCOPY	13,861,473	34,578,956	48,440,429	0.242279	0.000000	76.00	
76.01	03950	OB/GYN IN VITRO	0	5,171,274	5,171,274	0.662992	0.000000	76.01	
76.02	03320	ELECTROSHOCK THERAPY	811,770	1,573,447	2,385,217	0.294982	0.000000	76.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	39,150	1,563,580	1,602,730	0.501311	0.000000	76.03	
76.04	03952	BONE MARROW ACQUISITION	3,592,092	943,643	4,535,735	1.349956	0.000000	76.04	
76.98	07698	HYPERBARIC OXYGEN THERAPY	15,358	2,204,252	2,219,610	0.206230	0.000000	76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	2,522,416	60,279,283	62,801,699	0.480957	0.000000	90.00	
90.01	04950	OUTPATIENT PSYCH	10,834	2,480,598	2,491,432	0.867552	0.000000	90.01	
91.00	09100	EMERGENCY	86,088,200	117,383,310	203,471,510	0.190563	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	610,950	3,882,136	4,493,086	1.490487	0.000000	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00	10500	KIDNEY ACQUISITION	15,636,515	0	15,636,515			105.00	
106.00	10600	HEART ACQUISITION	1,579,482	0	1,579,482			106.00	
107.00	10700	LIVER ACQUISITION	6,992,246	0	6,992,246			107.00	
108.00	10800	LUNG ACQUISITION	5,815,349	0	5,815,349			108.00	
109.00	10900	PANCREAS ACQUISITION	598,668	0	598,668			109.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	2,771,415,782	2,034,689,427	4,806,105,209			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	2,771,415,782	2,034,689,427	4,806,105,209			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 8:23 am
Cost Center Description		PPS Inpatient Ratio	Title XVII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
35.01	02400 NEURO ICU			35.01
35.02	02401 CARDIO-THORACIC ICU			35.02
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.283072		50.00
51.00	05100 RECOVERY ROOM	0.267525		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.793805		52.00
53.00	05300 ANESTHESIOLOGY	0.072808		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.178444		54.00
54.01	03630 ULTRASOUND	0.111984		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.155956		55.00
56.00	05600 RADIOISOTOPE	0.347975		56.00
57.00	05700 CT SCAN	0.043751		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.090053		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.205719		59.00
60.00	06000 LABORATORY	0.121062		60.00
60.01	06001 HLA LAB	0.156966		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.233276		63.00
65.00	06500 RESPIRATORY THERAPY	0.333524		65.00
66.00	06600 PHYSICAL THERAPY	0.384751		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.437865		67.00
68.00	06800 SPEECH PATHOLOGY	0.351753		68.00
69.00	06900 ELECTROCARDIOLOGY	0.069107		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.137780		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.445711		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.505780		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.401588		73.00
74.00	07400 RENAL DIALYSIS	0.240587		74.00
76.00	03330 ENDOSCOPY	0.242279		76.00
76.01	03950 OB/GYN IN VITRO	0.662992		76.01
76.02	03320 ELECTROSHOCK THERAPY	0.294982		76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.501311		76.03
76.04	03952 BONE MARROW ACQUISITION	1.349956		76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.206230		76.98
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.480957		90.00
90.01	04950 OUTPATIENT PSYCH	0.867552		90.01
91.00	09100 EMERGENCY	0.190563		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.490487		92.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260032

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	269,212,475		269,212,475	0	269,212,475	30.00
31.00	03100 INTENSIVE CARE UNIT	22,097,896		22,097,896	0	22,097,896	31.00
32.00	03200 CORONARY CARE UNIT	7,726,239		7,726,239	0	7,726,239	32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	22,160,378		22,160,378	0	22,160,378	34.00
35.01	02400 NEURO ICU	10,851,136		10,851,136	0	10,851,136	35.01
35.02	02401 CARDIO-THORACIC ICU	18,173,665		18,173,665	0	18,173,665	35.02
40.00	04000 SUBPROVIDER - IPF	18,699,027		18,699,027	0	18,699,027	40.00
43.00	04300 NURSERY	2,768,221		2,768,221	0	2,768,221	43.00
44.00	04400 SKILLED NURSING FACILITY	13,012,560		13,012,560	0	13,012,560	44.00
45.00	04500 NURSING FACILITY	1,697,328		1,697,328	0	1,697,328	45.00
46.00	04600 OTHER LONG TERM CARE	3,802,304		3,802,304	0	3,802,304	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	119,158,522		119,158,522	0	119,158,522	50.00
51.00	05100 RECOVERY ROOM	24,729,414		24,729,414	0	24,729,414	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	12,686,777		12,686,777	0	12,686,777	52.00
53.00	05300 ANESTHESIOLOGY	13,870,981		13,870,981	0	13,870,981	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	50,382,234		50,382,234	0	50,382,234	54.00
54.01	03630 ULTRASOUND	5,490,376		5,490,376	0	5,490,376	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	43,322,935		43,322,935	0	43,322,935	55.00
56.00	05600 RADIOISOTOPE	6,305,323		6,305,323	0	6,305,323	56.00
57.00	05700 CT SCAN	10,208,094		10,208,094	0	10,208,094	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	15,334,306		15,334,306	0	15,334,306	58.00
59.00	05900 CARDIAC CATHETERIZATION	14,532,682		14,532,682	0	14,532,682	59.00
60.00	06000 LABORATORY	77,358,964		77,358,964	0	77,358,964	60.00
60.01	06001 HLA LAB	5,666,650		5,666,650	0	5,666,650	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	49,536,546		49,536,546	0	49,536,546	63.00
65.00	06500 RESPIRATORY THERAPY	19,965,932	0	19,965,932	0	19,965,932	65.00
66.00	06600 PHYSICAL THERAPY	8,641,956	0	8,641,956	0	8,641,956	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,078,682	0	3,078,682	0	3,078,682	67.00
68.00	06800 SPEECH PATHOLOGY	1,141,254	0	1,141,254	0	1,141,254	68.00
69.00	06900 ELECTROCARDIOLOGY	9,931,795		9,931,795	0	9,931,795	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,767,171		1,767,171	0	1,767,171	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	94,159,211		94,159,211	0	94,159,211	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	137,048,647		137,048,647	0	137,048,647	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	172,660,794		172,660,794	0	172,660,794	73.00
74.00	07400 RENAL DIALYSIS	6,000,530		6,000,530	0	6,000,530	74.00
76.00	03330 ENDOSCOPY	11,736,089		11,736,089	0	11,736,089	76.00
76.01	03950 OB/GYN IN VITRO	3,428,515		3,428,515	0	3,428,515	76.01
76.02	03320 ELECTROSHOCK THERAPY	703,597		703,597	0	703,597	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	803,466		803,466	0	803,466	76.03
76.04	03952 BONE MARROW ACQUISITION	6,123,043		6,123,043	0	6,123,043	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	457,750		457,750	0	457,750	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	30,204,938		30,204,938	0	30,204,938	90.00
90.01	04950 OUTPATIENT PSYCH	2,161,447		2,161,447	0	2,161,447	90.01
91.00	09100 EMERGENCY	38,774,214		38,774,214	0	38,774,214	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,696,885		6,696,885	0	6,696,885	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	14,458,157		14,458,157		14,458,157	105.00
106.00	10600 HEART ACQUISITION	2,759,851		2,759,851		2,759,851	106.00
107.00	10700 LIVER ACQUISITION	5,967,631		5,967,631		5,967,631	107.00
108.00	10800 LUNG ACQUISITION	5,387,457		5,387,457		5,387,457	108.00
109.00	10900 PANCREAS ACQUISITION	646,006		646,006		646,006	109.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	1,423,490,051	0	1,423,490,051	0	1,423,490,051	200.00
201.00	Less Observation Beds	6,696,885		6,696,885		6,696,885	201.00
202.00	Total (see instructions)	1,416,793,166	0	1,416,793,166	0	1,416,793,166	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260032

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 am

			Title XIX			Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	370,881,905		370,881,905			30.00	
31.00	03100	INTENSIVE CARE UNIT	34,826,899		34,826,899			31.00	
32.00	03200	CORONARY CARE UNIT	14,201,086		14,201,086			32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34,253,836		34,253,836			34.00	
35.01	02400	NEURO ICU	18,701,305		18,701,305			35.01	
35.02	02401	CARDIO-THORACIC ICU	25,749,590		25,749,590			35.02	
40.00	04000	SUBPROVIDER - IPF	28,579,761		28,579,761			40.00	
43.00	04300	NURSERY	5,145,025		5,145,025			43.00	
44.00	04400	SKILLED NURSING FACILITY	8,184,305		8,184,305			44.00	
45.00	04500	NURSING FACILITY	806,040		806,040			45.00	
46.00	04600	OTHER LONG TERM CARE	1,425,558		1,425,558			46.00	
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	279,748,952	141,199,288	420,948,240	0.283072	0.000000	50.00	
51.00	05100	RECOVERY ROOM	33,186,750	59,250,879	92,437,629	0.267525	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,602,042	3,380,194	15,982,236	0.793805	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	114,080,073	76,435,494	190,515,567	0.072808	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	98,615,098	183,727,556	282,342,654	0.178444	0.000000	54.00	
54.01	03630	ULTRASOUND	11,342,374	37,685,769	49,028,143	0.111984	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	11,221,186	266,568,424	277,789,610	0.155956	0.000000	55.00	
56.00	05600	RADIOISOTOPE	3,836,173	14,283,851	18,120,024	0.347975	0.000000	56.00	
57.00	05700	CT SCAN	86,724,424	146,595,748	233,320,172	0.043751	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,301,288	132,980,473	170,281,761	0.090053	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	30,460,731	40,182,464	70,643,195	0.205719	0.000000	59.00	
60.00	06000	LABORATORY	370,087,935	268,914,771	639,002,706	0.121062	0.000000	60.00	
60.01	06001	HLA LAB	8,694,002	27,407,218	36,101,220	0.156966	0.000000	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	141,337,867	71,013,630	212,351,497	0.233276	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	54,809,804	5,053,683	59,863,487	0.333524	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	21,901,408	559,747	22,461,155	0.384751	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	6,681,633	349,486	7,031,119	0.437865	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	3,055,078	189,394	3,244,472	0.351753	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	74,351,984	69,364,494	143,716,478	0.069107	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	11,279,007	1,547,053	12,826,060	0.137780	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	144,210,012	67,046,381	211,256,393	0.445711	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	205,933,683	65,031,293	270,964,976	0.505780	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	304,610,125	125,334,751	429,944,876	0.401588	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	24,414,340	526,907	24,941,247	0.240587	0.000000	74.00	
76.00	03330	ENDOSCOPY	13,861,473	34,578,956	48,440,429	0.242279	0.000000	76.00	
76.01	03950	OB/GYN IN VITRO	0	5,171,274	5,171,274	0.662992	0.000000	76.01	
76.02	03320	ELECTROSHOCK THERAPY	811,770	1,573,447	2,385,217	0.294982	0.000000	76.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	39,150	1,563,580	1,602,730	0.501311	0.000000	76.03	
76.04	03952	BONE MARROW ACQUISITION	3,592,092	943,643	4,535,735	1.349956	0.000000	76.04	
76.98	07698	HYPERBARIC OXYGEN THERAPY	15,358	2,204,252	2,219,610	0.206230	0.000000	76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	2,522,416	60,279,283	62,801,699	0.480957	0.000000	90.00	
90.01	04950	OUTPATIENT PSYCH	10,834	2,480,598	2,491,432	0.867552	0.000000	90.01	
91.00	09100	EMERGENCY	86,088,200	117,383,310	203,471,510	0.190563	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	610,950	3,882,136	4,493,086	1.490487	0.000000	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00	10500	KIDNEY ACQUISITION	15,636,515	0	15,636,515			105.00	
106.00	10600	HEART ACQUISITION	1,579,482	0	1,579,482			106.00	
107.00	10700	LIVER ACQUISITION	6,992,246	0	6,992,246			107.00	
108.00	10800	LUNG ACQUISITION	5,815,349	0	5,815,349			108.00	
109.00	10900	PANCREAS ACQUISITION	598,668	0	598,668			109.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	2,771,415,782	2,034,689,427	4,806,105,209			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	2,771,415,782	2,034,689,427	4,806,105,209			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 8:23 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
35.01	02400 NEURO ICU			35.01
35.02	02401 CARDIO-THORACIC ICU			35.02
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630 ULTRASOUND	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 HLA LAB	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03330 ENDOSCOPY	0.000000		76.00
76.01	03950 OB/GYN IN VITRO	0.000000		76.01
76.02	03320 ELECTROSHOCK THERAPY	0.000000		76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.000000		76.03
76.04	03952 BONE MARROW ACQUISITION	0.000000		76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 OUTPATIENT PSYCH	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/24/2016 8:23 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)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	13,535,420	0	13,535,420	261,297	51.80 30.00
31.00	INTENSIVE CARE UNIT	1,062,739		1,062,739	11,041	96.25 31.00
32.00	CORONARY CARE UNIT	326,026		326,026	4,521	72.11 32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,186,309		1,186,309	11,202	105.90 34.00
35.01	NEURO ICU	461,156		461,156	6,451	71.49 35.01
35.02	CARDIO-THORACIC ICU	835,238		835,238	8,187	102.02 35.02
40.00	SUBPROVIDER - IPF	891,866	0	891,866	21,735	41.03 40.00
43.00	NURSERY	99,532		99,532	6,506	15.30 43.00
44.00	SKILLED NURSING FACILITY	1,163,620		1,163,620	16,894	68.88 44.00
45.00	NURSING FACILITY	160,381		160,381	3,661	43.81 45.00
200.00	Total (lines 30-199)	19,722,287		19,722,287	351,495	200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	92,372	4,784,870 30.00
31.00	INTENSIVE CARE UNIT	3,166	304,728 31.00
32.00	CORONARY CARE UNIT	2,022	145,806 32.00
34.00	SURGICAL INTENSIVE CARE UNIT	5,770	611,043 34.00
35.01	NEURO ICU	2,091	149,486 35.01
35.02	CARDIO-THORACIC ICU	3,676	375,026 35.02
40.00	SUBPROVIDER - IPF	5,676	232,886 40.00
43.00	NURSERY	0	0 43.00
44.00	SKILLED NURSING FACILITY	9,319	641,893 44.00
45.00	NURSING FACILITY	0	0 45.00
200.00	Total (lines 30-199)	124,092	7,245,738 200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 8:23 am
--	--	----------------------	---	--

Cost Center Description		Title XVII			Hospital		PPS
		Capital Related Cost (from Wkst. C, 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	11,764,044	420,948,240	0.027947	96,924,096	2,708,738	50.00
51.00	05100 RECOVERY ROOM	1,561,741	92,437,629	0.016895	11,318,439	191,225	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	643,798	15,982,236	0.040282	318,829	12,843	52.00
53.00	05300 ANESTHESIOLOGY	1,468,477	190,515,567	0.007708	33,078,536	254,969	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,958,558	282,342,654	0.035271	36,585,658	1,290,413	54.00
54.01	03630 ULTRASOUND	1,017,024	49,028,143	0.020744	3,905,658	81,019	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	8,151,991	277,789,610	0.029346	4,224,488	123,972	55.00
56.00	05600 RADIOISOTOPE	811,824	18,120,024	0.044803	1,673,854	74,994	56.00
57.00	05700 CT SCAN	2,494,329	233,320,172	0.010691	30,926,439	330,635	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,011,072	170,281,761	0.023555	12,035,805	283,503	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,966,147	70,643,195	0.041988	13,470,536	565,601	59.00
60.00	06000 LABORATORY	5,472,592	639,002,706	0.008564	131,756,193	1,128,360	60.00
60.01	06001 HLA LAB	269,386	36,101,220	0.007462	3,586,829	26,765	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,909,504	212,351,497	0.008992	49,657,658	446,522	63.00
65.00	06500 RESPIRATORY THERAPY	1,526,045	59,863,487	0.025492	24,390,439	621,761	65.00
66.00	06600 PHYSICAL THERAPY	259,114	22,461,155	0.011536	6,456,293	74,480	66.00
67.00	06700 OCCUPATIONAL THERAPY	77,384	7,031,119	0.011006	2,710,049	29,827	67.00
68.00	06800 SPEECH PATHOLOGY	39,163	3,244,472	0.012071	1,275,317	15,394	68.00
69.00	06900 ELECTROCARDIOLOGY	946,078	143,716,478	0.006583	32,839,414	216,182	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	176,310	12,826,060	0.013746	3,985,366	54,783	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,038,711	211,256,393	0.028585	55,237,170	1,578,955	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	8,783,427	270,964,976	0.032415	83,692,682	2,712,898	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,697,488	429,944,876	0.013252	108,880,194	1,442,880	73.00
74.00	07400 RENAL DIALYSIS	529,961	24,941,247	0.021248	14,108,195	299,771	74.00
76.00	03330 ENDOSCOPY	1,517,957	48,440,429	0.031337	5,898,341	184,836	76.00
76.01	03950 OB/GYN IN VI TRO	419,226	5,171,274	0.081068	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	59,315	2,385,217	0.024868	0	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	13,233	1,602,730	0.008257	23,490	194	76.03
76.04	03952 BONE MARROW ACQUISITION	100,484	4,535,735	0.022154	797,073	17,658	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	23,124	2,219,610	0.010418	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,714,654	62,801,699	0.043226	956,488	41,345	90.00
90.01	04950 OUTPATIENT PSYCH	267,515	2,491,432	0.107374	0	0	90.01
91.00	09100 EMERGENCY	2,896,942	203,471,510	0.014238	26,383,122	375,643	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	336,706	4,493,086	0.074939	252,964	18,957	92.00
200.00	Total (lines 50-199)	84,923,324	4,232,727,639		797,349,615	15,205,123	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/24/2016 8:23 am
---	--	----------------------	---	---

Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,487,055	62,301	0	0	1,549,356	30.00
31.00	03100	INTENSIVE CARE UNIT	26,520	5,476	0	0	31,996	31.00
32.00	03200	CORONARY CARE UNIT	0	2,104	0	0	2,104	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	4,520	0	0	4,520	34.00
35.01	02400	NEURO ICU	7,577	2,408	0	0	9,985	35.01
35.02	02401	CARDIO-THORACIC ICU	7,577	3,707	0	0	11,284	35.02
40.00	04000	SUBPROVIDER - IPF	106,199	4,351	0	0	110,550	40.00
43.00	04300	NURSERY	9,314	565	0	0	9,879	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,654	0	0	2,654	44.00
45.00	04500	NURSING FACILITY	0	346	0	0	346	45.00
200.00		Total (lines 30-199)	1,644,242	88,432	0	0	1,732,674	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)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	261,297	5.93	92,372	547,766	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,041	2.90	3,166	9,181	0	31.00
32.00	03200	CORONARY CARE UNIT	4,521	0.47	2,022	950	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,202	0.40	5,770	2,308	0	34.00
35.01	02400	NEURO ICU	6,451	1.55	2,091	3,241	0	35.01
35.02	02401	CARDIO-THORACIC ICU	8,187	1.38	3,676	5,073	0	35.02
40.00	04000	SUBPROVIDER - IPF	21,735	5.09	5,676	28,891	0	40.00
43.00	04300	NURSERY	6,506	1.52	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	16,894	0.16	9,319	1,491	0	44.00
45.00	04500	NURSING FACILITY	3,661	0.09	0	0	0	45.00
200.00		Total (lines 30-199)	351,495		124,092	598,901	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
32.00	03200	CORONARY CARE UNIT	0	0				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
35.01	02400	NEURO ICU	0	0				35.01
35.02	02401	CARDIO-THORACIC ICU	0	0				35.02
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
43.00	04300	NURSERY	0	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
45.00	04500	NURSING FACILITY	0	0				45.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
--	----------------------	---------------------------------------	---

Cost Center Description	Title XVIII					Total Cost (sum of col 1 through col 4)	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Hospital		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	29,387	0	29,387	50.00	
51.00 05100 RECOVERY ROOM	0	1,381	5,078	0	6,459	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	72,891	2,804	0	75,695	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	5,289	0	5,289	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	12,230	0	12,230	54.00	
54.01 03630 ULTRASOUND	0	0	1,385	0	1,385	54.01	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	9,259	0	9,259	55.00	
56.00 05600 RADIOISOTOPE	0	0	1,712	0	1,712	56.00	
57.00 05700 CT SCAN	0	0	2,255	0	2,255	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,813	0	3,813	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	2,210	3,415	0	5,625	59.00	
60.00 06000 LABORATORY	0	0	17,689	0	17,689	60.00	
60.01 06001 HLA LAB	0	0	1,162	0	1,162	60.01	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	10,613	0	10,613	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	4,279	0	4,279	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	2,099	0	2,099	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	628	0	628	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	233	0	233	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	2,316	0	2,316	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1,302	0	1,302	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	19,205	0	19,205	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	27,952	0	27,952	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	317,563	0	317,563	73.00	
74.00 07400 RENAL DIALYSIS	0	0	1,267	0	1,267	74.00	
76.00 03330 ENDOSCOPY	0	0	2,813	0	2,813	76.00	
76.01 03950 OB/GYN IN VITRO	0	0	736	0	736	76.01	
76.02 03320 ELECTROSHOCK THERAPY	0	6,985	187	0	7,172	76.02	
76.03 03951 CORNEAL TISSUE ACQUISITION	0	0	164	0	164	76.03	
76.04 03952 BONE MARROW ACQUISITION	0	0	1,249	0	1,249	76.04	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	93	0	93	76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	8,509	0	8,509	90.00	
90.01 04950 OUTPATIENT PSYCH	0	0	1,030	0	1,030	90.01	
91.00 09100 EMERGENCY	0	4,341	9,677	0	14,018	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	36,994	1,547	0	38,541	92.00	
200.00 Total (lines 50-199)	0	124,802	508,940	0	633,742	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
--	----------------------	---------------------------------------	---

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	29,387	420,948,240	0.000070	0.000070	96,924,096	50.00
51.00 05100 RECOVERY ROOM	6,459	92,437,629	0.000070	0.000070	11,318,439	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	75,695	15,982,236	0.004736	0.004736	318,829	52.00
53.00 05300 ANESTHESIOLOGY	5,289	190,515,567	0.000028	0.000028	33,078,536	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,230	282,342,654	0.000043	0.000043	36,585,658	54.00
54.01 03630 ULTRASOUND	1,385	49,028,143	0.000028	0.000028	3,905,658	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	9,259	277,789,610	0.000033	0.000033	4,224,488	55.00
56.00 05600 RADIOISOTOPE	1,712	18,120,024	0.000094	0.000094	1,673,854	56.00
57.00 05700 CT SCAN	2,255	233,320,172	0.000010	0.000010	30,926,439	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	3,813	170,281,761	0.000022	0.000022	12,035,805	58.00
59.00 05900 CARDIAC CATHETERIZATION	5,625	70,643,195	0.000080	0.000080	13,470,536	59.00
60.00 06000 LABORATORY	17,689	639,002,706	0.000028	0.000028	131,756,193	60.00
60.01 06001 HLA LAB	1,162	36,101,220	0.000032	0.000032	3,586,829	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	10,613	212,351,497	0.000050	0.000050	49,657,658	63.00
65.00 06500 RESPIRATORY THERAPY	4,279	59,863,487	0.000071	0.000071	24,390,439	65.00
66.00 06600 PHYSICAL THERAPY	2,099	22,461,155	0.000093	0.000093	6,456,293	66.00
67.00 06700 OCCUPATIONAL THERAPY	628	7,031,119	0.000089	0.000089	2,710,049	67.00
68.00 06800 SPEECH PATHOLOGY	233	3,244,472	0.000072	0.000072	1,275,317	68.00
69.00 06900 ELECTROCARDIOLOGY	2,316	143,716,478	0.000016	0.000016	32,839,414	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,302	12,826,060	0.000102	0.000102	3,985,366	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,205	211,256,393	0.000091	0.000091	55,237,170	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	27,952	270,964,976	0.000103	0.000103	83,692,682	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	317,563	429,944,876	0.000739	0.000739	108,880,194	73.00
74.00 07400 RENAL DIALYSIS	1,267	24,941,247	0.000051	0.000051	14,108,195	74.00
76.00 03330 ENDOSCOPY	2,813	48,440,429	0.000058	0.000058	5,898,341	76.00
76.01 03950 OB/GYN IN VITRO	736	5,171,274	0.000142	0.000142	0	76.01
76.02 03320 ELECTROSHOCK THERAPY	7,172	2,385,217	0.003007	0.003007	0	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	164	1,602,730	0.000102	0.000102	23,490	76.03
76.04 03952 BONE MARROW ACQUISITION	1,249	4,535,735	0.000275	0.000275	797,073	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	93	2,219,610	0.000042	0.000042	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	8,509	62,801,699	0.000135	0.000135	956,488	90.00
90.01 04950 OUTPATIENT PSYCH	1,030	2,491,432	0.000413	0.000413	0	90.01
91.00 09100 EMERGENCY	14,018	203,471,510	0.000069	0.000069	26,383,122	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	38,541	4,493,086	0.008578	0.008578	252,964	92.00
200.00 Total (lines 50-199)	633,742	4,232,727,639			797,349,615	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
--	----------------------	---------------------------------------	---

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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	6,785	28,616,026	2,003	0	0	50.00
51.00	05100 RECOVERY ROOM	792	13,416,857	939	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,510	49,509	234	0	0	52.00
53.00	05300 ANESTHESIOLOGY	926	15,595,239	437	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,573	46,983,752	2,020	0	0	54.00
54.01	03630 ULTRASOUND	109	5,297,430	148	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	139	82,481,487	2,722	0	0	55.00
56.00	05600 RADIOISOTOPE	157	4,208,239	396	0	0	56.00
57.00	05700 CT SCAN	309	13,072,565	131	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	265	29,012,096	638	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,078	15,743,765	1,260	0	0	59.00
60.00	06000 LABORATORY	3,689	33,071,809	926	0	0	60.00
60.01	06001 HLA LAB	115	3,168,557	101	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,483	23,170,070	1,159	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	1,732	1,980,348	141	0	0	65.00
66.00	06600 PHYSICAL THERAPY	600	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	241	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	92	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	525	20,199,548	323	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	407	396,070	40	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,027	16,387,378	1,491	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	8,620	21,486,774	2,213	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	80,462	42,577,478	31,465	0	0	73.00
74.00	07400 RENAL DIALYSIS	720	495,087	25	0	0	74.00
76.00	03330 ENDOSCOPY	342	9,456,161	548	0	0	76.00
76.01	03950 OB/GYN IN VI TRO	0	0	0	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	2	0	0	0	0	76.03
76.04	03952 BONE MARROW ACQUISITION	219	247,543	68	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	594,104	25	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	129	17,526,078	2,366	0	0	90.00
90.01	04950 OUTPATIENT PSYCH	0	544,596	225	0	0	90.01
91.00	09100 EMERGENCY	1,820	18,763,796	1,295	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,170	544,596	4,672	0	0	92.00
200.00	Total (lines 50-199)	123,038	465,086,958	58,011	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	03630 ULTRASOUND	0	0			54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 HLA LAB	0	0			60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03330 ENDOSCOPY	0	0			76.00
76.01	03950 OB/GYN IN VITRO	0	0			76.01
76.02	03320 ELECTROSHOCK THERAPY	0	0			76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0	0			76.03
76.04	03952 BONE MARROW ACQUISITION	0	0			76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0			90.00
90.01	04950 OUTPATIENT PSYCH	0	0			90.01
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 8:23 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.283072	28,616,026	0	0	8,100,396 50.00
51.00	05100 RECOVERY ROOM	0.267525	13,416,857	0	0	3,589,345 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.793805	49,509	0	0	39,300 52.00
53.00	05300 ANESTHESIOLOGY	0.072808	15,595,239	0	0	1,135,458 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.178444	46,983,752	97,052	0	8,383,969 54.00
54.01	03630 ULTRASOUND	0.111984	5,297,430	0	0	593,227 54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.155956	82,481,487	0	0	12,863,483 55.00
56.00	05600 RADIOISOTOPE	0.347975	4,208,239	0	0	1,464,362 56.00
57.00	05700 CT SCAN	0.043751	13,072,565	0	0	571,938 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.090053	29,012,096	0	0	2,612,626 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.205719	15,743,765	0	0	3,238,792 59.00
60.00	06000 LABORATORY	0.121062	33,071,809	298,384	0	4,003,739 60.00
60.01	06001 HLA LAB	0.156966	3,168,557	0	0	497,356 60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.233276	23,170,070	0	0	5,405,021 63.00
65.00	06500 RESPIRATORY THERAPY	0.333524	1,980,348	189,395	0	660,494 65.00
66.00	06600 PHYSICAL THERAPY	0.384751	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.437865	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.351753	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.069107	20,199,548	0	0	1,395,930 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.137780	396,070	0	0	54,571 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.445711	16,387,378	0	0	7,304,035 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.505780	21,486,774	0	0	10,867,581 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.401588	42,577,478	1,985	90,037	17,098,604 73.00
74.00	07400 RENAL DIALYSIS	0.240587	495,087	0	0	119,111 74.00
76.00	03330 ENDOSCOPY	0.242279	9,456,161	0	0	2,291,029 76.00
76.01	03950 OB/GYN IN VITRO	0.662992	0	0	0	0 76.01
76.02	03320 ELECTROSHOCK THERAPY	0.294982	0	0	0	0 76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.501311	0	631,200	0	0 76.03
76.04	03952 BONE MARROW ACQUISITION	1.349956	247,543	0	0	334,172 76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.206230	594,104	0	0	122,522 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0.480957	17,526,078	0	0	8,429,290 90.00
90.01	04950 OUTPATIENT PSYCH	0.867552	544,596	0	0	472,465 90.01
91.00	09100 EMERGENCY	0.190563	18,763,796	0	0	3,575,685 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.490487	544,596	0	0	811,713 92.00
200.00	Subtotal (see instructions)		465,086,958	1,218,016	90,037	106,036,214 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		465,086,958	1,218,016	90,037	106,036,214 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 8:23 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	17,318	0		54.00
54.01 03630 ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	36,123	0		60.00
60.01 06001 HLA LAB	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	63,168	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	797	36,158		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	0		76.00
76.01 03950 OB/GYN IN VITRO	0	0		76.01
76.02 03320 ELECTROSHOCK THERAPY	0	0		76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	316,428	0		76.03
76.04 03952 BONE MARROW ACQUISITION	0	0		76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 04950 OUTPATIENT PSYCH	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	433,834	36,158		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	433,834	36,158		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260032 Component CCN: 26S032		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/24/2016 8:23 am	
		Title XVII		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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	11,764,044	420,948,240	0.027947	74,754	2,089	50.00
51.00	05100 RECOVERY ROOM	1,561,741	92,437,629	0.016895	10,404	176	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	643,798	15,982,236	0.040282	0	0	52.00
53.00	05300 ANESTHESIOLOGY	1,468,477	190,515,567	0.007708	178,407	1,375	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,958,558	282,342,654	0.035271	50,093	1,767	54.00
54.01	03630 ULTRASOUND	1,017,024	49,028,143	0.020744	10,404	216	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	8,151,991	277,789,610	0.029346	13,486	396	55.00
56.00	05600 RADIOISOTOPE	811,824	18,120,024	0.044803	0	0	56.00
57.00	05700 CT SCAN	2,494,329	233,320,172	0.010691	136,021	1,454	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,011,072	170,281,761	0.023555	33,524	790	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,966,147	70,643,195	0.041988	0	0	59.00
60.00	06000 LABORATORY	5,472,592	639,002,706	0.008564	945,596	8,098	60.00
60.01	06001 HLA LAB	269,386	36,101,220	0.007462	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,909,504	212,351,497	0.008992	5,395	49	63.00
65.00	06500 RESPIRATORY THERAPY	1,526,045	59,863,487	0.025492	51,634	1,316	65.00
66.00	06600 PHYSICAL THERAPY	259,114	22,461,155	0.011536	18,496	213	66.00
67.00	06700 OCCUPATIONAL THERAPY	77,384	7,031,119	0.011006	10,789	119	67.00
68.00	06800 SPEECH PATHOLOGY	39,163	3,244,472	0.012071	3,468	42	68.00
69.00	06900 ELECTROCARDIOLOGY	946,078	143,716,478	0.006583	50,478	332	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	176,310	12,826,060	0.013746	12,716	175	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,038,711	211,256,393	0.028585	22,349	639	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	8,783,427	270,964,976	0.032415	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,697,488	429,944,876	0.013252	1,146,737	15,197	73.00
74.00	07400 RENAL DIALYSIS	529,961	24,941,247	0.021248	27,744	590	74.00
76.00	03330 ENDOSCOPY	1,517,957	48,440,429	0.031337	0	0	76.00
76.01	03950 OB/GYN IN VITRO	419,226	5,171,274	0.081068	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	59,315	2,385,217	0.024868	193,820	4,820	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	13,233	1,602,730	0.008257	0	0	76.03
76.04	03952 BONE MARROW ACQUISITION	100,484	4,535,735	0.022154	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	23,124	2,219,610	0.010418	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	2,714,654	62,801,699	0.043226	4,624	200	90.00
90.01	04950 OUTPATIENT PSYCH	267,515	2,491,432	0.107374	2,697	290	90.01
91.00	09100 EMERGENCY	2,896,942	203,471,510	0.014238	849,649	12,097	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,493,086	0.000000	0	0	92.00
200.00	Total (lines 50-199)	84,586,618	4,232,727,639		3,853,285	52,440	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	29,387	0	29,387	50.00
51.00 05100 RECOVERY ROOM	0	1,381	5,078	0	6,459	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	72,891	2,804	0	75,695	52.00
53.00 05300 ANESTHESIOLOGY	0	0	5,289	0	5,289	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	12,230	0	12,230	54.00
54.01 03630 ULTRASOUND	0	0	1,385	0	1,385	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	9,259	0	9,259	55.00
56.00 05600 RADIOISOTOPE	0	0	1,712	0	1,712	56.00
57.00 05700 CT SCAN	0	0	2,255	0	2,255	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,813	0	3,813	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	2,210	3,415	0	5,625	59.00
60.00 06000 LABORATORY	0	0	17,689	0	17,689	60.00
60.01 06001 HLA LAB	0	0	1,162	0	1,162	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	10,613	0	10,613	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	4,279	0	4,279	65.00
66.00 06600 PHYSICAL THERAPY	0	0	2,099	0	2,099	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	628	0	628	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	233	0	233	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	2,316	0	2,316	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1,302	0	1,302	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	19,205	0	19,205	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	27,952	0	27,952	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	317,563	0	317,563	73.00
74.00 07400 RENAL DIALYSIS	0	0	1,267	0	1,267	74.00
76.00 03330 ENDOSCOPY	0	0	2,813	0	2,813	76.00
76.01 03950 OB/GYN IN VITRO	0	0	736	0	736	76.01
76.02 03320 ELECTROSHOCK THERAPY	0	6,985	187	0	7,172	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0	0	164	0	164	76.03
76.04 03952 BONE MARROW ACQUISITION	0	0	1,249	0	1,249	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	93	0	93	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	8,509	0	8,509	90.00
90.01 04950 OUTPATIENT PSYCH	0	0	1,030	0	1,030	90.01
91.00 09100 EMERGENCY	0	4,341	9,677	0	14,018	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	87,808	507,393	0	595,201	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 ÷ col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	29,387	420,948,240	0.000070	0.000070	74,754	50.00
51.00 05100 RECOVERY ROOM	6,459	92,437,629	0.000070	0.000070	10,404	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	75,695	15,982,236	0.004736	0.004736	0	52.00
53.00 05300 ANESTHESIOLOGY	5,289	190,515,567	0.000028	0.000028	178,407	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,230	282,342,654	0.000043	0.000043	50,093	54.00
54.01 03630 ULTRASOUND	1,385	49,028,143	0.000028	0.000028	10,404	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	9,259	277,789,610	0.000033	0.000033	13,486	55.00
56.00 05600 RADIOISOTOPE	1,712	18,120,024	0.000094	0.000094	0	56.00
57.00 05700 CT SCAN	2,255	233,320,172	0.000010	0.000010	136,021	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	3,813	170,281,761	0.000022	0.000022	33,524	58.00
59.00 05900 CARDIAC CATHETERIZATION	5,625	70,643,195	0.000080	0.000080	0	59.00
60.00 06000 LABORATORY	17,689	639,002,706	0.000028	0.000028	945,596	60.00
60.01 06001 HLA LAB	1,162	36,101,220	0.000032	0.000032	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	10,613	212,351,497	0.000050	0.000050	5,395	63.00
65.00 06500 RESPIRATORY THERAPY	4,279	59,863,487	0.000071	0.000071	51,634	65.00
66.00 06600 PHYSICAL THERAPY	2,099	22,461,155	0.000093	0.000093	18,496	66.00
67.00 06700 OCCUPATIONAL THERAPY	628	7,031,119	0.000089	0.000089	10,789	67.00
68.00 06800 SPEECH PATHOLOGY	233	3,244,472	0.000072	0.000072	3,468	68.00
69.00 06900 ELECTROCARDIOLOGY	2,316	143,716,478	0.000016	0.000016	50,478	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,302	12,826,060	0.000102	0.000102	12,716	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,205	211,256,393	0.000091	0.000091	22,349	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	27,952	270,964,976	0.000103	0.000103	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	317,563	429,944,876	0.000739	0.000739	1,146,737	73.00
74.00 07400 RENAL DIALYSIS	1,267	24,941,247	0.000051	0.000051	27,744	74.00
76.00 03330 ENDOSCOPY	2,813	48,440,429	0.000058	0.000058	0	76.00
76.01 03950 OB/GYN IN VITRO	736	5,171,274	0.000142	0.000142	0	76.01
76.02 03320 ELECTROSHOCK THERAPY	7,172	2,385,217	0.003007	0.003007	193,820	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	164	1,602,730	0.000102	0.000102	0	76.03
76.04 03952 BONE MARROW ACQUISITION	1,249	4,535,735	0.000275	0.000275	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	93	2,219,610	0.000042	0.000042	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	8,509	62,801,699	0.000135	0.000135	4,624	90.00
90.01 04950 OUTPATIENT PSYCH	1,030	2,491,432	0.000413	0.000413	2,697	90.01
91.00 09100 EMERGENCY	14,018	203,471,510	0.000069	0.000069	849,649	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,493,086	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	595,201	4,232,727,639			3,853,285	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
Title XVII		Subprovider - LPF	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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	5	17,569	1	0	0	50.00
51.00 05100 RECOVERY ROOM	1	1,029	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	5	343,902	10	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2	70,749	3	0	0	54.00
54.01 03630 ULTRASOUND	0	9,808	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	1,452	0	0	0	56.00
57.00 05700 CT SCAN	1	190,050	2	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1	37,267	1	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	26	405,349	11	0	0	60.00
60.01 06001 HLA LAB	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	15,987	1	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	4	1,889	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	2	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	1	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1	50,030	1	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1	1,765	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2	4,291	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	847	515,408	381	0	0	73.00
74.00 07400 RENAL DIALYSIS	1	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
76.01 03950 OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02 03320 ELECTROSHOCK THERAPY	583	441,142	1,327	0	0	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04 03952 BONE MARROW ACQUISITION	0	0	0	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	1	249,699	34	0	0	90.00
90.01 04950 OUTPATIENT PSYCH	1	269,797	111	0	0	90.01
91.00 09100 EMERGENCY	59	813,106	56	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	280	0	0	0	92.00
200.00 Total (lines 50-199)	1,544	3,440,569	1,939	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
	Title XVII	Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630 ULTRASOUND	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 HLA LAB	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	76.00
76.01	03950 OB/GYN IN VITRO	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0	0	76.03
76.04	03952 BONE MARROW ACQUISITION	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 OUTPATIENT PSYCH	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 8:23 am
		Component CCN: 26S032	Title XVII	Subprovider - IPF

