

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/28/2016 1:26 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/28/2016 Time: 1:26 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARY'S HEALTH CENTER ( 260091 ) 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	1,767,677	147,105	435,903	0	1.00
2.00 Subprovider - IPF	0	18,448	-5		0	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
8.00 NURSING FACILITY	0				0	8.00
200.00 Total	0	1,786,125	147,100	435,903	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 260091		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/28/2016 12:10 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 6420 CLAYTON ROAD			PO Box:							
2.00	City: ST. LOUIS			State: MO		Zip Code: 63117-		County: ST. LOUIS			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. MARY'S HEALTH CENTER		260091	41180	1	07/01/1966	N	P	0
4.00	Subprovider - IPF		ST. MARY'S HEALTH CENTER - PSYCH		26S091	41180	4	01/01/1984	N	P	0
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis		ST. MARY'S HEALTH CENTER - ESRD		262320	41180		03/01/1998			
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2015	12/31/2015		20.00	
21.00	Type of Control (see instructions)						1		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	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	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.			16,446	1,701	11,655	6,678	31,761	1,684	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0	25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/28/2016 12:10 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<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
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/28/2016 12:10 pm																																																																																																																																																																											
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		1.00	2.00	3.00																																																																																																																																																																											
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))																																																																																																																																																																									
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<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Inpatient Psychiatric Facility PPS</td> </tr> <tr> <td>70.00</td> <td>Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td>Y</td> <td></td> </tr> <tr> <td>71.00</td> <td>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)</td> <td></td> <td></td> <td></td> <td>Y</td> <td>N 0</td> </tr> <tr> <td colspan="7">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td></td> </tr> <tr> <td>76.00</td> <td>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)</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Long Term Care Hospital PPS</td> </tr> <tr> <td>80.00</td> <td>Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>81.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td colspan="7">TEFRA Providers</td> </tr> <tr> <td>85.00</td> <td>Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>86.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>87.00</td> <td>Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Title V and XIX Services</td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td></td> <td>N</td> <td></td> <td>Y</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td></td> <td>N</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td></td> <td>N</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? 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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/28/2016 12:10 pm		
		V 1.00	XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00		
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00
					1.00	
					2.00	
					3.00	
<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	
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,451,182	87,500		0	118.01
					1.00	
					2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	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.	03/01/1985			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.	09/01/2000			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.	09/01/2000			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260091		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/28/2016 12:10 pm	
		1.00		2.00			
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		269020		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: SSM HEALTH CARE CORPORATION	Contractor's Name: WPS		Contractor's Number: 05301			
142.00	Street: 10101 WOODFIELD LANE	PO Box:					
143.00	City: ST. LOUIS	State: MO		Zip Code: 63132			
		1.00		2.00		3.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00			
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00			
		1.00		2.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00			
		Part A		Part B		Title V	
		1.00		2.00		3.00	
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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER	N		N		N	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
		1.00		2.00		3.00	
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	
		0		1.00		2.00	
		Zip Code		CBSA		FTE/Campus	
		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
		1.00		2.00		3.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0		168.00			
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.25		169.00			
		1.00		2.00		3.00	
		Beginning		Ending			
		1.00		2.00		3.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	08/02/2015		10/30/2015		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/28/2016 12:10 pm	
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/28/2016 12:10 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/15/2016	Y	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)	N		N	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: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/28/2016 12:10 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRIAN	SCHMEIDLER		41.00
42.00	Enter the employer/company name of the cost report preparer.	SSM HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314)989-3524	BRIAN_SCHMEIDLER@SSMHC.COM		43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	04/15/2016	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<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.	DIRECTOR, GOVERNMENT REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2016 12:10 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	339	123,735	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)		339	123,735	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	56	20,440	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	36	13,140	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	98	35,770	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		529	193,085	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,790		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		575				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2016 12:10 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,133	8,556	77,064			1.00
2.00 HMO and other (see instructions)	12,607	53,676				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	16,133	8,556	77,064			7.00
8.00 INTENSIVE CARE UNIT	5,808	1,895	14,521			8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	19	605	4,955			8.01
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	2,896	30,259			12.00
13.00 NURSERY		613	6,101			13.00
14.00 Total (see instructions)	21,960	14,565	132,900	177.04	2,926.50	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	7,138	5,050	15,662	0.81	61.56	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				177.85	2,988.06	27.00
28.00 Observation Bed Days		516	9,439			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,930			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	1,684	2,123			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2016 12:10 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,093	3,461	24,659	1.00
2.00	HMO and other (see instructions)			2,373	9,052		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
8.01	PEDIATRIC INTENSIVE CARE UNIT						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,093	3,461	24,659	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	709	848	2,300	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 260091		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/28/2016 12:10 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200,000	200,551,989	0	200,551,989	6,281,906.80	31.93	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		239,019	0	239,019	2,290.71	104.34	4.00
4.01	Physicians - Part A - Teaching		597,275	0	597,275	6,763.13	88.31	4.01
5.00	Physician-Part B		12,119,376	0	12,119,376	123,365.13	98.24	5.00
6.00	Non-physician-Part B		6,617,394	0	6,617,394	106,730.46	62.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,770,237	1,770,237	66,750.88	26.52	7.00
7.01	Contracted interns and residents (in an approved programs)		12,181,991	0	12,181,991	346,076.23	35.20	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		13,105,694	-82,671	13,023,023	358,657.25	36.31	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		19,929,912	0	19,929,912	450,554.07	44.23	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		510,312	0	510,312	4,082.49	125.00	13.00
14.00	Home office salaries & wage-related costs		35,136,332	0	35,136,332	757,696.47	46.37	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		22,923,489	0	22,923,489	193,470.94	118.49	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		73,550,034	0	73,550,034			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		5,406,730	0	5,406,730			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		98,263	0	98,263			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		3,144,079	0	3,144,079			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		827,944	0	827,944			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	225,857	0	225,857	11,047.66	20.44	26.00
27.00	Administrative & General	5.00	15,233,720	-541,053	14,692,667	456,863.17	32.16	27.00
28.00	Administrative & General under contract (see inst.)		936,820	0	936,820	7,781.00	120.40	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,936,283	0	2,936,283	96,377.53	30.47	30.00
31.00	Laundry & Linen Service	8.00	244,736	0	244,736	17,316.23	14.13	31.00
32.00	Housekeeping	9.00	4,246,564	0	4,246,564	310,289.71	13.69	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,786,784	-2,969,980	816,804	59,052.72	13.83	34.00
35.00	Dietary under contract (see instructions)		1,119,998	0	1,119,998	42,360.00	26.44	35.00
36.00	Cafeteria	11.00	0	2,969,980	2,969,980	214,721.53	13.83	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,040,493	0	5,040,493	158,422.37	31.82	38.00
39.00	Central Services and Supply	14.00	537,435	541,053	1,078,488	61,242.79	17.61	39.00
40.00	Pharmacy	15.00	7,318,519	-96,821	7,221,698	175,103.55	41.24	40.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 260091		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/28/2016 12:10 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medi cal Records & Medi cal Records Li brary	16.00 769,710	0	769,710	37,377.79	20.59	41.00
42.00	Soci al Servi ce	17.00 3,019,578	13,046	3,032,624	84,977.55	35.69	42.00
43.00	Other General Servi ce	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260091

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/28/2016 12:10 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	171,092,771	-1,770,237	169,322,534	5,682,361.97	29.80	1.00
2.00	Excluded area salaries (see instructions)	13,105,694	-82,671	13,023,023	358,657.25	36.31	2.00
3.00	Subtotal salaries (line 1 minus line 2)	157,987,077	-1,687,566	156,299,511	5,323,704.72	29.36	3.00
4.00	Subtotal other wages & related costs (see inst.)	55,576,556	0	55,576,556	1,212,333.03	45.84	4.00
5.00	Subtotal wage-related costs (see inst.)	73,648,297	0	73,648,297	0.00	47.12	5.00
6.00	Total (sum of lines 3 thru 5)	287,211,930	-1,687,566	285,524,364	6,536,037.75	43.68	6.00
7.00	Total overhead cost (see instructions)	45,416,497	-83,775	45,332,722	1,732,933.60	26.16	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2016 12:10 pm
				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			1,557,056 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			25,387,067 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 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)			37,603,818 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			1,098,712 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			574,681 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			47,981 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			826,191 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,083,153 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			13,850,556 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			173,658 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))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			902,888 23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>			<b>83,105,761 24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/28/2016 12:10 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		20,975,174	0 1.00
2.00	Hospital		19,929,912	0 2.00
3.00	Subprovider - IPF		1,045,262	0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-5