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.283072	17,569	0	0	4,973	50.00
51.00 05100 RECOVERY ROOM	0.267525	1,029	0	0	275	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.793805	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.072808	343,902	0	0	25,039	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.178444	70,749	0	0	12,625	54.00
54.01 03630 ULTRASOUND	0.111984	9,808	0	0	1,098	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.155956	0	0	0	0	55.00
56.00 05600 RADIO SOTOPE	0.347975	1,452	0	0	505	56.00
57.00 05700 CT SCAN	0.043751	190,050	0	0	8,315	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.090053	37,267	0	0	3,356	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.205719	0	0	0	0	59.00
60.00 06000 LABORATORY	0.121062	405,349	0	0	49,072	60.00
60.01 06001 HLA LAB	0.156966	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.233276	15,987	0	0	3,729	63.00
65.00 06500 RESPIRATORY THERAPY	0.333524	1,889	0	0	630	65.00
66.00 06600 PHYSICAL THERAPY	0.384751	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.437865	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.351753	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.069107	50,030	0	0	3,457	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.137780	1,765	0	0	243	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.445711	4,291	0	0	1,913	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.505780	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.401588	515,408	0	0	206,982	73.00
74.00 07400 RENAL DIALYSIS	0.240587	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0.242279	0	0	0	0	76.00
76.01 03950 OB/GYN IN VI TRO	0.662992	0	0	0	0	76.01
76.02 03320 ELECTROSHOCK THERAPY	0.294982	441,142	0	0	130,129	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0.501311	0	0	0	0	76.03
76.04 03952 BONE MARROW ACQUISITION	1.349956	0	0	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.206230	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.480957	249,699	0	0	120,094	90.00
90.01 04950 OUTPATIENT PSYCH	0.867552	269,797	0	0	234,063	90.01
91.00 09100 EMERGENCY	0.190563	813,106	0	0	154,948	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.490487	280	0	0	417	92.00
200.00	Subtotal (see instructions)	3,440,569	0	0	961,863	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 +/- line 201)	3,440,569	0	0	961,863	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 8:23 am
	Title XVII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIO SOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 HLA LAB	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	0		76.00
76.01 03950 OB/GYN IN VITRO	0	0		76.01
76.02 03320 ELECTROSHOCK THERAPY	0	0		76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0	0		76.03
76.04 03952 BONE MARROW ACQUISITION	0	0		76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 04950 OUTPATIENT PSYCH	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	29,387	0	29,387	50.00
51.00	05100 RECOVERY ROOM	0	1,381	5,078	0	6,459	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	72,891	2,804	0	75,695	52.00
53.00	05300 ANESTHESIOLOGY	0	0	5,289	0	5,289	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	12,230	0	12,230	54.00
54.01	03630 ULTRASOUND	0	0	1,385	0	1,385	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	9,259	0	9,259	55.00
56.00	05600 RADIOISOTOPE	0	0	1,712	0	1,712	56.00
57.00	05700 CT SCAN	0	0	2,255	0	2,255	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,813	0	3,813	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,210	3,415	0	5,625	59.00
60.00	06000 LABORATORY	0	0	17,689	0	17,689	60.00
60.01	06001 HLA LAB	0	0	1,162	0	1,162	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	10,613	0	10,613	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	4,279	0	4,279	65.00
66.00	06600 PHYSICAL THERAPY	0	0	2,099	0	2,099	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	628	0	628	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	233	0	233	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	2,316	0	2,316	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	1,302	0	1,302	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	19,205	0	19,205	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	27,952	0	27,952	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	317,563	0	317,563	73.00
74.00	07400 RENAL DIALYSIS	0	0	1,267	0	1,267	74.00
76.00	03330 ENDOSCOPY	0	0	2,813	0	2,813	76.00
76.01	03950 OB/GYN IN VITRO	0	0	736	0	736	76.01
76.02	03320 ELECTROSHOCK THERAPY	0	6,985	187	0	7,172	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0	0	164	0	164	76.03
76.04	03952 BONE MARROW ACQUISITION	0	0	1,249	0	1,249	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	93	0	93	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	8,509	0	8,509	90.00
90.01	04950 OUTPATIENT PSYCH	0	0	1,030	0	1,030	90.01
91.00	09100 EMERGENCY	0	4,341	9,677	0	14,018	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	87,808	507,393	0	595,201	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
--	---	---	--

Title XVIII		Skilled Nursing Facility	PPS
-------------	--	--------------------------	-----

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	29,387	420,948,240	0.000070	0.000070	0	50.00
51.00 05100 RECOVERY ROOM	6,459	92,437,629	0.000070	0.000070	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	75,695	15,982,236	0.004736	0.004736	0	52.00
53.00 05300 ANESTHESIOLOGY	5,289	190,515,567	0.000028	0.000028	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,230	282,342,654	0.000043	0.000043	14,025	54.00
54.01 03630 ULTRASOUND	1,385	49,028,143	0.000028	0.000028	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	9,259	277,789,610	0.000033	0.000033	0	55.00
56.00 05600 RADIOISOTOPE	1,712	18,120,024	0.000094	0.000094	0	56.00
57.00 05700 CT SCAN	2,255	233,320,172	0.000010	0.000010	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	3,813	170,281,761	0.000022	0.000022	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	5,625	70,643,195	0.000080	0.000080	0	59.00
60.00 06000 LABORATORY	17,689	639,002,706	0.000028	0.000028	179,004	60.00
60.01 06001 HLA LAB	1,162	36,101,220	0.000032	0.000032	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	10,613	212,351,497	0.000050	0.000050	0	63.00
65.00 06500 RESPIRATORY THERAPY	4,279	59,863,487	0.000071	0.000071	0	65.00
66.00 06600 PHYSICAL THERAPY	2,099	22,461,155	0.000093	0.000093	1,745,302	66.00
67.00 06700 OCCUPATIONAL THERAPY	628	7,031,119	0.000089	0.000089	1,738,160	67.00
68.00 06800 SPEECH PATHOLOGY	233	3,244,472	0.000072	0.000072	379,750	68.00
69.00 06900 ELECTROCARDIOLOGY	2,316	143,716,478	0.000016	0.000016	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,302	12,826,060	0.000102	0.000102	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,205	211,256,393	0.000091	0.000091	121,356	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	27,952	270,964,976	0.000103	0.000103	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	317,563	429,944,876	0.000739	0.000739	1,440,443	73.00
74.00 07400 RENAL DIALYSIS	1,267	24,941,247	0.000051	0.000051	0	74.00
76.00 03330 ENDOSCOPY	2,813	48,440,429	0.000058	0.000058	0	76.00
76.01 03950 OB/GYN IN VITRO	736	5,171,274	0.000142	0.000142	0	76.01
76.02 03320 ELECTROSHOCK THERAPY	7,172	2,385,217	0.003007	0.003007	0	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	164	1,602,730	0.000102	0.000102	0	76.03
76.04 03952 BONE MARROW ACQUISITION	1,249	4,535,735	0.000275	0.000275	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	93	2,219,610	0.000042	0.000042	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	8,509	62,801,699	0.000135	0.000135	0	90.00
90.01 04950 OUTPATIENT PSYCH	1,030	2,491,432	0.000413	0.000413	0	90.01
91.00 09100 EMERGENCY	14,018	203,471,510	0.000069	0.000069	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,493,086	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	595,201	4,232,727,639			5,618,040	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	5	0	0	0	0	60.00
60.01 06001 HLA LAB	0	0	0	0	0	60.01
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	162	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	155	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	27	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,064	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
76.01 03950 OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04 03952 BONE MARROW ACQUISITION	0	0	0	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT PSYCH	0	0	0	0	0	90.01
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
200.00 Total (lines 50-199)	1,425	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630 ULTRASOUND	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 HLA LAB	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	76.00
76.01	03950 OB/GYN IN VITRO	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0	0	76.03
76.04	03952 BONE MARROW ACQUISITION	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 OUTPATIENT PSYCH	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/24/2016 8:23 am
--	--	----------------------	---	---

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,535,420	0	13,535,420	261,297	51.80	30.00
31.00	INTENSIVE CARE UNIT	1,062,739		1,062,739	11,041	96.25	31.00
32.00	CORONARY CARE UNIT	326,026		326,026	4,521	72.11	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,186,309		1,186,309	11,202	105.90	34.00
35.01	NEURO ICU	461,156		461,156	6,451	71.49	35.01
35.02	CARDIO-THORACIC ICU	835,238		835,238	8,187	102.02	35.02
40.00	SUBPROVIDER - IPF	891,866	0	891,866	21,735	41.03	40.00
43.00	NURSERY	99,532		99,532	6,506	15.30	43.00
44.00	SKILLED NURSING FACILITY	1,163,620		1,163,620	16,894	68.88	44.00
45.00	NURSING FACILITY	160,381		160,381	3,661	43.81	45.00
200.00	Total (lines 30-199)	19,722,287		19,722,287	351,495		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	24,463	1,267,183				30.00
31.00	INTENSIVE CARE UNIT	939	90,379				31.00
32.00	CORONARY CARE UNIT	437	31,512				32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,730	183,207				34.00
35.01	NEURO ICU	819	58,550				35.01
35.02	CARDIO-THORACIC ICU	472	48,153				35.02
40.00	SUBPROVIDER - IPF	7,649	313,838				40.00
43.00	NURSERY	936	14,321				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	2,847	124,727				45.00
200.00	Total (lines 30-199)	40,292	2,131,870				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 8:23 am
--	--	----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. C, 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	11,764,044	420,948,240	0.027947	16,052,916	448,631	50.00
51.00	05100 RECOVERY ROOM	1,561,741	92,437,629	0.016895	1,987,239	33,574	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	643,798	15,982,236	0.040282	1,430,158	57,610	52.00
53.00	05300 ANESTHESIOLOGY	1,468,477	190,515,567	0.007708	7,485,733	57,700	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,958,558	282,342,654	0.035271	8,777,639	309,596	54.00
54.01	03630 ULTRASOUND	1,017,024	49,028,143	0.020744	1,314,401	27,266	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	8,151,991	277,789,610	0.029346	959,690	28,163	55.00
56.00	05600 RADIOISOTOPE	811,824	18,120,024	0.044803	372,834	16,704	56.00
57.00	05700 CT SCAN	2,494,329	233,320,172	0.010691	9,501,893	101,585	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,011,072	170,281,761	0.023555	3,967,325	93,450	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,966,147	70,643,195	0.041988	2,177,384	91,424	59.00
60.00	06000 LABORATORY	5,472,592	639,002,706	0.008564	34,211,188	292,985	60.00
60.01	06001 HLA LAB	269,386	36,101,220	0.007462	274,826	2,051	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,909,504	212,351,497	0.008992	10,507,103	94,480	63.00
65.00	06500 RESPIRATORY THERAPY	1,526,045	59,863,487	0.025492	5,754,245	146,687	65.00
66.00	06600 PHYSICAL THERAPY	259,114	22,461,155	0.011536	1,140,971	13,162	66.00
67.00	06700 OCCUPATIONAL THERAPY	77,384	7,031,119	0.011006	593,488	6,532	67.00
68.00	06800 SPEECH PATHOLOGY	39,163	3,244,472	0.012071	280,044	3,380	68.00
69.00	06900 ELECTROCARDIOLOGY	946,078	143,716,478	0.006583	6,736,631	44,347	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	176,310	12,826,060	0.013746	1,388,219	19,082	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,038,711	211,256,393	0.028585	9,647,264	275,767	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	8,783,427	270,964,976	0.032415	8,010,187	259,650	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,697,488	429,944,876	0.013252	28,260,461	374,508	73.00
74.00	07400 RENAL DIALYSIS	529,961	24,941,247	0.021248	2,395,870	50,907	74.00
76.00	03330 ENDOSCOPY	1,517,957	48,440,429	0.031337	1,226,373	38,431	76.00
76.01	03950 OB/GYN IN VITRO	419,226	5,171,274	0.081068	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	59,315	2,385,217	0.024868	0	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	13,233	1,602,730	0.008257	0	0	76.03
76.04	03952 BONE MARROW ACQUISITION	100,484	4,535,735	0.022154	89,151	1,975	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	23,124	2,219,610	0.010418	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,714,654	62,801,699	0.043226	190,896	8,252	90.00
90.01	04950 OUTPATIENT PSYCH	267,515	2,491,432	0.107374	0	0	90.01
91.00	09100 EMERGENCY	2,896,942	203,471,510	0.014238	12,094,457	172,201	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	336,706	4,493,086	0.074939	79,329	5,945	92.00
200.00	Total (lines 50-199)	84,923,324	4,232,727,639		176,907,915	3,076,045	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/24/2016 8:23 am
---	--	----------------------	---	---