Date/Time Prepared:  
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		Outpatient		Training		Home		1.00	
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	7	2	9	6	0	6	1.00	
2.00	Number of times per week patient receives dialysis	3.00	3.00	3.00	1.00	0.00	12.50	2.00	
3.00	Average patient dialysis time including setup	5.50	5.50	0.00	12.50			3.00	
4.00	CAPD exchanges per day				12.00		12.00	4.00	
5.00	Number of days in year dialysis furnished	365	365					5.00	
6.00	Number of stations	4	4	0	1			6.00	
7.00	Treatment capacity per day per station	2	2					7.00	
8.00	Utilization (see instructions)	43.66	12.47					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						Y	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
							Prior to 1/1	After 12/31	
							1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						5		11.00
12.00	Number of patients transplanted during the cost reporting period						4		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
							MCP	INITIAL METHOD	
							1.00	2.00	
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable							X	21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	PROCRIT 10M	1,995	0	99	0	22.00		
22.01		PROCRIT 10M	13,975	0	695	0	22.01		
22.02		PROCRIT 10M	5,990	0	298	0	22.02		
22.03		PROCRIT 10M	12,546	0	595	0	22.03		
22.04		PROCRIT 10M	33,463	0	1,588	0	22.04		
22.05		PROCRIT 10M	10,465	0	496	0	22.05		
22.06		PROCRIT 10M	1,078	0	99	0	22.06		
22.07		PROCRIT 10M	2,259	0	198	0	22.07		
22.08		PROCRIT 2M	569	0	29	0	22.08		

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-5

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	ESA Description	Net Cost of	Net Cost of	Number of ESA	Number of ESA	
		ESAs for Renal Patients	ESAs for Home Patients	Units - Renal Dialysis Dept.	Units - Home Dialysis Dept.	
	1.00	2.00	3.00	4.00	5.00	
22.09	PROCRI T 2M	569	0	29	0	22.09
22.10	PROCRI T 2M	696	0	33	0	22.10
22.11	PROCRI T 4M	1,897	0	95	0	22.11
22.12	PROCRI T 4M	1,139	0	57	0	22.12
22.13	PROCRI T 4M	398	0	19	0	22.13
22.14	PROCRI T 4M	2,386	0	114	0	22.14