Cost Center Description	Title XIX Hospital					Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)		
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,487,055	62,301	0	0	1,549,356	30.00
31.00	03100	INTENSIVE CARE UNIT	26,520	5,476	0	0	31,996	31.00
32.00	03200	CORONARY CARE UNIT	0	2,104	0	0	2,104	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	4,520	0	0	4,520	34.00
35.01	02400	NEURO ICU	7,577	2,408	0	0	9,985	35.01
35.02	02401	CARDIO-THORACIC ICU	7,577	3,707	0	0	11,284	35.02
40.00	04000	SUBPROVIDER - IPF	106,199	4,351	0	0	110,550	40.00
43.00	04300	NURSERY	9,314	565	0	0	9,879	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,654	0	0	2,654	44.00
45.00	04500	NURSING FACILITY	0	346	0	0	346	45.00
200.00		Total (lines 30-199)	1,644,242	88,432	0	0	1,732,674	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)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	261,297	5.93	24,463	145,066	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,041	2.90	939	2,723	0	31.00
32.00	03200	CORONARY CARE UNIT	4,521	0.47	437	205	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,202	0.40	1,730	692	0	34.00
35.01	02400	NEURO ICU	6,451	1.55	819	1,269	0	35.01
35.02	02401	CARDIO-THORACIC ICU	8,187	1.38	472	651	0	35.02
40.00	04000	SUBPROVIDER - IPF	21,735	5.09	7,649	38,933	0	40.00
43.00	04300	NURSERY	6,506	1.52	936	1,423	0	43.00
44.00	04400	SKILLED NURSING FACILITY	16,894	0.16	0	0	0	44.00
45.00	04500	NURSING FACILITY	3,661	0.09	2,847	256	0	45.00
200.00		Total (lines 30-199)	351,495		40,292	191,218	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
32.00	03200	CORONARY CARE UNIT	0	0			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
35.01	02400	NEURO ICU	0	0			35.01
35.02	02401	CARDIO-THORACIC ICU	0	0			35.02
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
43.00	04300	NURSERY	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
45.00	04500	NURSING FACILITY	0	0			45.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
--	----------------------	---------------------------------------	---

Cost Center Description	Title XIX				Hospital Cost	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	29,387	0	29,387	50.00
51.00 05100 RECOVERY ROOM	0	1,381	5,078	0	6,459	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	72,891	2,804	0	75,695	52.00
53.00 05300 ANESTHESIOLOGY	0	0	5,289	0	5,289	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	12,230	0	12,230	54.00
54.01 03630 ULTRASOUND	0	0	1,385	0	1,385	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	9,259	0	9,259	55.00
56.00 05600 RADIOISOTOPE	0	0	1,712	0	1,712	56.00
57.00 05700 CT SCAN	0	0	2,255	0	2,255	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,813	0	3,813	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	2,210	3,415	0	5,625	59.00
60.00 06000 LABORATORY	0	0	17,689	0	17,689	60.00
60.01 06001 HLA LAB	0	0	1,162	0	1,162	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	10,613	0	10,613	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	4,279	0	4,279	65.00
66.00 06600 PHYSICAL THERAPY	0	0	2,099	0	2,099	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	628	0	628	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	233	0	233	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	2,316	0	2,316	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1,302	0	1,302	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	19,205	0	19,205	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	27,952	0	27,952	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	317,563	0	317,563	73.00
74.00 07400 RENAL DIALYSIS	0	0	1,267	0	1,267	74.00
76.00 03330 ENDOSCOPY	0	0	2,813	0	2,813	76.00
76.01 03950 OB/GYN IN VITRO	0	0	736	0	736	76.01
76.02 03320 ELECTROSHOCK THERAPY	0	6,985	187	0	7,172	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0	0	164	0	164	76.03
76.04 03952 BONE MARROW ACQUISITION	0	0	1,249	0	1,249	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	93	0	93	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	8,509	0	8,509	90.00
90.01 04950 OUTPATIENT PSYCH	0	0	1,030	0	1,030	90.01
91.00 09100 EMERGENCY	0	4,341	9,677	0	14,018	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	87,808	507,393	0	595,201	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
--	----------------------	---------------------------------------	---

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	Cost
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	29,387	420,948,240	0.000070	0.000070	16,052,916	50.00
51.00	05100 RECOVERY ROOM	6,459	92,437,629	0.000070	0.000070	1,987,239	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	75,695	15,982,236	0.004736	0.004736	1,430,158	52.00
53.00	05300 ANESTHESIOLOGY	5,289	190,515,567	0.000028	0.000028	7,485,733	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,230	282,342,654	0.000043	0.000043	8,777,639	54.00
54.01	03630 ULTRASOUND	1,385	49,028,143	0.000028	0.000028	1,314,401	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	9,259	277,789,610	0.000033	0.000033	959,690	55.00
56.00	05600 RADIOISOTOPE	1,712	18,120,024	0.000094	0.000094	372,834	56.00
57.00	05700 CT SCAN	2,255	233,320,172	0.000010	0.000010	9,501,893	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	3,813	170,281,761	0.000022	0.000022	3,967,325	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,625	70,643,195	0.000080	0.000080	2,177,384	59.00
60.00	06000 LABORATORY	17,689	639,002,706	0.000028	0.000028	34,211,188	60.00
60.01	06001 HLA LAB	1,162	36,101,220	0.000032	0.000032	274,826	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	10,613	212,351,497	0.000050	0.000050	10,507,103	63.00
65.00	06500 RESPIRATORY THERAPY	4,279	59,863,487	0.000071	0.000071	5,754,245	65.00
66.00	06600 PHYSICAL THERAPY	2,099	22,461,155	0.000093	0.000093	1,140,971	66.00
67.00	06700 OCCUPATIONAL THERAPY	628	7,031,119	0.000089	0.000089	593,488	67.00
68.00	06800 SPEECH PATHOLOGY	233	3,244,472	0.000072	0.000072	280,044	68.00
69.00	06900 ELECTROCARDIOLOGY	2,316	143,716,478	0.000016	0.000016	6,736,631	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,302	12,826,060	0.000102	0.000102	1,388,219	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,205	211,256,393	0.000091	0.000091	9,647,264	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	27,952	270,964,976	0.000103	0.000103	8,010,187	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	317,563	429,944,876	0.000739	0.000739	28,260,461	73.00
74.00	07400 RENAL DIALYSIS	1,267	24,941,247	0.000051	0.000051	2,395,870	74.00
76.00	03330 ENDOSCOPY	2,813	48,440,429	0.000058	0.000058	1,226,373	76.00
76.01	03950 OB/GYN IN VITRO	736	5,171,274	0.000142	0.000142	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	7,172	2,385,217	0.003007	0.003007	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	164	1,602,730	0.000102	0.000102	0	76.03
76.04	03952 BONE MARROW ACQUISITION	1,249	4,535,735	0.000275	0.000275	89,151	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	93	2,219,610	0.000042	0.000042	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	8,509	62,801,699	0.000135	0.000135	190,896	90.00
90.01	04950 OUTPATIENT PSYCH	1,030	2,491,432	0.000413	0.000413	0	90.01
91.00	09100 EMERGENCY	14,018	203,471,510	0.000069	0.000069	12,094,457	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,493,086	0.000000	0.000000	79,329	92.00
200.00	Total (lines 50-199)	595,201	4,232,727,639			176,907,915	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		Title XIX			Hospital		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	Cost
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School			
		11.00	12.00	13.00	21.00	22.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000 OPERATING ROOM	1,124	0	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	139	0	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,773	0	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	210	0	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	377	0	0	0	0	0	0	54.00
54.01	03630 ULTRASOUND	37	0	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	32	0	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	35	0	0	0	0	0	0	56.00
57.00	05700 CT SCAN	95	0	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	87	0	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	174	0	0	0	0	0	0	59.00
60.00	06000 LABORATORY	958	0	0	0	0	0	0	60.00
60.01	06001 HLA LAB	9	0	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	525	0	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	409	0	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	106	0	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	53	0	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	20	0	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	108	0	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	142	0	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	878	0	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	825	0	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	20,884	0	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	122	0	0	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	71	0	0	0	0	0	0	76.00
76.01	03950 OB/GYN IN VI TRO	0	0	0	0	0	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0	0	0	0	0	0	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0	0	0	0	0	0	0	76.03
76.04	03952 BONE MARROW ACQUISITION	25	0	0	0	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000 CLINIC	26	0	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT PSYCH	0	0	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	835	0	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	35,079	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XIX	Hospital	Cost
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	03630 ULTRASOUND	0	0			54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 HLA LAB	0	0			60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03330 ENDOSCOPY	0	0			76.00
76.01	03950 OB/GYN IN VITRO	0	0			76.01
76.02	03320 ELECTROSHOCK THERAPY	0	0			76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0	0			76.03
76.04	03952 BONE MARROW ACQUISITION	0	0			76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0			90.00
90.01	04950 OUTPATIENT PSYCH	0	0			90.01
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 8:23 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.283072	0	0	6,722,412	0 50.00
51.00 05100 RECOVERY ROOM	0.267525	0	0	3,028,540	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.793805	0	0	296,282	0 52.00
53.00 05300 ANESTHESIOLOGY	0.072808	0	0	3,834,470	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.178444	0	0	10,652,119	0 54.00
54.01 03630 ULTRASOUND	0.111984	0	0	2,806,249	0 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.155956	0	0	16,358,660	0 55.00
56.00 05600 RADIOISOTOPE	0.347975	0	0	752,803	0 56.00
57.00 05700 CT SCAN	0.043751	0	0	10,095,415	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.090053	0	0	6,601,915	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.205719	0	0	1,902,152	0 59.00
60.00 06000 LABORATORY	0.121062	0	0	21,114,453	0 60.00
60.01 06001 HLA LAB	0.156966	0	0	407,433	0 60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.233276	0	0	3,570,326	0 63.00
65.00 06500 RESPIRATORY THERAPY	0.333524	0	0	279,858	0 65.00
66.00 06600 PHYSICAL THERAPY	0.384751	0	0	33,664	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.437865	0	0	23,563	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.351753	0	0	15,405	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.069107	0	0	4,645,860	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.137780	0	0	154,153	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.445711	0	0	3,074,470	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.505780	0	0	2,844,731	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.401588	0	0	6,656,836	0 73.00
74.00 07400 RENAL DIALYSIS	0.240587	0	0	31,820	0 74.00
76.00 03330 ENDOSCOPY	0.242279	0	0	2,473,758	0 76.00
76.01 03950 OB/GYN IN VI TRO	0.662992	0	0	0	0 76.01
76.02 03320 ELECTROSHOCK THERAPY	0.294982	0	0	0	0 76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0.501311	0	0	47,790	0 76.03
76.04 03952 BONE MARROW ACQUISITION	1.349956	0	0	42,307	0 76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.206230	0	0	62,619	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0.480957	0	0	7,128,430	0 90.00
90.01 04950 OUTPATIENT PSYCH	0.867552	0	0	13,041	0 90.01
91.00 09100 EMERGENCY	0.190563	0	0	15,647,504	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.490487	0	0	244,345	0 92.00
200.00 Subtotal (see instructions)		0	0	131,563,383	0 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	131,563,383	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 8:23 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000	OPERATING ROOM	0	1,902,927	50.00
51.00 05100	RECOVERY ROOM	0	810,210	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	235,190	52.00
53.00 05300	ANESTHESIOLOGY	0	279,180	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,900,807	54.00
54.01 03630	ULTRASOUND	0	314,255	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	2,551,231	55.00
56.00 05600	RADIOISOTOPE	0	261,957	56.00
57.00 05700	CT SCAN	0	441,685	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	594,522	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	391,309	59.00
60.00 06000	LABORATORY	0	2,556,158	60.00
60.01 06001	HLA LAB	0	63,953	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	832,871	63.00
65.00 06500	RESPIRATORY THERAPY	0	93,339	65.00
66.00 06600	PHYSICAL THERAPY	0	12,952	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	10,317	67.00
68.00 06800	SPEECH PATHOLOGY	0	5,419	68.00
69.00 06900	ELECTROCARDIOLOGY	0	321,061	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	21,239	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,370,325	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	1,438,808	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	2,673,305	73.00
74.00 07400	RENAL DIALYSIS	0	7,655	74.00
76.00 03330	ENDOSCOPY	0	599,340	76.00
76.01 03950	OB/GYN IN VI TRO	0	0	76.01
76.02 03320	ELECTROSHOCK THERAPY	0	0	76.02
76.03 03951	CORNEAL TISSUE ACQUISITION	0	23,958	76.03
76.04 03952	BONE MARROW ACQUISITION	0	57,113	76.04
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	12,914	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000	CLINIC	0	3,428,468	90.00
90.01 04950	OUTPATIENT PSYCH	0	11,314	90.01
91.00 09100	EMERGENCY	0	2,981,835	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	364,193	92.00
200.00	Subtotal (see instructions)	0	26,569,810	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	26,569,810	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260032 Component CCN: 26S032		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/24/2016 8:23 am		
		Title XIX		Subprovider - IPF		Cost		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	11,764,044	420,948,240	0.027947	34,515	965	50.00
51.00	05100	RECOVERY ROOM	1,561,741	92,437,629	0.016895	7,650	129	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	643,798	15,982,236	0.040282	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,468,477	190,515,567	0.007708	150,913	1,163	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,958,558	282,342,654	0.035271	63,137	2,227	54.00
54.01	03630	ULTRASOUND	1,017,024	49,028,143	0.020744	1,659	34	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,151,991	277,789,610	0.029346	0	0	55.00
56.00	05600	RADIOISOTOPE	811,824	18,120,024	0.044803	3,481	156	56.00
57.00	05700	CT SCAN	2,494,329	233,320,172	0.010691	91,931	983	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,011,072	170,281,761	0.023555	80,804	1,903	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,966,147	70,643,195	0.041988	0	0	59.00
60.00	06000	LABORATORY	5,472,592	639,002,706	0.008564	1,224,291	10,485	60.00
60.01	06001	HLA LAB	269,386	36,101,220	0.007462	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,909,504	212,351,497	0.008992	6,469	58	63.00
65.00	06500	RESPIRATORY THERAPY	1,526,045	59,863,487	0.025492	30,482	777	65.00
66.00	06600	PHYSICAL THERAPY	259,114	22,461,155	0.011536	6,946	80	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,384	7,031,119	0.011006	4,924	54	67.00
68.00	06800	SPEECH PATHOLOGY	39,163	3,244,472	0.012071	508	6	68.00
69.00	06900	ELECTROCARDIOLOGY	946,078	143,716,478	0.006583	38,246	252	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	176,310	12,826,060	0.013746	12,785	176	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,038,711	211,256,393	0.028585	1,927	55	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,783,427	270,964,976	0.032415	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,697,488	429,944,876	0.013252	1,296,976	17,188	73.00
74.00	07400	RENAL DIALYSIS	529,961	24,941,247	0.021248	30,229	642	74.00
76.00	03330	ENDOSCOPY	1,517,957	48,440,429	0.031337	2,546	80	76.00
76.01	03950	OB/GYN IN VITRO	419,226	5,171,274	0.081068	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	59,315	2,385,217	0.024868	174,296	4,334	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	13,233	1,602,730	0.008257	0	0	76.03
76.04	03952	BONE MARROW ACQUISITION	100,484	4,535,735	0.022154	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	23,124	2,219,610	0.010418	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,714,654	62,801,699	0.043226	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	267,515	2,491,432	0.107374	8,137	874	90.01
91.00	09100	EMERGENCY	2,896,942	203,471,510	0.014238	1,298,970	18,495	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,493,086	0.000000	0	0	92.00
200.00		Total (lines 50-199)	84,586,618	4,232,727,639		4,571,822	61,116	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
--	---	---	--

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	29,387	0	29,387	50.00
51.00	05100 RECOVERY ROOM	0	1,381	5,078	0	6,459	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	72,891	2,804	0	75,695	52.00
53.00	05300 ANESTHESIOLOGY	0	0	5,289	0	5,289	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	12,230	0	12,230	54.00
54.01	03630 ULTRASOUND	0	0	1,385	0	1,385	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	9,259	0	9,259	55.00
56.00	05600 RADIOISOTOPE	0	0	1,712	0	1,712	56.00
57.00	05700 CT SCAN	0	0	2,255	0	2,255	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,813	0	3,813	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,210	3,415	0	5,625	59.00
60.00	06000 LABORATORY	0	0	17,689	0	17,689	60.00
60.01	06001 HLA LAB	0	0	1,162	0	1,162	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	10,613	0	10,613	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	4,279	0	4,279	65.00
66.00	06600 PHYSICAL THERAPY	0	0	2,099	0	2,099	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	628	0	628	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	233	0	233	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	2,316	0	2,316	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	1,302	0	1,302	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	19,205	0	19,205	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	27,952	0	27,952	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	317,563	0	317,563	73.00
74.00	07400 RENAL DIALYSIS	0	0	1,267	0	1,267	74.00
76.00	03330 ENDOSCOPY	0	0	2,813	0	2,813	76.00
76.01	03950 OB/GYN IN VITRO	0	0	736	0	736	76.01
76.02	03320 ELECTROSHOCK THERAPY	0	6,985	187	0	7,172	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0	0	164	0	164	76.03
76.04	03952 BONE MARROW ACQUISITION	0	0	1,249	0	1,249	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	93	0	93	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	8,509	0	8,509	90.00
90.01	04950 OUTPATIENT PSYCH	0	0	1,030	0	1,030	90.01
91.00	09100 EMERGENCY	0	4,341	9,677	0	14,018	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	87,808	507,393	0	595,201	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
--	---	---	--