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/28/2016 12:10 pm
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.241786		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		207,060,915		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		50,183,418		5.00
6.00	Medicaid charges		770,721,382		6.00
7.00	Medicaid cost (line 1 times line 6)		186,349,640		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		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		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	44,828,278	1,482,415	46,310,693	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	10,838,850	358,427	11,197,277	21.00
22.00	Partial payment by patients approved for charity care	111,682	141,703	253,385	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,727,168	216,724	10,943,892	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)		32,518,864		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,419,131		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		31,099,733		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		7,519,480		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		18,463,372		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		18,463,372		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/28/2016 12:10 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		12,840,385		12,840,385	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		13,246,456		13,246,456	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	225,857	49,874,899	50,100,756	50,100,756	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,233,720	136,683,839	151,917,559	149,366,537	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	5,366,958	5,366,958	5,366,958	6.00
7.00	00700	OPERATION OF PLANT	2,936,283	11,567,734	14,504,017	14,504,017	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	244,736	1,532,728	1,777,464	1,777,464	8.00
9.00	00900	HOUSEKEEPING	4,246,564	3,247,640	7,494,204	7,494,204	9.00
10.00	01000	DIETARY	3,786,784	5,817,475	9,604,259	2,071,625	10.00
11.00	01100	CAFETERIA	0	0	0	7,532,634	11.00
13.00	01300	NURSING ADMINISTRATION	5,040,493	1,406,207	6,446,700	6,446,700	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	537,435	1,223,123	1,760,558	3,752,153	14.00
15.00	01500	PHARMACY	7,318,519	40,098,106	47,416,625	11,685,308	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	769,710	974,993	1,744,703	1,744,703	16.00
17.00	01700	SOCIAL SERVICE	3,019,578	319,751	3,339,329	3,373,534	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,770,237	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,887,998	56,015,729	58,903,727	56,718,283	22.00
23.00	02300	PARAMED ED PRGM	580,395	32,449	612,844	732,630	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	39,841,642	7,212,983	47,054,625	38,098,325	30.00
31.00	03100	INTENSIVE CARE UNIT	7,722,869	3,363,102	11,085,971	9,621,755	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	3,876,653	1,457,963	5,334,616	4,350,047	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	16,641,335	2,988,522	19,629,857	18,006,550	35.00
40.00	04000	SUBPROVIDER - I/PF	3,768,303	2,095,496	5,863,799	5,668,341	40.00
43.00	04300	NURSERY	0	0	0	1,421,368	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	8,063,713	24,299,082	32,362,795	13,219,467	50.00
51.00	05100	RECOVERY ROOM	3,591,660	375,335	3,966,995	3,719,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,127,231	52.00
53.00	05300	ANESTHESIOLOGY	229,325	4,709,001	4,938,326	3,896,346	53.00
53.01	05301	PAIN MANAGEMENT	625,192	384,092	1,009,284	818,995	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,093,392	3,364,485	8,457,877	6,864,895	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,914,423	4,326,570	7,240,993	6,753,438	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	669,259	1,053,651	1,722,910	1,688,840	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	835,257	83,130	918,387	848,476	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,661,520	9,315,498	10,977,018	1,970,586	59.00
60.00	06000	LABORATORY	3,170,206	7,482,077	10,652,283	10,793,816	60.00
60.01	06001	ANATOMIC PATHOLOGY	1,796,890	2,648,125	4,445,015	4,352,596	60.01
60.02	06003	LAB-STEM CELL	24,476	3,892	28,368	27,361	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,010,388	2,606,464	4,616,852	4,460,771	63.00
64.00	06400	INTRAVENOUS THERAPY	2,425,132	1,040,742	3,465,874	3,084,506	64.00
65.00	06500	RESPIRATORY THERAPY	3,974,304	3,375,214	7,349,518	6,677,481	65.00
65.01	06501	SLEEP DISORDER	856,534	388,614	1,245,148	1,180,468	65.01
66.00	06600	PHYSICAL THERAPY	671,996	1,017,569	1,689,565	1,682,620	66.00
67.00	06700	OCCUPATIONAL THERAPY	408,105	288,722	696,827	684,979	67.00
68.00	06800	SPEECH PATHOLOGY	703,753	451,191	1,154,944	919,830	68.00
69.00	06900	ELECTROCARDIOLOGY	1,280,402	464,009	1,744,411	1,690,676	69.00
69.01	06901	CARDIAC REHAB	342,753	16,564	359,317	382,568	69.01
69.02	06902	VASCULAR LAB	255,930	7,215	263,145	267,232	69.02
69.03	06903	ENDOSCOPY	1,791,178	1,112,818	2,903,996	2,131,919	69.03
69.04	06904	CLINICAL NUTRITION	911,497	8,049	919,546	919,546	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1,445,764	37,942	1,483,706	1,471,521	70.00
70.01	07001	ECT	125,757	10,754	136,511	126,827	70.01
70.02	07002	PSYCHOTHERAPY	558,009	208,704	766,713	876,637	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	28,889,376	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,254,255	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	35,304,110	73.00
74.00	07400	RENAL DIALYSIS	419,591	1,507,821	1,927,412	1,778,948	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	15,450,488	5,113,877	20,564,365	20,109,808	90.00
91.00	09100	EMERGENCY	10,809,225	3,217,717	14,026,942	12,594,070	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260091