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	29,387	420,948,240	0.000070	0.000070	34,515	50.00
51.00	05100 RECOVERY ROOM	6,459	92,437,629	0.000070	0.000070	7,650	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	75,695	15,982,236	0.004736	0.004736	0	52.00
53.00	05300 ANESTHESIOLOGY	5,289	190,515,567	0.000028	0.000028	150,913	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,230	282,342,654	0.000043	0.000043	63,137	54.00
54.01	03630 ULTRASOUND	1,385	49,028,143	0.000028	0.000028	1,659	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	9,259	277,789,610	0.000033	0.000033	0	55.00
56.00	05600 RADIOISOTOPE	1,712	18,120,024	0.000094	0.000094	3,481	56.00
57.00	05700 CT SCAN	2,255	233,320,172	0.000010	0.000010	91,931	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	3,813	170,281,761	0.000022	0.000022	80,804	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,625	70,643,195	0.000080	0.000080	0	59.00
60.00	06000 LABORATORY	17,689	639,002,706	0.000028	0.000028	1,224,291	60.00
60.01	06001 HLA LAB	1,162	36,101,220	0.000032	0.000032	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	10,613	212,351,497	0.000050	0.000050	6,469	63.00
65.00	06500 RESPIRATORY THERAPY	4,279	59,863,487	0.000071	0.000071	30,482	65.00
66.00	06600 PHYSICAL THERAPY	2,099	22,461,155	0.000093	0.000093	6,946	66.00
67.00	06700 OCCUPATIONAL THERAPY	628	7,031,119	0.000089	0.000089	4,924	67.00
68.00	06800 SPEECH PATHOLOGY	233	3,244,472	0.000072	0.000072	508	68.00
69.00	06900 ELECTROCARDIOLOGY	2,316	143,716,478	0.000016	0.000016	38,246	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,302	12,826,060	0.000102	0.000102	12,785	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,205	211,256,393	0.000091	0.000091	1,927	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	27,952	270,964,976	0.000103	0.000103	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	317,563	429,944,876	0.000739	0.000739	1,296,976	73.00
74.00	07400 RENAL DIALYSIS	1,267	24,941,247	0.000051	0.000051	30,229	74.00
76.00	03330 ENDOSCOPY	2,813	48,440,429	0.000058	0.000058	2,546	76.00
76.01	03950 OB/GYN IN VITRO	736	5,171,274	0.000142	0.000142	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	7,172	2,385,217	0.003007	0.003007	174,296	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	164	1,602,730	0.000102	0.000102	0	76.03
76.04	03952 BONE MARROW ACQUISITION	1,249	4,535,735	0.000275	0.000275	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	93	2,219,610	0.000042	0.000042	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	8,509	62,801,699	0.000135	0.000135	0	90.00
90.01	04950 OUTPATIENT PSYCH	1,030	2,491,432	0.000413	0.000413	8,137	90.01
91.00	09100 EMERGENCY	14,018	203,471,510	0.000069	0.000069	1,298,970	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,493,086	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	595,201	4,232,727,639			4,571,822	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
Title XIX		Subprovider - IPF	Cost

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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	2	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	1	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	4	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	1	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	2	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	34	0	0	0	0	60.00
60.01 06001 HLA LAB	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	2	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	1	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	958	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	2	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
76.01 03950 OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02 03320 ELECTROSHOCK THERAPY	524	0	0	0	0	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04 03952 BONE MARROW ACQUISITION	0	0	0	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT PSYCH	3	0	0	0	0	90.01
91.00 09100 EMERGENCY	90	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	1,629	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
	Title XIX	Subprovider - IPF	Cost

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630 ULTRASOUND	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 HLA LAB	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	76.00
76.01	03950 OB/GYN IN VITRO	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0	0	76.03
76.04	03952 BONE MARROW ACQUISITION	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 OUTPATIENT PSYCH	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 8:23 am
	Title XIX	Subprovider - IPF	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.283072	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.267525	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.793805	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.072808	0	0	119,951	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.178444	0	0	10,686	0	54.00
54.01 03630 ULTRASOUND	0.111984	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.155956	0	0	0	0	55.00
56.00 05600 RADIO SOTOPE	0.347975	0	0	0	0	56.00
57.00 05700 CT SCAN	0.043751	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.090053	0	0	12,671	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.205719	0	0	0	0	59.00
60.00 06000 LABORATORY	0.121062	0	0	253,607	0	60.00
60.01 06001 HLA LAB	0.156966	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.233276	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.333524	0	0	95	0	65.00
66.00 06600 PHYSICAL THERAPY	0.384751	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.437865	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.351753	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.069107	0	0	1,464	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.137780	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.445711	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.505780	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.401588	0	0	13,990	0	73.00
74.00 07400 RENAL DIALYSIS	0.240587	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0.242279	0	0	0	0	76.00
76.01 03950 OB/GYN IN VI TRO	0.662992	0	0	0	0	76.01
76.02 03320 ELECTROSHOCK THERAPY	0.294982	0	0	138,086	0	76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0.501311	0	0	0	0	76.03
76.04 03952 BONE MARROW ACQUISITION	1.349956	0	0	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.206230	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.480957	0	0	442	0	90.00
90.01 04950 OUTPATIENT PSYCH	0.867552	0	0	1,202,857	0	90.01
91.00 09100 EMERGENCY	0.190563	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.490487	0	0	0	0	92.00
200.00	Subtotal (see instructions)	0	0	1,753,849	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	1,753,849	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 8:23 am
	Title XIX	Subprovider - IPF	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	8,733		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,907		54.00
54.01 03630 ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIO SOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,141		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	30,702		60.00
60.01 06001 HLA LAB	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	32		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	101		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5,618		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	0		76.00
76.01 03950 OB/GYN IN VITRO	0	0		76.01
76.02 03320 ELECTROSHOCK THERAPY	0	40,733		76.02
76.03 03951 CORNEAL TISSUE ACQUISITION	0	0		76.03
76.04 03952 BONE MARROW ACQUISITION	0	0		76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	213		90.00
90.01 04950 OUTPATIENT PSYCH	0	1,043,541		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	1,132,721		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	1,132,721		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
--	---	---	--

Cost Center Description		Title XIX				Total Cost (sum of col 1 through col 4)		
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	29,387	0	29,387	50.00
51.00	05100	RECOVERY ROOM	0	1,381	5,078	0	6,459	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	72,891	2,804	0	75,695	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,289	0	5,289	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,230	0	12,230	54.00
54.01	03630	ULTRASOUND	0	0	1,385	0	1,385	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	9,259	0	9,259	55.00
56.00	05600	RADIOISOTOPE	0	0	1,712	0	1,712	56.00
57.00	05700	CT SCAN	0	0	2,255	0	2,255	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,813	0	3,813	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,210	3,415	0	5,625	59.00
60.00	06000	LABORATORY	0	0	17,689	0	17,689	60.00
60.01	06001	HLA LAB	0	0	1,162	0	1,162	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	10,613	0	10,613	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,279	0	4,279	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,099	0	2,099	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	628	0	628	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	233	0	233	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,316	0	2,316	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,302	0	1,302	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	19,205	0	19,205	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	27,952	0	27,952	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	317,563	0	317,563	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,267	0	1,267	74.00
76.00	03330	ENDOSCOPY	0	0	2,813	0	2,813	76.00
76.01	03950	OB/GYN IN VITRO	0	0	736	0	736	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	6,985	187	0	7,172	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	164	0	164	76.03
76.04	03952	BONE MARROW ACQUISITION	0	0	1,249	0	1,249	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	93	0	93	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	8,509	0	8,509	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	1,030	0	1,030	90.01
91.00	09100	EMERGENCY	0	4,341	9,677	0	14,018	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	87,808	507,393	0	595,201	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032

Period: From 01/01/2015

Worksheet D

Component CCN: 265439

To 12/31/2015

Part IV  
Date/Time Prepared: 5/24/2016 8:23 am

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)	Nursing Facility Cost	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges
		6.00	7.00	8.00	9.00	10.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	29,387	420,948,240	0.000070	0.000070	0
51.00	05100 RECOVERY ROOM	6,459	92,437,629	0.000070	0.000070	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	75,695	15,982,236	0.004736	0.004736	0
53.00	05300 ANESTHESIOLOGY	5,289	190,515,567	0.000028	0.000028	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,230	282,342,654	0.000043	0.000043	0
54.01	03630 ULTRASOUND	1,385	49,028,143	0.000028	0.000028	0
55.00	05500 RADIOLOGY-THERAPEUTIC	9,259	277,789,610	0.000033	0.000033	0
56.00	05600 RADIOISOTOPE	1,712	18,120,024	0.000094	0.000094	0
57.00	05700 CT SCAN	2,255	233,320,172	0.000010	0.000010	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	3,813	170,281,761	0.000022	0.000022	0
59.00	05900 CARDIAC CATHETERIZATION	5,625	70,643,195	0.000080	0.000080	0
60.00	06000 LABORATORY	17,689	639,002,706	0.000028	0.000028	1,306
60.01	06001 HLA LAB	1,162	36,101,220	0.000032	0.000032	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	10,613	212,351,497	0.000050	0.000050	0
65.00	06500 RESPIRATORY THERAPY	4,279	59,863,487	0.000071	0.000071	338
66.00	06600 PHYSICAL THERAPY	2,099	22,461,155	0.000093	0.000093	0
67.00	06700 OCCUPATIONAL THERAPY	628	7,031,119	0.000089	0.000089	0
68.00	06800 SPEECH PATHOLOGY	233	3,244,472	0.000072	0.000072	0
69.00	06900 ELECTROCARDIOLOGY	2,316	143,716,478	0.000016	0.000016	0
70.00	07000 ELECTROENCEPHALOGRAPHY	1,302	12,826,060	0.000102	0.000102	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,205	211,256,393	0.000091	0.000091	35,037
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	27,952	270,964,976	0.000103	0.000103	0
73.00	07300 DRUGS CHARGED TO PATIENTS	317,563	429,944,876	0.000739	0.000739	41,802
74.00	07400 RENAL DIALYSIS	1,267	24,941,247	0.000051	0.000051	0
76.00	03330 ENDOSCOPY	2,813	48,440,429	0.000058	0.000058	0
76.01	03950 OB/GYN IN VI TRO	736	5,171,274	0.000142	0.000142	0
76.02	03320 ELECTROSHOCK THERAPY	7,172	2,385,217	0.003007	0.003007	0
76.03	03951 CORNEAL TISSUE ACQUISITION	164	1,602,730	0.000102	0.000102	0
76.04	03952 BONE MARROW ACQUISITION	1,249	4,535,735	0.000275	0.000275	0
76.98	07698 HYPERBARIC OXYGEN THERAPY	93	2,219,610	0.000042	0.000042	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	8,509	62,801,699	0.000135	0.000135	0
90.01	04950 OUTPATIENT PSYCH	1,030	2,491,432	0.000413	0.000413	0
91.00	09100 EMERGENCY	14,018	203,471,510	0.000069	0.000069	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,493,086	0.000000	0.000000	0
200.00	Total (lines 50-199)	595,201	4,232,727,639			78,483

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032  
Component CCN: 265439

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		Title XIX			Nursing Facility	Cost	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRASOUND	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 HLA LAB	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	31	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	0	0	0	76.00
76.01	03950 OB/GYN IN VI TRO	0	0	0	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.04	03952 BONE MARROW ACQUISITION	0	0	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT PSYCH	0	0	0	0	0	90.01
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
200.00	Total (lines 50-199)	34	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 8:23 am
	Title XIX	Nursing Facility	Cost

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630 ULTRASOUND	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 HLA LAB	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	76.00
76.01	03950 OB/GYN IN VITRO	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0	0	76.03
76.04	03952 BONE MARROW ACQUISITION	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 OUTPATIENT PSYCH	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2016 8:23 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		261,297	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		261,297	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.		80,141	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		174,656	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)		92,372	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		269,212,475	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)		269,212,475	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		370,881,905	28.00
29.00	Private room charges (excluding swing-bed charges)		132,133,329	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		238,748,576	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.725871	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,648.76	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,366.96	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		281.80	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		204.55	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		16,392,842	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		252,819,633	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,030.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		95,169,948	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)		95,169,948	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/24/2016 8:23 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)	PPS
			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	22,097,896	11,041	2,001.44	3,166	6,336,559	43.00	
44.00	CORONARY CARE UNIT	7,726,239	4,521	1,708.97	2,022	3,455,537	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	22,160,378	11,202	1,978.25	5,770	11,414,503	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
47.01	NEURO ICU	10,851,136	6,451	1,682.09	2,091	3,517,250	47.01	
47.02	CARDIO-THORACIC ICU	18,173,665	8,187	2,219.82	3,676	8,160,058	47.02	
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					212,162,082	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)					340,215,937	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)					6,939,478	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					15,328,161	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					22,267,639	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					317,948,298	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0	54.00	
55.00	Target amount per discharge					0.00	55.00	
56.00	Target amount (line 54 x line 55)					0	56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00	Bonus payment (see instructions)					0	58.00	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00	Relief payment (see instructions)					0	62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00	Program routine service cost (line 9 x line 71)						72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00	Program capital-related costs (line 9 x line 76)						77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00	Inpatient routine service cost per diem limitation						81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00	Reasonable inpatient routine service costs (see instructions)						83.00	
84.00	Program inpatient ancillary services (see instructions)						84.00	
85.00	Utilization review - physician compensation (see instructions)						85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					6,500	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,030.29	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,696,885	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260032		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 8:23 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	13,535,420	269,212,475	0.050278	6,696,885	336,706	90.00
91.00	Nursing School cost	1,487,055	269,212,475	0.005524	6,696,885	36,994	91.00
92.00	Allied health cost	62,301	269,212,475	0.000231	6,696,885	1,547	92.00
93.00	All other Medical Education	0	269,212,475	0.000000	6,696,885	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 26S032		Date/Time Prepared: 5/24/2016 8:23 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,735	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,735	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.		8,704	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		13,031	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)		5,676	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		18,699,027	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)		18,699,027	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28,579,761	28.00
29.00	Private room charges (excluding swing-bed charges)		11,776,230	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		16,803,531	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.654275	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,352.97	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,289.50	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		63.47	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		41.53	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		361,477	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		18,337,550	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		860.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,883,176	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,883,176	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260032		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 26S032		Date/Time Prepared: 5/24/2016 8:23 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	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
47.01 NEURO ICU	0	0	0.00	0	0	0	47.01
47.02 CARDIO-THORACIC ICU	0	0	0.00	0	0	0	47.02
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					910,167		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,793,343		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					261,777		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					53,984		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					315,761		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,477,582		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260032 Component CCN: 26S032		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 8:23 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	891,866	18,699,027	0.047696	0	0	90.00
91.00	Nursing School cost	106,199	18,699,027	0.005679	0	0	91.00
92.00	Allied health cost	4,351	18,699,027	0.000233	0	0	92.00
93.00	All other Medical Education	0	18,699,027	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 265439		Date/Time Prepared: 5/24/2016 8:23 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		16,894	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,894	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.		5,702	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		11,192	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)		9,319	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		13,012,560	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)		13,012,560	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		8,184,305	28.00
29.00	Private room charges (excluding swing-bed charges)		2,868,106	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,316,199	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.589941	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		503.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		475.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		28.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		44.52	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		253,853	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,758,707	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260032		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 265439		Date/Time Prepared: 5/24/2016 8:23 am			
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU						47.01
47.02	CARDIO-THORACIC ICU						47.02
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				12,758,707		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				755.22		71.00
72.00	Program routine service cost (line 9 x line 71)				7,037,895		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				7,037,895		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00		76.00
77.00	Program capital-related costs (line 9 x line 76)				0		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0		80.00
81.00	Inpatient routine service cost per diem limitation				0.00		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0		82.00
83.00	Reasonable inpatient routine service costs (see instructions)				7,037,895		83.00
84.00	Program inpatient ancillary services (see instructions)				2,222,893		84.00
85.00	Utilization review - physician compensation (see instructions)				0		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				9,260,788		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: 260032 Component CCN: 265439		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 8:23 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2016 8:23 am
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		261,297	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		261,297	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.		80,141	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		174,656	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)		24,463	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)		8,132	14.00
15.00	Total nursery days (title V or XIX only)		6,506	15.00
16.00	Nursery days (title V or XIX only)		936	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		269,212,475	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)		269,212,475	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		370,881,905	28.00
29.00	Private room charges (excluding swing-bed charges)		132,133,329	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		238,748,576	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.725871	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,648.76	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,366.96	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		281.80	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		204.55	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		16,392,842	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		252,819,633	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		967.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,669,420	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		1,663,401	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		25,332,821	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/24/2016 8:23 am		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,768,221	6,506	425.49	936	398,259	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	22,097,896	11,041	2,001.44	939	1,879,352	43.00
44.00	CORONARY CARE UNIT	7,726,239	4,521	1,708.97	437	746,820	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	22,160,378	11,202	1,978.25	1,730	3,422,373	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU	10,851,136	6,451	1,682.09	819	1,377,632	47.01
47.02	CARDIO-THORACIC ICU	18,173,665	8,187	2,219.82	472	1,047,755	47.02
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					43,188,157	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)					77,393,169	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					6,500	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,030.29	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,696,885	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260032		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 8:23 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	13,535,420	269,212,475	0.050278	6,696,885	336,706	90.00
91.00	Nursing School cost	1,487,055	269,212,475	0.005524	6,696,885	36,994	91.00
92.00	Allied health cost	62,301	269,212,475	0.000231	6,696,885	1,547	92.00
93.00	All other Medical Education	0	269,212,475	0.000000	6,696,885	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 26S032		Date/Time Prepared: 5/24/2016 8:23 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,735	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,735	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.		8,704	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		13,031	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)		7,649	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)		3,453	14.00
15.00	Total nursery days (title V or XIX only)		6,506	15.00
16.00	Nursery days (title V or XIX only)		936	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		18,699,027	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)		18,699,027	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28,579,761	28.00
29.00	Private room charges (excluding swing-bed charges)		11,776,230	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		16,803,531	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.654275	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,352.97	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,289.50	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		63.47	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		41.53	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		361,477	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		18,337,550	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		843.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,453,385	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		143,403	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,596,788	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260032		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 26S032		Date/Time Prepared: 5/24/2016 8:23 am			
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
47.01 NEURO ICU	0	0	0.00	0	0	0	47.01
47.02 CARDIO-THORACIC ICU	0	0	0.00	0	0	0	47.02
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,051,677		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,648,465		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260032 Component CCN: 26S032		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 8:23 am	
		Title XIX		Subprovider - IPF		Cost	
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	891,866	18,699,027	0.047696	0	0	90.00
91.00	Nursing School cost	106,199	18,699,027	0.005679	0	0	91.00
92.00	Allied health cost	4,351	18,699,027	0.000233	0	0	92.00
93.00	All other Medical Education	0	18,699,027	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 265439		Date/Time Prepared: 5/24/2016 8:23 am
		Title XIX	Nursing Facility	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,661	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,661	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.		730	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,931	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,847	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)		6,506	15.00
16.00	Nursery days (title V or XIX only)		936	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,697,328	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)		1,697,328	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		806,400	28.00
29.00	Private room charges (excluding swing-bed charges)		190,530	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		615,870	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		2.104821	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		261.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		210.12	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		50.88	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		107.09	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		78,176	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,619,152	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
				Component CCN: 265439		Date/Time Prepared: 5/24/2016 8:23 am
				Title XIX	Nursing Facility	Cost
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
47.01 NEURO ICU						47.01
47.02 CARDIO-THORACIC ICU						47.02
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					1,619,152	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					442.27	71.00
72.00 Program routine service cost (line 9 x line 71)					1,259,143	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					1,259,143	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					160,381	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					43.81	76.00
77.00 Program capital-related costs (line 9 x line 76)					124,727	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					1,134,416	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					1,134,416	80.00
81.00 Inpatient routine service cost per diem limitation					999.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					2,844,153	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					1,259,143	83.00
84.00 Program inpatient ancillary services (see instructions)					32,674	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					1,291,817	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: 260032 Component CCN: 265439		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 8:23 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 8:23 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		126,642,696	30.00
31.00	03100	INTENSIVE CARE UNIT		9,070,007	31.00
32.00	03200	CORONARY CARE UNIT		6,535,817	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		18,467,844	34.00
35.01	02400	NEURO ICU		6,197,578	35.01
35.02	02401	CARDIO-THORACIC ICU		11,765,511	35.02
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.283072	96,924,096	50.00
51.00	05100	RECOVERY ROOM	0.267525	11,318,439	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.793805	318,829	52.00
53.00	05300	ANESTHESIOLOGY	0.072808	33,078,536	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178444	36,585,658	54.00
54.01	03630	ULTRASOUND	0.111984	3,905,658	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.155956	4,224,488	55.00
56.00	05600	RADIOISOTOPE	0.347975	1,673,854	56.00
57.00	05700	CT SCAN	0.043751	30,926,439	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.090053	12,035,805	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.205719	13,470,536	59.00
60.00	06000	LABORATORY	0.121062	131,756,193	60.00
60.01	06001	HLA LAB	0.156966	3,586,829	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.233276	49,657,658	63.00
65.00	06500	RESPIRATORY THERAPY	0.333524	24,390,439	65.00
66.00	06600	PHYSICAL THERAPY	0.384751	6,456,293	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.437865	2,710,049	67.00
68.00	06800	SPEECH PATHOLOGY	0.351753	1,275,317	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069107	32,839,414	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137780	3,985,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.445711	55,237,170	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.505780	83,692,682	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.401588	108,880,194	73.00
74.00	07400	RENAL DIALYSIS	0.240587	14,108,195	74.00
76.00	03330	ENDOSCOPY	0.242279	5,898,341	76.00
76.01	03950	OB/GYN IN VITRO	0.662992	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.294982	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.501311	23,490	76.03
76.04	03952	BONE MARROW ACQUISITION	1.349956	797,073	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.206230	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.480957	956,488	90.00
90.01	04950	OUTPATIENT PSYCH	0.867552	0	90.01
91.00	09100	EMERGENCY	0.190563	26,383,122	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.490487	252,964	92.00
200.00		Total (sum of lines 50-94 and 96-98)		797,349,615	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)		797,349,615	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 8:23 am	
		Title XVII I	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02400 NEURO ICU		0		35.01
35.02	02401 CARDIO-THORACIC ICU		0		35.02
40.00	04000 SUBPROVIDER - IPF		7,323,476		40.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.283072	74,754	21,161	50.00
51.00	05100 RECOVERY ROOM	0.267525	10,404	2,783	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.793805	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.072808	178,407	12,989	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.178444	50,093	8,939	54.00
54.01	03630 ULTRASOUND	0.111984	10,404	1,165	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.155956	13,486	2,103	55.00
56.00	05600 RADIOISOTOPE	0.347975	0	0	56.00
57.00	05700 CT SCAN	0.043751	136,021	5,951	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.090053	33,524	3,019	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.205719	0	0	59.00
60.00	06000 LABORATORY	0.121062	945,596	114,476	60.00
60.01	06001 HLA LAB	0.156966	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.233276	5,395	1,259	63.00
65.00	06500 RESPIRATORY THERAPY	0.333524	51,634	17,221	65.00
66.00	06600 PHYSICAL THERAPY	0.384751	18,496	7,116	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.437865	10,789	4,724	67.00
68.00	06800 SPEECH PATHOLOGY	0.351753	3,468	1,220	68.00
69.00	06900 ELECTROCARDIOLOGY	0.069107	50,478	3,488	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.137780	12,716	1,752	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.445711	22,349	9,961	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.505780	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.401588	1,146,737	460,516	73.00
74.00	07400 RENAL DIALYSIS	0.240587	27,744	6,675	74.00
76.00	03330 ENDOSCOPY	0.242279	0	0	76.00
76.01	03950 OB/GYN IN VITRO	0.662992	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0.294982	193,820	57,173	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.501311	0	0	76.03
76.04	03952 BONE MARROW ACQUISITION	1.349956	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.206230	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.480957	4,624	2,224	90.00
90.01	04950 OUTPATIENT PSYCH	0.867552	2,697	2,340	90.01
91.00	09100 EMERGENCY	0.190563	849,649	161,912	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.490487	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		3,853,285	910,167	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)		3,853,285		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 265439		Date/Time Prepared: 5/24/2016 8:23 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02400 NEURO ICU		0		35.01
35.02	02401 CARDIO-THORACIC ICU		0		35.02
40.00	04000 SUBPROVIDER - IPF		0		40.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.283072	0	0	50.00
51.00	05100 RECOVERY ROOM	0.267525	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.793805	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.072808	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.178444	14,025	2,503	54.00
54.01	03630 ULTRASOUND	0.111984	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.155956	0	0	55.00
56.00	05600 RADIOISOTOPE	0.347975	0	0	56.00
57.00	05700 CT SCAN	0.043751	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.090053	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.205719	0	0	59.00
60.00	06000 LABORATORY	0.121062	179,004	21,671	60.00
60.01	06001 HLA LAB	0.156966	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.233276	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.333524	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.384751	1,745,302	671,507	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.437865	1,738,160	761,079	67.00
68.00	06800 SPEECH PATHOLOGY	0.351753	379,750	133,578	68.00
69.00	06900 ELECTROCARDIOLOGY	0.069107	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.137780	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.445711	121,356	54,090	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.505780	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.401588	1,440,443	578,465	73.00
74.00	07400 RENAL DIALYSIS	0.240587	0	0	74.00
76.00	03330 ENDOSCOPY	0.242279	0	0	76.00
76.01	03950 OB/GYN IN VITRO	0.662992	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0.294982	0	0	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.501311	0	0	76.03
76.04	03952 BONE MARROW ACQUISITION	1.349956	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.206230	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.480957	0	0	90.00
90.01	04950 OUTPATIENT PSYCH	0.867552	0	0	90.01
91.00	09100 EMERGENCY	0.190563	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.490487	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		5,618,040	2,222,893	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)		5,618,040		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 8:23 am	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		32,822,653	30.00
31.00	03100	INTENSIVE CARE UNIT		2,842,884	31.00
32.00	03200	CORONARY CARE UNIT		1,252,035	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		5,477,246	34.00
35.01	02400	NEURO ICU		2,376,738	35.01
35.02	02401	CARDIO-THORACIC ICU		1,444,086	35.02
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		726,420	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.283072	16,052,916	50.00
51.00	05100	RECOVERY ROOM	0.267525	1,987,239	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.793805	1,430,158	52.00
53.00	05300	ANESTHESIOLOGY	0.072808	7,485,733	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178444	8,777,639	54.00
54.01	03630	ULTRASOUND	0.111984	1,314,401	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.155956	959,690	55.00
56.00	05600	RADIOISOTOPE	0.347975	372,834	56.00
57.00	05700	CT SCAN	0.043751	9,501,893	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.090053	3,967,325	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.205719	2,177,384	59.00
60.00	06000	LABORATORY	0.121062	34,211,188	60.00
60.01	06001	HLA LAB	0.156966	274,826	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.233276	10,507,103	63.00
65.00	06500	RESPIRATORY THERAPY	0.333524	5,754,245	65.00
66.00	06600	PHYSICAL THERAPY	0.384751	1,140,971	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.437865	593,488	67.00
68.00	06800	SPEECH PATHOLOGY	0.351753	280,044	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069107	6,736,631	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137780	1,388,219	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.445711	9,647,264	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.505780	8,010,187	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.401588	28,260,461	73.00
74.00	07400	RENAL DIALYSIS	0.240587	2,395,870	74.00
76.00	03330	ENDOSCOPY	0.242279	1,226,373	76.00
76.01	03950	OB/GYN IN VITRO	0.662992	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.294982	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.501311	0	76.03
76.04	03952	BONE MARROW ACQUISITION	1.349956	89,151	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.206230	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.480957	190,896	90.00
90.01	04950	OUTPATIENT PSYCH	0.867552	0	90.01
91.00	09100	EMERGENCY	0.190563	12,094,457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.490487	79,329	92.00
200.00		Total (sum of lines 50-94 and 96-98)		176,907,915	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)		176,907,915	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 26S032		Date/Time Prepared: 5/24/2016 8:23 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02400 NEURO ICU		0		35.01
35.02	02401 CARDIO-THORACIC ICU		0		35.02
40.00	04000 SUBPROVIDER - IPF		9,997,765		40.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.283072	34,515	9,770	50.00
51.00	05100 RECOVERY ROOM	0.267525	7,650	2,047	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.793805	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.072808	150,913	10,988	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.178444	63,137	11,266	54.00
54.01	03630 ULTRASOUND	0.111984	1,659	186	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.155956	0	0	55.00
56.00	05600 RADIOISOTOPE	0.347975	3,481	1,211	56.00
57.00	05700 CT SCAN	0.043751	91,931	4,022	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.090053	80,804	7,277	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.205719	0	0	59.00
60.00	06000 LABORATORY	0.121062	1,224,291	148,215	60.00
60.01	06001 HLA LAB	0.156966	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.233276	6,469	1,509	63.00
65.00	06500 RESPIRATORY THERAPY	0.333524	30,482	10,166	65.00
66.00	06600 PHYSICAL THERAPY	0.384751	6,946	2,672	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.437865	4,924	2,156	67.00
68.00	06800 SPEECH PATHOLOGY	0.351753	508	179	68.00
69.00	06900 ELECTROCARDIOLOGY	0.069107	38,246	2,643	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.137780	12,785	1,762	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.445711	1,927	859	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.505780	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.401588	1,296,976	520,850	73.00
74.00	07400 RENAL DIALYSIS	0.240587	30,229	7,273	74.00
76.00	03330 ENDOSCOPY	0.242279	2,546	617	76.00
76.01	03950 OB/GYN IN VITRO	0.662992	0	0	76.01
76.02	03320 ELECTROSHOCK THERAPY	0.294982	174,296	51,414	76.02
76.03	03951 CORNEAL TISSUE ACQUISITION	0.501311	0	0	76.03
76.04	03952 BONE MARROW ACQUISITION	1.349956	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.206230	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.480957	0	0	90.00
90.01	04950 OUTPATIENT PSYCH	0.867552	8,137	7,059	90.01
91.00	09100 EMERGENCY	0.190563	1,298,970	247,536	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.490487	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,571,822	1,051,677	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)		4,571,822		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 265439		Date/Time Prepared: 5/24/2016 8:23 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.01	02400	NEURO ICU		0	35.01
35.02	02401	CARDIO-THORACIC ICU		0	35.02
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.283072	0	50.00
51.00	05100	RECOVERY ROOM	0.267525	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.793805	0	52.00
53.00	05300	ANESTHESIOLOGY	0.072808	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178444	0	54.00
54.01	03630	ULTRASOUND	0.111984	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.155956	0	55.00
56.00	05600	RADIOISOTOPE	0.347975	0	56.00
57.00	05700	CT SCAN	0.043751	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.090053	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.205719	0	59.00
60.00	06000	LABORATORY	0.121062	1,306	60.00
60.01	06001	HLA LAB	0.156966	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.233276	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.333524	338	65.00
66.00	06600	PHYSICAL THERAPY	0.384751	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.437865	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.351753	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069107	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137780	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.445711	35,037	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.505780	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.401588	41,802	73.00
74.00	07400	RENAL DIALYSIS	0.240587	0	74.00
76.00	03330	ENDOSCOPY	0.242279	0	76.00
76.01	03950	OB/GYN IN VITRO	0.662992	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.294982	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.501311	0	76.03
76.04	03952	BONE MARROW ACQUISITION	1.349956	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.206230	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.480957	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.867552	0	90.01
91.00	09100	EMERGENCY	0.190563	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.490487	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		78,483	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)		78,483	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2016 8:23 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	238,757	1,030.29	244	251,391	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,001.44	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	1,890	1,708.97	2	3,418	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	1,978.25	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	1,682.09	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	3,385	2,219.82	1	2,220	6.02
7.00	TOTAL (sum of lines 1-6)		244,032		247	257,029	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.283072	788,160	223,106	8.00	
9.00	RECOVERY ROOM	51.00	0.267525	133,572	35,734	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.793805	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.072808	316,970	23,078	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.178444	532,977	95,107	12.00	
12.01	ULTRASOUND	54.01	0.111984	82,612	9,251	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.155956	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.347975	302,769	105,356	14.00	
15.00	CT SCAN	57.00	0.043751	1,872,360	81,918	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.090053	160,423	14,447	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.205719	232,745	47,880	17.00	
18.00	LABORATORY	60.00	0.121062	3,772,847	456,748	18.00	
18.01	HLA LAB	60.01	0.156966	16,532,609	2,595,058	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.233276	479,861	111,940	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.333524	53,409	17,813	23.00	
24.00	PHYSICAL THERAPY	66.00	0.384751	1,360	523	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.437865	606	265	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.351753	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.069107	4,242,891	293,213	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.137780	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.445711	292,685	130,453	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.505780	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.401588	278,396	111,800	31.00	
32.00	RENAL DIALYSIS	74.00	0.240587	67,600	16,264	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	ENDOSCOPY	76.00	0.242279	120,988	29,313	34.00	
34.01	OB/GYN IN VITRO	76.01	0.662992	0	0	34.01	
34.02	ELECTROSHOCK THERAPY	76.02	0.294982	0	0	34.02	
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.501311	0	0	34.03	
34.04	BONE MARROW ACQUISITION	76.04	1.349956	0	0	34.04	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.206230	0	0	34.98	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.480957	8,806	4,235	37.00	
37.01	OUTPATIENT PSYCH	90.01	0.867552	0	0	37.01	
38.00	EMERGENCY	91.00	0.190563	19,394	3,696	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.490487	10,590	15,784	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			30,304,630	4,422,982	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2016 8:23 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	244		0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0		0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	2		0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0		0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0		0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0		0	47.00
47.01	NEURO ICU	7.01	0.00	0		0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	1		0	47.02
48.00	TOTAL (sum of lines 42 through 47)			247		0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00		3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000		0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000		0	50.00
51.00	CLINIC	23.00	8,806	0.000000		0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000		0	51.01
52.00	EMERGENCY	24.00	19,394	0.000000		0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	10,590	0.000000		0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000		0	54.00
55.00	TOTAL (sum of lines 49 through 52)		38,790			0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	4,680,011		30,548,662			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	14,458,157		15,636,515			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	19,138,168		46,185,177			61.00
62.00	Total Usable Organs (see instructions)		240				62.00
63.00	Medicare Usable Organs (see instructions)		143				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.595833				64.00
65.00	Medicare Cost/Charges (see instructions)	11,403,152		27,518,653			65.00
66.00	Revenue for Organs Sold	21,060		21,060			66.00
67.00	Subtotal (line 65 minus line 66)	11,382,092		27,497,593			67.00
68.00	Organs Furnished Part B	0	0	0		0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	11,382,092	0	27,497,593		0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		54	2			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	184			73.00
74.00	Total (sum of lines 70 thru 73)		54	186			74.00
75.00	Organs Transplanted		54	184	15,636,515		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	2	21,060		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Disarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		54	186			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2016 8:23 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	45,712	1,030.29	42	43,272	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,001.44	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	19,344	1,708.97	6	10,254	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	1,978.25	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	1,682.09	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,219.82	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		65,056		48	53,526	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.283072	32,421	9,177	8.00	
9.00	RECOVERY ROOM	51.00	0.267525	3,060	819	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.793805	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.072808	10,516	766	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.178444	93,443	16,674	12.00	
12.01	ULTRASOUND	54.01	0.111984	13,748	1,540	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.155956	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.347975	4,737	1,648	14.00	
15.00	CT SCAN	57.00	0.043751	80,740	3,532	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.090053	10,385	935	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.205719	688,283	141,593	17.00	
18.00	LABORATORY	60.00	0.121062	352,076	42,623	18.00	
18.01	HLA LAB	60.01	0.156966	351,628	55,194	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.233276	40,109	9,356	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.333524	30,586	10,201	23.00	
24.00	PHYSICAL THERAPY	66.00	0.384751	323	124	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.437865	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.351753	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.069107	256,358	17,716	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.137780	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.445711	10,768	4,799	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.505780	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.401588	38,402	15,422	31.00	
32.00	RENAL DIALYSIS	74.00	0.240587	7,605	1,830	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	ENDOSCOPY	76.00	0.242279	2,596	629	34.00	
34.01	OB/GYN IN VITRO	76.01	0.662992	0	0	34.01	
34.02	ELECTROSHOCK THERAPY	76.02	0.294982	0	0	34.02	
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.501311	0	0	34.03	
34.04	BONE MARROW ACQUISITION	76.04	1.349956	0	0	34.04	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.206230	0	0	34.98	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.480957	221	106	37.00	
37.01	OUTPATIENT PSYCH	90.01	0.867552	0	0	37.01	
38.00	EMERGENCY	91.00	0.190563	4,709	897	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.490487	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			2,032,714	335,581	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet D-4	
		Component CCN:		Date/Time Prepared: 5/24/2016 8:23 am	
		Liver	Hospital	PPS	
Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Costs (col. 1 x col. 2)
	0	1.00	2.00	3.00	
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>					
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	42	0 42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0 43.00
44.00	CORONARY CARE UNIT	4.00	0.00	6	0 44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0 45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0 46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0 47.00
47.01	NEURO ICU	7.01	0.00	0	0 47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0 47.02
48.00	TOTAL (sum of lines 42 through 47)			48	0 48.00
Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition	Costs (col. 1 x col. 2)
	0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0 49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0 50.00
51.00	CLINIC	23.00	221	0.000000	0 51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0 51.01
52.00	EMERGENCY	24.00	4,709	0.000000	0 52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0 53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0 54.00
55.00	TOTAL (sum of lines 49 through 52)		4,930		0 55.00
Cost Center Description	Cost		Charges		
	Part A	Part B	Part A	Part B	
	1.00	2.00	3.00	4.00	
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>					
56.00	Routine and Ancillary from Part I	389,107		2,097,770	56.00
57.00	Interns and Residents (inpatient)	0		0	57.00
58.00	Interns and Residents (outpatient)	0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	5,967,631		6,992,246	59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	60.00
61.00	Total (sum of lines 56 thru 60)	6,356,738		9,090,016	61.00
62.00	Total Usable Organs (see instructions)		98		62.00
63.00	Medicare Usable Organs (see instructions)		31		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.316327		64.00
65.00	Medicare Cost/Charges (see instructions)	2,010,808		2,875,417	65.00
66.00	Revenue for Organs Sold	0		0	66.00
67.00	Subtotal (line 65 minus line 66)	2,010,808		2,875,417	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,010,808	0	2,875,417	69.00
Cost Center Description		Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
<b>PART IV - STATISTICS</b>					
70.00	Organs Excised in Provider (1)		0	0	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0	72.00
73.00	Organs Purchased from OPOs		0	98	73.00
74.00	Total (sum of lines 70 thru 73)		0	98	74.00
75.00	Organs Transplanted		0	98	75.00
76.00	Organs Sold to Other Hospitals		0	0	76.00
77.00	Organs Sold to OPOs		0	0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	81.00
82.00	Organs Used for Research		0	0	82.00
83.00	Unusable/Disarded Organs		0	0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	98	84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2016 8:23 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	17,059	1,030.29	16	16,485	1.00
2.00	INTENSIVE CARE UNIT	43.00	3,385	2,001.44	1	2,001	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,708.97	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	1,978.25	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	1,682.09	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,219.82	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		20,444		17	18,486	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.283072	9,246	2,617	8.00	
9.00	RECOVERY ROOM	51.00	0.267525	17,691	4,733	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.793805	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.072808	24,378	1,775	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.178444	233,172	41,608	12.00	
12.01	ULTRASOUND	54.01	0.111984	255,809	28,647	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.155956	104,405	16,283	13.00	
14.00	RADIOISOTOPE	56.00	0.347975	293,571	102,155	14.00	
15.00	CT SCAN	57.00	0.043751	566,043	24,765	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.090053	2,986,271	268,923	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.205719	129,824	26,707	17.00	
18.00	LABORATORY	60.00	0.121062	2,118,311	256,447	18.00	
18.01	HLA LAB	60.01	0.156966	288,146	45,229	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.233276	168,872	39,394	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.333524	7,457	2,487	23.00	
24.00	PHYSICAL THERAPY	66.00	0.384751	550	212	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.437865	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.351753	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.069107	1,855,857	128,253	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.137780	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.445711	1,767	788	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.505780	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.401588	67,235	27,001	31.00	
32.00	RENAL DIALYSIS	74.00	0.240587	64,775	15,584	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	ENDOSCOPY	76.00	0.242279	0	0	34.00	
34.01	OB/GYN IN VITRO	76.01	0.662992	0	0	34.01	
34.02	ELECTROSHOCK THERAPY	76.02	0.294982	0	0	34.02	
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.501311	0	0	34.03	
34.04	BONE MARROW ACQUISITION	76.04	1.349956	0	0	34.04	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.206230	0	0	34.98	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.480957	3,231	1,554	37.00	
37.01	OUTPATIENT PSYCH	90.01	0.867552	0	0	37.01	
38.00	EMERGENCY	91.00	0.190563	16,937	3,228	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.490487	6,305	9,398	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			9,219,853	1,047,788	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2016 8:23 am