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

Worksheet A

Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	250,767	744,225	994,992	-727,013	267,979	105.00
106.00 10600 HEART ACQUISITION	0	0	0	287,966	287,966	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	105,481	105,481	107.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	192,045,760	437,029,687	629,075,447	-153,739	628,921,708	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	75,279	370,805	446,084	0	446,084	190.00
191.00 19100 RESEARCH	0	233,475	233,475	0	233,475	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	278,611	731,881	1,010,492	0	1,010,492	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	0	0	0	153,739	153,739	194.01
194.02 07952 POISON CONTROL	2,051,142	589,232	2,640,374	0	2,640,374	194.02
194.03 07953 COMMUNITY EDUCATION	275,669	40,093	315,762	0	315,762	194.03
194.04 07954 BILLABLE DEPARTMENTS	534,416	-76,409	458,007	0	458,007	194.04
194.05 07955 MISC NONREIMBURSABLE	3,359,537	4,364,379	7,723,916	0	7,723,916	194.05
194.06 07956 RETAIL PHARMACY	705,919	4,402,630	5,108,549	0	5,108,549	194.06
194.07 07957 FREESTANDING RHC	1,225,656	623,436	1,849,092	0	1,849,092	194.07
200.00 TOTAL (SUM OF LINES 118-199)	200,551,989	448,309,209	648,861,198	0	648,861,198	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/28/2016 12:10 pm
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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	904,207	13,744,592	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,176,649	14,423,105	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,686,417	56,787,173	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-25,793,157	123,573,380	5.00
6.00	00600	MAINTENANCE & REPAIRS	-1,787,176	3,579,782	6.00
7.00	00700	OPERATION OF PLANT	-338,605	14,165,412	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-78,698	1,698,766	8.00
9.00	00900	HOUSEKEEPING	-29,834	7,464,370	9.00
10.00	01000	DIETARY	-90	2,071,535	10.00
11.00	01100	CAFETERIA	-3,995,601	3,537,033	11.00
13.00	01300	NURSING ADMINISTRATION	-8,793	6,437,907	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-9,391	3,742,762	14.00
15.00	01500	PHARMACY	-1,030	11,684,278	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-12,835	1,731,868	16.00
17.00	01700	SOCIAL SERVICE	-20,409	3,353,125	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,770,237	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,200,583	54,517,700	22.00
23.00	02300	PARAMED PRGM	-162	732,468	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-8,076,778	30,021,547	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,306,466	8,315,289	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	-37,699	4,312,348	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	-3,823,294	14,183,256	35.00
40.00	04000	SUBPROVIDER - IPF	-577,334	5,091,007	40.00
43.00	04300	NURSERY	0	1,421,368	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-438,144	12,781,323	50.00
51.00	05100	RECOVERY ROOM	-5,240	3,713,877	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,247	4,125,984	52.00
53.00	05300	ANESTHESIOLOGY	-3,488,112	408,234	53.00
53.01	05301	PAIN MANAGEMENT	-18,155	800,840	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-113,775	6,751,120	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,402,344	5,351,094	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	-484	1,688,356	55.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	ULTRASOUND	-77,810	770,666	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-4,246	1,966,340	59.00
60.00	06000	LABORATORY	-1,123,328	9,670,488	60.00
60.01	06001	ANATOMICAL PATHOLOGY	-1,593,364	2,759,232	60.01
60.02	06003	LAB-STEM CELL	0	27,361	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-168,819	4,291,952	63.00
64.00	06400	INTRAVENOUS THERAPY	-113,197	2,971,309	64.00
65.00	06500	RESPIRATORY THERAPY	-11,776	6,665,705	65.00
65.01	06501	SLEEP DISORDER	-4,128	1,176,340	65.01
66.00	06600	PHYSICAL THERAPY	-52	1,682,568	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	684,979	67.00
68.00	06800	SPEECH PATHOLOGY	-1,468	918,362	68.00
69.00	06900	ELECTROCARDIOLOGY	-286,444	1,404,232	69.00
69.01	06901	CARDIAC REHAB	-8,985	373,583	69.01
69.02	06902	VASCULAR LAB	-21,860	245,372	69.02
69.03	06903	ENDOSCOPY	-1,796	2,130,123	69.03
69.04	06904	CLINICAL NUTRITION	-41,475	878,071	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	-134,780	1,336,741	70.00
70.01	07001	ECT	0	126,827	70.01
70.02	07002	PSYCHOTHERAPY	-187,921	688,716	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-239,873	28,649,503	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,254,255	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-10,377,856	24,926,254	73.00
74.00	07400	RENAL DIALYSIS	0	1,778,948	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-8,752,066	11,357,742	90.00
91.00	09100	EMERGENCY	-94,128	12,499,942	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION	0	267,979	105.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260091