Cost Center Description		Heart		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	16			42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1			43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0			44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0			45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0			46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0			47.00
47.01	NEURO ICU	7.01	0.00	0			47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0			47.02
48.00	TOTAL (sum of lines 42 through 47)			17			48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000			49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000			50.00
51.00	CLINIC	23.00	3,231	0.000000			51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000			51.01
52.00	EMERGENCY	24.00	16,937	0.000000			52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	6,305	0.000000			53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000			54.00
55.00	TOTAL (sum of lines 49 through 52)		26,473				55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	1,066,274		9,240,297			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	2,759,851		1,579,482			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	3,826,125		10,819,779			61.00
62.00	Total Usable Organs (see instructions)		29				62.00
63.00	Medicare Usable Organs (see instructions)		10				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.344828				64.00
65.00	Medicare Cost/Charges (see instructions)	1,319,355		3,730,963			65.00
66.00	Revenue for Organs Sold	0		0			66.00
67.00	Subtotal (line 65 minus line 66)	1,319,355		3,730,963			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,319,355	0	3,730,963	0		69.00
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		0	0			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	29			73.00
74.00	Total (sum of lines 70 thru 73)		0	29			74.00
75.00	Organs Transplanted		0	29	1,579,482		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	0	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Disarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	29			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2016 8:23 am

Cost Center Description		Lung			Hospital	PPS	
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	14,112	1,030.29	10	10,303	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,001.44	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,708.97	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	22,729	1,978.25	7	13,848	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	1,682.09	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	2,902	2,219.82	1	2,220	6.02
7.00	TOTAL (sum of lines 1-6)		39,743		18	26,371	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.283072	10,298	2,915	8.00	
9.00	RECOVERY ROOM	51.00	0.267525	13,467	3,603	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.793805	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.072808	8,604	626	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.178444	127,757	22,797	12.00	
12.01	ULTRASOUND	54.01	0.111984	20,100	2,251	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.155956	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.347975	848,338	295,200	14.00	
15.00	CT SCAN	57.00	0.043751	335,399	14,674	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.090053	25,683	2,313	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.205719	1,117,619	229,915	17.00	
18.00	LABORATORY	60.00	0.121062	967,153	117,085	18.00	
18.01	HLA LAB	60.01	0.156966	766,334	120,288	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.233276	118,694	27,688	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.333524	196,269	65,460	23.00	
24.00	PHYSICAL THERAPY	66.00	0.384751	863	332	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.437865	205	90	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.351753	578	203	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.069107	242,493	16,758	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.137780	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.445711	2,115	943	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.505780	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.401588	90,096	36,181	31.00	
32.00	RENAL DIALYSIS	74.00	0.240587	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	ENDOSCOPY	76.00	0.242279	64,274	15,572	34.00	
34.01	OB/GYN IN VITRO	76.01	0.662992	0	0	34.01	
34.02	ELECTROSHOCK THERAPY	76.02	0.294982	0	0	34.02	
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.501311	0	0	34.03	
34.04	BONE MARROW ACQUISITION	76.04	1.349956	0	0	34.04	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.206230	0	0	34.98	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.480957	0	0	37.00	
37.01	OUTPATIENT PSYCH	90.01	0.867552	0	0	37.01	
38.00	EMERGENCY	91.00	0.190563	4,910	936	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.490487	1,110	1,654	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			4,962,359	977,484	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2016 8:23 am

Lung		Hospital		PPS		
Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Costs (col. 1 x col. 2)	
	0	1.00	2.00		3.00	
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	10		0 42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0		0 43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0		0 44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0		0 45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	7		0 46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0		0 47.00
47.01	NEURO ICU	7.01	0.00	0		0 47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	1		0 47.02
48.00	TOTAL (sum of lines 42 through 47)			18		0 48.00
Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition	Costs (col. 1 x col. 2)	
	0	1.00	2.00		3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000		0 49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000		0 50.00
51.00	CLINIC	23.00	0	0.000000		0 51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000		0 51.01
52.00	EMERGENCY	24.00	4,910	0.000000		0 52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	1,110	0.000000		0 53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000		0 54.00
55.00	TOTAL (sum of lines 49 through 52)		6,020			0 55.00
Cost Center Description	Part A	Part B	Part A	Part B		
	1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>						
56.00	Routine and Ancillary from Part I	1,003,855		5,002,102		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	5,387,457		5,815,349		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	6,391,312		10,817,451		61.00
62.00	Total Usable Organs (see instructions)		137			62.00
63.00	Medicare Usable Organs (see instructions)		60			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.437956			64.00
65.00	Medicare Cost/Charges (see instructions)	2,799,113		4,737,568		65.00
66.00	Revenue for Organs Sold	0		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,799,113		4,737,568		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,799,113	0	4,737,568	0	69.00
Cost Center Description	Living Related	Cadaveric	Revenue			
	1.00	2.00	3.00			
<b>PART IV - STATISTICS</b>						
70.00	Organs Excised in Provider (1)	0	0			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0			72.00
73.00	Organs Purchased from OPOs	0	137			73.00
74.00	Total (sum of lines 70 thru 73)	0	137			74.00
75.00	Organs Transplanted	0	137	5,815,349		75.00
76.00	Organs Sold to Other Hospitals	0	0	0		76.00
77.00	Organs Sold to OPOs	0	0	0		77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0		79.00
80.00	Organs Sold Outside the U.S.	0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0	0		81.00
82.00	Organs Used for Research	0	0	0		82.00
83.00	Unusable/Disarded Organs	0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	137			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2016 8:23 am

Cost Center Description		Pancreas			Hospital		PPS
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,030.29	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,001.44	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,708.97	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	1,978.25	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	1,682.09	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,219.82	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		0		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.283072	0	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.267525	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.793805	0	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.072808	0	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.178444	0	0	0	12.00
12.01	ULTRASOUND	54.01	0.111984	0	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.155956	0	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.347975	0	0	0	14.00
15.00	CT SCAN	57.00	0.043751	0	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.090053	0	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.205719	0	0	0	17.00
18.00	LABORATORY	60.00	0.121062	0	0	0	18.00
18.01	HLA LAB	60.01	0.156966	0	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.233276	0	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.333524	0	0	0	23.00
24.00	PHYSICAL THERAPY	66.00	0.384751	0	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.437865	0	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.351753	0	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.069107	0	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.137780	0	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.445711	0	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.505780	0	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.401588	0	0	0	31.00
32.00	RENAL DIALYSIS	74.00	0.240587	0	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	0	33.00
34.00	ENDOSCOPY	76.00	0.242279	0	0	0	34.00
34.01	OB/GYN IN VITRO	76.01	0.662992	0	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.294982	0	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.501311	0	0	0	34.03
34.04	BONE MARROW ACQUISITION	76.04	1.349956	0	0	0	34.04
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.206230	0	0	0	34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	0	36.00
37.00	CLINIC	90.00	0.480957	0	0	0	37.00
37.01	OUTPATIENT PSYCH	90.01	0.867552	0	0	0	37.01
38.00	EMERGENCY	91.00	0.190563	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.490487	0	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				0	0	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		Provider CCN: 260032		Period: From 01/01/2015 To 12/31/2015		Worksheet D-4	
		Component CCN:		Date/Time Prepared: 5/24/2016 8:23 am			
		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
47.01	NEURO ICU	7.01	0.00	0	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	0	51.01
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0	0	0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	0		0			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	646,006		598,668			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	646,006		598,668			61.00
62.00	Total Usable Organs (see instructions)		12				62.00
63.00	Medicare Usable Organs (see instructions)		1				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.083333				64.00
65.00	Medicare Cost/Charges (see instructions)	53,834		49,889			65.00
66.00	Revenue for Organs Sold	0		0			66.00
67.00	Subtotal (line 65 minus line 66)	53,834		49,889			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	53,834	0	49,889	0	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		0	0			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	12			73.00
74.00	Total (sum of lines 70 thru 73)		0	12			74.00
75.00	Organs Transplanted		0	12	598,668		75.00
76.00	Organs Sold to Other Hospitals		0	0	0	0	76.00
77.00	Organs Sold to OPOs		0	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	0	81.00
82.00	Organs Used for Research		0	0	0	0	82.00
83.00	Unusable/Disarded Organs		0	0	0	0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	12			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 8:23 am
		Title XVII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		147,304,582	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		47,844,900	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)		26,529,871	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		45,749,123	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		1,211.52	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		563.66	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)		52.59	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).		-14.65	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)		601.60	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		695.09	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)		601.60	12.00
13.00	Total allowable FTE count for the prior year.		605.05	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.		606.43	14.00
15.00	Sum of lines 12 through 14 divided by 3.		604.36	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		1.00	17.00
18.00	Adjusted rolling average FTE count		605.36	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.499670	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.501886	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.499670	21.00
22.00	IME payment adjustment (see instructions)		46,989,458	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		11,015,794	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		93.49	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		46,989,458	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		11,015,794	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.44	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.87	31.00
32.00	Sum of lines 30 and 31		29.31	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.40	33.00
34.00	Disproportionate share adjustment (see instructions)		6,537,508	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 8:23 am	
		Title XVII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.002167763	0.002151715	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		16,578,279	13,784,196	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		12,399,641	3,464,878	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		15,864,519		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		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)		291,070,838		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)		302,086,632		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		21,711,317		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).		22,702,415		52.00
53.00	Nursing and Allied Health Managed Care payment		691,433		53.00
54.00	Special add-on payments for new technologies		208,009		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		17,565,202		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).		568,519		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		123,038		58.00
59.00	Total (sum of amounts on lines 49 through 58)		365,656,565		59.00
60.00	Primary payer payments		74,766		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		365,581,799		61.00
62.00	Deductibles billed to program beneficiaries		13,347,062		62.00
63.00	Coinurance billed to program beneficiaries		2,659,376		63.00
64.00	Allowable bad debts (see instructions)		4,462,816		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		2,900,830		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,488,924		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		352,476,191		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		13,490		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		138,640		70.93
70.94	HRR adjustment amount (see instructions)		-690,112		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 8:23 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		3,410,332		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		348,500,897		71.00
71.01	Sequestration adjustment (see instructions)		6,970,018		71.01
72.00	Interim payments		341,478,424		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)		52,455		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		9,545,069		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1 1.00	On/After 10/1 2.00	
100.00	HSP Bonus Payment Amount HSP bonus amount (see instructions)		0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet DSH Date/Time Prepared: 5/24/2016 8:23 am
		Title XVII	Hospital	PPS

	Original mcrx Values	Adjusted mcax Values	HFS Look Up	Override Value	Revised Value	
	1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	7.44	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	21.87	0.00		21.87	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	29.31	0.00		21.87	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban			Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	1,211.52	0.00		1,211.52	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	13.40	0.00		7.26	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes			Yes	7.00
8.00	S-2, Line 22	Yes			Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes			No	9.00
10.00	S-2, Line 45	Yes			Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes			Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	7.44	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No			No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	26,691	0		26,691	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	17,033	0		17,033	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	8,628	0		8,628	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	6,239	0		6,239	18.00
18.01	N/A	0	0		0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	6,912	0		6,912	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	1,006	0		1,006	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	66,509	0		66,509	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	302,705	0		302,705	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,453	0		1,453	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0		0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0		0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	304,158	0		304,158	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	21.87	0.00		21.87	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 260032		Period: From 01/01/2015 To 12/31/2015		Worksheet DSH Date/Time Prepared: 5/24/2016 8:23 am	
		Title XVII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	13.40		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		13.40		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		13.40		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet DSH Date/Time Prepared: 5/24/2016 8:23 am
		Title XVII	Hospital	PPS

		Revised	
		Percentage	
		6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	7.26	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	7.26	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	7.26	31.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 260032		Period: From 01/01/2015 To 12/31/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2016 8:23 am	
		Title XVII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	147,304,582	147,304,582		147,304,582	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	47,844,900		47,844,900	47,844,900	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	26,529,871	20,842,434	5,687,437	26,529,871	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.01	0	0	0	0	2.01
3.00	Operating outlier reconciliation	3.00	0	0	0	0	3.00
4.00	Managed care simulated payments	4.00	45,749,123	35,110,559	10,638,564	45,749,123	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.499670	0.499670	0.499670		5.00
6.00	IME payment adjustment (see instructions)	22.00	46,989,458	35,469,028	11,520,430	46,989,458	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	11,015,794	8,454,166	2,561,628	11,015,794	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	46,989,458	35,469,028	11,520,430	46,989,458	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	11,015,794	8,454,166	2,561,628	11,015,794	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1340	0.1340	0.1340		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	6,537,508	4,934,704	1,602,804	6,537,508	11.00
11.01	Uncompensated care payments	36.00	15,864,519	12,399,641	3,464,878	15,864,519	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	291,070,838	220,950,389	70,120,449	291,070,838	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	302,086,632	229,404,555	72,682,077	302,086,632	15.00
16.00	Payment for inpatient program capital	50.00	21,711,317	16,360,320	5,350,997	21,711,317	16.00
17.00	Special add-on payments for new technologies	54.00	208,009	200,020	7,989	208,009	17.00
17.01	Net organ acquisition cost	55.00	17,565,202	13,137,805	4,427,397	17,565,202	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	13,490	0	13,490	13,490	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			259,102,700	82,481,950	341,584,650	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 260032

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/24/2016 8:23 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	15,514,834	11,705,993	3,808,841	15,514,834	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,632,019	1,210,424	421,595	1,632,019	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2330	0.2330	0.2330		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	3,614,956	2,727,496	887,460	3,614,956	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0612	0.0612	0.0612		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	949,508	716,407	233,101	949,508	25.00
26.00	Total prospective capital payments (see instructions)	12.00	21,711,317	16,360,320	5,350,997	21,711,317	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	138,640	247,863	-109,223	138,640	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-690,112	-575,265	-114,847	-690,112	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		2,587,753	822,579	3,410,332	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 8:23 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		469,992	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		105,978,203	2.00
3.00	PPS payments		90,622,814	3.00
4.00	Outlier payment (see instructions)		406,961	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		58,011	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		469,992	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		1,308,053	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)		1,308,053	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,308,053	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		838,061	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)		469,992	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)		91,087,786	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		164,419	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		17,703,650	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)		73,689,709	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		6,512,163	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)		80,201,872	30.00
31.00	Primary payer payments		1,418	31.00
32.00	Subtotal (line 30 minus line 31)		80,200,454	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,395,562	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		907,115	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		596,508	36.00
37.00	Subtotal (see instructions)		81,107,569	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)		81,107,569	40.00
40.01	Sequestration adjustment (see instructions)		1,622,151	40.01
41.00	Interim payments		78,733,276	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		752,142	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		964,715	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
112.00	Override of Ancillary service charges (line 12)			0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 8:23 am
		Component CCN: 26S032	Title XVII	Subprovider - IPF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		959,924	2.00
3.00	PPS payments		660,202	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		1,939	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		662,141	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		155,196	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)		506,945	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)		506,945	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		506,945	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		506,945	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)		506,945	40.00
40.01	Sequestration adjustment (see instructions)		10,139	40.01
41.00	Interim payments		494,917	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1,889	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
		Overrides		
		1.00		
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260032

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 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		340,298,624		78,733,276	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	07/23/2015	1,179,800		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)		1,179,800		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)		341,478,424		78,733,276	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		52,455		752,142	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		341,530,879		79,485,418	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: 260032  
Component CCN: 26S032

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/24/2016 8:23 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		4,550,709		494,917	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)		4,550,709		494,917	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		0		1,889	6.01
6.02	SETTLEMENT TO PROGRAM		53,593		0	6.02
7.00	Total Medicare program liability (see instructions)		4,497,116		496,806	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: 260032 Component CCN: 265439	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part I Date/Time Prepared: 5/24/2016 8:23 am	
		Title XVIII	Skilled Nursing Facility	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,651,435		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)		3,651,435		0 4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				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		1,987		0 6.01
6.02	SETTLEMENT TO PROGRAM		0		0 6.02
7.00	Total Medicare program liability (see instructions)		3,653,422		0 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: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/24/2016 8:23 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			52,728 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			109,097 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			25,957 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			296,199 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			4,806,105,209 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			157,526,380 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,501,456 8.00
9.00	Sequestration adjustment amount (see instructions)			30,029 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,471,427 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,415,866 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)			55,561 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/24/2016 8:23 am
		Component CCN: 26S032	Title XVII I	Subprovider - IPF PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		4,394,240	1.00
2.00	Net IPF PPS Outlier Payments		364,023	2.00
3.00	Net IPF PPS ECT Payments		45,600	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)		8.98	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)		10.01	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)		8.98	8.00
9.00	Average Daily Census (see instructions)		59.547945	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9}))^{\text{line 8}} - 1\}$ .		0.075017	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		329,643	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		5,133,506	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)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		5,133,506	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		5,133,506	18.00
19.00	Deductibles		358,968	19.00
20.00	Subtotal (line 18 minus line 19)		4,774,538	20.00
21.00	Coinsurance		216,079	21.00
22.00	Subtotal (line 20 minus line 21)		4,558,459	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		4,558,459	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)		30,435	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		4,588,894	31.00
31.01	Sequestration adjustment (see instructions)		91,778	31.01
32.00	Interim payments		4,550,709	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)		-53,593	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		364,023	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: 260032 Component CCN: 265439	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VI Date/Time Prepared: 5/24/2016 8:23 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		4,104,021	1.00
2.00	Routine service other pass through costs		1,491	2.00
3.00	Ancillary service other pass through costs		1,425	3.00
4.00	Subtotal (sum of lines 1 through 3)		4,106,937	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		542,110	7.00
8.00	Allowable bad debts (see instructions)		251,007	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		119,762	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		163,155	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		3,727,982	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		3,727,982	15.00
15.01	Sequestration adjustment (see instructions)		74,560	15.01
16.00	Interim payments		3,651,435	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		1,987	18.00
19.00	Protected amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2016 8:23 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		77,393,169		1.00
2.00	Medical and other services			26,569,810	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		77,393,169	26,569,810	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		77,393,169	26,569,810	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		46,942,062		8.00
9.00	Ancillary service charges		176,907,915	131,563,383	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		223,849,977	131,563,383	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		223,849,977	131,563,383	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		146,456,808	104,993,573	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		77,393,169	26,569,810	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		77,393,169	26,569,810	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		77,393,169	26,569,810	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		77,393,169	26,569,810	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		77,393,169	26,569,810	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		14,526,685		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		91,919,854	26,569,810	40.00
41.00	Interim payments		36,422,636	20,315,188	41.00
42.00	Balance due provider/program (line 40 minus line 41)		55,497,218	6,254,622	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00
<b>OVERRIDES</b>					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2016 8:23 am
		Title XIX	Subprovider - IPF	Cost
		Inpatient	Outpatient	
		1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	7,648,465		1.00
2.00	Medical and other services		1,132,721	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	7,648,465	1,132,721	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	7,648,465	1,132,721	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	10,000,600		8.00
9.00	Ancillary service charges	4,571,822	1,753,849	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	14,572,422	1,753,849	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	14,572,422	1,753,849	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	6,923,957	621,128	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	7,648,465	1,132,721	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	7,648,465	1,132,721	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	7,648,465	1,132,721	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	7,648,465	1,132,721	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	7,648,465	1,132,721	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	7,648,465	1,132,721	40.00
41.00	Interim payments	8,310,472	288,401	41.00
42.00	Balance due provider/program (line 40 minus line 41)	-662,007	844,320	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
<b>OVERRIDES</b>				
109.00	Override Ancillary service charges (line 9)	0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2016 8:23 am	
		Component CCN: 265439	Title XIX	Nursing Facility	Cost
				Inpatient	Outpatient
				1.00	2.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		1,291,817		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,291,817	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1,291,817	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		641,486		8.00
9.00	Ancillary service charges		78,483	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		719,969	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		719,969	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		571,848	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		719,969	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		719,969	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		571,848	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		719,969	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		719,969	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		719,969	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		719,969	0	40.00
41.00	Interim payments		464,944	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		255,025	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00
<b>OVERRIDES</b>					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/24/2016 8:23 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	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))			-13.66	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)			622.96	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			707.45	6.00
7.00	Enter the lesser of line 5 or line 6			622.96	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.	174.00	456.81	630.81	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.	153.22	402.25	555.47	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	153.22	402.25		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	150.43	409.05		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	151.60	411.22		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	151.75	407.51		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	1.00		16.00
17.00	Adjusted rolling average FTE count	151.75	408.51		17.00
18.00	Per resident amount	126,380.11	119,670.83		18.00
19.00	Approved amount for resident costs	19,178,182	48,886,731	68,064,913	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)			84.49	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)			68,064,913	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	114,797	25,957		26.00
27.00	Total Inpatient Days (see instructions)	319,387	319,387		27.00
28.00	Ratio of inpatient days to total inpatient days	0.359429	0.081271		28.00
29.00	Program direct GME amount	24,464,504	5,531,704		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		781,630		30.00
31.00	Net Program direct GME amount			29,214,578	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/24/2016 8:23 am
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		1,267	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		24,941,247	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000051	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		357,154,112	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		17,565,202	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		74,766	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		374,644,548	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		107,468,069	42.00
43.00	Primary payer payments (see instructions)		1,418	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		107,466,651	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		482,111,199	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.777092	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.222908	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		29,214,578	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		22,702,415	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		6,512,163	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/24/2016 8:23 am	
		Title XIX	Hospital	Cost	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	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))			-13.66	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)			622.96	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			707.45	6.00
7.00	Enter the lesser of line 5 or line 6			622.96	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.	174.00	456.81	630.81	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.	153.22	402.25	555.47	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	153.22	402.25		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	150.43	409.05		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	151.60	411.21		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	151.75	407.50		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	1.00		16.00
17.00	Adjusted rolling average FTE count	151.75	408.50		17.00
18.00	Per resident amount	126,380.11	119,670.83		18.00
19.00	Approved amount for resident costs	19,178,182	48,885,534	68,063,716	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)			84.49	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)			68,063,716	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	37,440	35,782		26.00
27.00	Total Inpatient Days (see instructions)	319,387	319,387		27.00
28.00	Ratio of inpatient days to total inpatient days	0.117225	0.112033		28.00
29.00	Program direct GME amount	7,978,769	7,625,382		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		1,077,466		30.00
31.00	Net Program direct GME amount			14,526,685	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/24/2016 8:23 am
		Title XIX	Hospital	Cost
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		0	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		0	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)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		0	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		0	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.000000	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		14,526,685	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		0	50.00

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

Provider CCN: 260032

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

Worksheet G

Date/Time Prepared:  
5/24/2016 8:23 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	81,706	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	786,452,683	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-492,002,940	0	0	0	6.00
7.00	Inventory	46,046,624	0	0	0	7.00
8.00	Prepaid expenses	3,147,018	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	15,687,271	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	359,412,362	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	20,677,877	0	0	0	12.00
13.00	Land improvements	17,650,616	0	0	0	13.00
14.00	Accumulated depreciation	-9,776,312	0	0	0	14.00
15.00	Buildings	412,575,781	0	0	0	15.00
16.00	Accumulated depreciation	-251,647,816	0	0	0	16.00
17.00	Leasehold improvements	235,403,820	0	0	0	17.00
18.00	Accumulated depreciation	-58,553,011	0	0	0	18.00
19.00	Fixed equipment	561,843,246	0	0	0	19.00
20.00	Accumulated depreciation	-459,843,458	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	677,275,246	0	0	0	23.00
24.00	Accumulated depreciation	-583,599,516	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	24,952,694	0	0	0	27.00
28.00	Accumulated depreciation	-13,152,756	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)	573,806,411	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	12,347,353	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	395,594,341	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	407,941,694	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,341,160,467	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	53,050,122	0	0	0	37.00
38.00	Salaries, wages, and fees payable	43,485,258	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	24,464,357	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	120,999,737	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,368,204	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	7,368,204	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	128,367,941	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	1,212,792,526	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,212,792,526	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,341,160,467	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260032

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

Worksheet G-1

Date/Time Prepared:  
5/24/2016 8:23 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		1,045,067,748			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		68,625,757				2.00
3.00	Total (sum of line 1 and line 2)		1,113,693,505			0	3.00
4.00	ROUNDING	1		0		0	4.00
5.00	CHANGE IN TEMPORARILY RESTR NET ASSE	455,563		0		0	5.00
6.00	TRANSFER FROM BJC	98,643,457		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		99,099,021			0	10.00
11.00	Subtotal (line 3 plus line 10)		1,212,792,526			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		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)		1,212,792,526			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	ROUNDING		0				4.00
5.00	CHANGE IN TEMPORARILY RESTR NET ASSE		0				5.00
6.00	TRANSFER FROM BJC		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 260032

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/24/2016 8:23 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	376,026,930		376,026,930	1.00
2.00	SUBPROVIDER - IPF	28,579,761		28,579,761	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	8,491,863		8,491,863	7.00
8.00	NURSING FACILITY	806,040		806,040	8.00
9.00	OTHER LONG TERM CARE	1,880,457		1,880,457	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	415,785,051		415,785,051	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	34,826,899		34,826,899	11.00
12.00	CORONARY CARE UNIT	14,201,086		14,201,086	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	34,256,806		34,256,806	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
15.01	NEURO ICU	18,692,360		18,692,360	15.01
15.02	CARDIO-THORACIC ICU	25,749,590		25,749,590	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	127,726,741		127,726,741	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	543,511,792		543,511,792	17.00
18.00	Ancillary services	2,141,719,811	1,852,161,223	3,993,881,034	18.00
19.00	Outpatient services	89,225,365	184,025,944	273,251,309	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,774,456,968	2,036,187,167	4,810,644,135	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,756,218,049		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	NON OPERATING DEPARTMENTS	6,332,646			37.00
38.00	ROUNDING	10			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)		6,332,656		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,749,885,393		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet G-3 Date/Time Prepared: 5/24/2016 8:23 am
------------------------------------	----------------------	---	---

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,810,644,135	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,084,431,829	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,726,212,306	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,749,885,393	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-23,673,087	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	2,676,287	6.00
7.00	Income from investments	10,763,811	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	5,799,944	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	15,006,028	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	23,660,321	17.00
18.00	Revenue from sale of medical records and abstracts	1,283,110	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	21,272,459	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	851,698	20.00
21.00	Rental of vending machines	334,641	21.00
22.00	Rental of hospital space	3,221,394	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEDI CAID MEANINGFUL USE	-697	24.00
24.01	MEDI CARE MEANINGFUL USE	1,463,578	24.01
24.02	BJC OTHER OPERATING REVENUE	1,683,830	24.02
24.03	MISC OTHER OPERATING REVENUE	6,770,233	24.03
25.00	Total other income (sum of lines 6-24)	94,786,637	25.00
26.00	Total (line 5 plus line 25)	71,113,550	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	2,487,793	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2,487,793	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	68,625,757	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260032	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/24/2016 8:23 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		15,514,834	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,632,019	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)		815.48	3.00
4.00	Number of interns & residents (see instructions)		605.36	4.00
5.00	Indirect medical education percentage (see instructions)		23.30	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)		3,614,956	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.44	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.87	8.00
9.00	Sum of lines 7 and 8		29.31	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.12	10.00
11.00	Disproportionate share adjustment (see instructions)		949,508	11.00
12.00	Total prospective capital payments (see instructions)		21,711,317	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00