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

Worksheet A  
Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
106.00	10600	HEART ACQUISITION	0	287,966	106.00
107.00	10700	LIVER ACQUISITION	0	105,481	107.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-68,043,535	560,878,173	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	446,084	190.00
191.00	19100	RESEARCH	0	233,475	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,010,492	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	FOUNDATION	0	153,739	194.01
194.02	07952	POISON CONTROL	0	2,640,374	194.02
194.03	07953	COMMUNITY EDUCATION	0	315,762	194.03
194.04	07954	BILLABLE DEPARTMENTS	0	458,007	194.04
194.05	07955	MISC NONREIMBURSABLE	0	7,723,916	194.05
194.06	07956	RETAIL PHARMACY	0	5,108,549	194.06
194.07	07957	FREESTANDING RHC	0	1,849,092	194.07
200.00		TOTAL (SUM OF LINES 118-199)	-68,043,535	580,817,663	200.00

RECLASSIFICATIONS

Provider CCN: 260091

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

Worksheet A-6

Date/Time Prepared:  
5/28/2016 12:10 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - PHARMACY COSTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	35,304,110	1.00
	O		0	35,304,110	
<b>B - BEHAVIORAL MEDICINE</b>					
1.00	PSYCHOTHERAPY	70.02	69,167	40,810	1.00
2.00	SOCIAL SERVICE	17.00	51,974	21,159	2.00
3.00	EMERGENCY	91.00	155,922	63,479	3.00
	O		277,063	125,448	
<b>C - DIETARY</b>					
1.00	CAFETERIA	11.00	2,969,980	4,562,654	1.00
	O		2,969,980	4,562,654	
<b>D - PHARMACY PARAMED ED COSTS</b>					
1.00	PARAMED ED PRGM	23.00	69,170	27,589	1.00
	O		69,170	27,589	
<b>E - RENTAL PARKING CGCH FOUNDATION</b>					
1.00	FOUNDATION	194.01	0	153,739	1.00
	O		0	153,739	
<b>F - INTEREST</b>					
1.00		0.00	0	0	1.00
	O		0	0	
<b>G - LABOR &amp; DELIVERY</b>					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	2,747,310	1,014,004	1.00
	O		2,747,310	1,014,004	
<b>H - MATERNAL TRANSPORT</b>					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	360,596	521	1.00
	O		360,596	521	
<b>I - CHARGEABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	28,889,376	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	16,254,255	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
	O		0	45,143,631	
<b>J - NURSERY</b>					
1.00	NURSERY	43.00	1,241,692	179,676	1.00
	O		1,241,692	179,676	
<b>K - INTERNS &amp; RESIDENTS</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,770,237	0	1.00
	O		1,770,237	0	

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>L - TRANSPLANT OTHER EXPENSES</b>						
1.00	HEART ACQUISITION	106.00	0	171,769	1.00	
2.00	LIVER ACQUISITION	107.00	0	74,286	2.00	
	O		0	246,055		
<b>M - TRANSPLANT SALARY EXPENSES</b>						
1.00	ADULTS & PEDIATRICS	30.00	160,616	0	1.00	
2.00	KIDNEY ACQUISITION	105.00	38,819	0	2.00	
3.00	HEART ACQUISITION	106.00	82,274	0	3.00	
4.00	LIVER ACQUISITION	107.00	30,159	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
	O		311,868	0		
<b>N - TRANSPLANT SLU HLA</b>						
1.00	LABORATORY	60.00	0	234,052	1.00	
2.00	HEART ACQUISITION	106.00	0	33,923	2.00	
3.00	LIVER ACQUISITION	107.00	0	1,036	3.00	
	O		0	269,011		
<b>O - NON-TEACHING PHYSICIAN COSTS</b>						
1.00	ADULTS & PEDIATRICS	30.00	151,941	320,455	1.00	
2.00	OPERATING ROOM	50.00	0	69,209	2.00	
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,800	3.00	
4.00	ANESTHESIOLOGY	53.00	0	31,200	4.00	
5.00	PAIN MANAGEMENT	53.01	0	51,597	5.00	
6.00	ANATOMICAL PATHOLOGY	60.01	0	71,408	6.00	
7.00	RESPIRATORY THERAPY	65.00	0	20,026	7.00	
8.00	SLEEP DISORDER	65.01	0	12,210	8.00	
9.00	CARDIAC REHAB	69.01	0	28,153	9.00	
10.00	VASCULAR LAB	69.02	0	6,152	10.00	
11.00	CLINIC	90.00	0	67,664	11.00	
	O		151,941	682,874		
<b>P - FRA</b>						
1.00		0.00	0	0	1.00	
	O		0	0		
<b>Q - CENTRAL SUPPLY</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	541,053	1,450,542	1.00	
	O		541,053	1,450,542		
<b>R - SPEECH THERAPY</b>						
1.00	SPEECH PATHOLOGY	68.00	0	16,152	1.00	
	TOTALS		0	16,152		
<b>S - CG PHARMACY RESIDENTS</b>						
1.00	PARAMED ED PRGM	23.00	68,377	6,187	1.00	
2.00	PHARMACY	15.00	51,537	0	2.00	
	TOTALS		119,914	6,187		
500.00	Grand Total: Increases		10,560,824	89,182,193	500.00	

RECLASSIFICATIONS

Provider CCN: 260091

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

Worksheet A-6  
Date/Time Prepared:  
5/28/2016 12:10 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - PHARMACY COSTS</b>						
1.00 PHARMACY	15.00	0	35,304,110	0		1.00
O		0	35,304,110			
<b>B - BEHAVIORAL MEDICINE</b>						
1.00 SUBPROVIDER - IPF	40.00	69,167	40,810	0		1.00
2.00 ADULTS & PEDIATRICS	30.00	207,896	84,638	0		2.00
3.00	0.00	0	0	0		3.00
O		277,063	125,448			
<b>C - DIETARY</b>						
1.00 DIETARY	10.00	2,969,980	4,562,654	0		1.00
O		2,969,980	4,562,654			
<b>D - PHARMACY PARAMED ED COSTS</b>						
1.00 PHARMACY	15.00	69,170	27,589	0		1.00
O		69,170	27,589			
<b>E - RENTAL PARKING CGCH FOUNDATION</b>						
1.00 ADMINISTRATIVE & GENERAL	5.00	0	153,739	0		1.00
O		0	153,739			
<b>F - INTEREST</b>						
1.00	0.00	0	0	0		1.00
O		0	0			
<b>G - LABOR &amp; DELIVERY</b>						
1.00 ADULTS & PEDIATRICS	30.00	2,747,310	1,014,004	0		1.00
O		2,747,310	1,014,004			
<b>H - MATERNAL TRANSPORT</b>						
1.00 ADULTS & PEDIATRICS	30.00	360,596	521	0		1.00
O		360,596	521			
<b>I - CHARGEABLE SUPPLIES</b>						
1.00 PHARMACY	15.00	0	296,610	0		1.00
2.00 ADULTS & PEDIATRICS	30.00	0	3,745,816	0		2.00
3.00 INTENSIVE CARE UNIT	31.00	0	1,464,216	0		3.00
4.00 PEDIATRIC INTENSIVE CARE UNIT	31.01	0	984,569	0		4.00
5.00 NEONATAL INTENSIVE CARE UNIT	35.00	0	1,623,307	0		5.00
6.00 SUBPROVIDER - IPF	40.00	0	85,481	0		6.00
7.00 OPERATING ROOM	50.00	0	19,212,368	0		7.00
8.00 RECOVERY ROOM	51.00	0	247,878	0		8.00
9.00 ANESTHESIOLOGY	53.00	0	1,073,180	0		9.00
10.00 PAIN MANAGEMENT	53.01	0	241,886	0		10.00
11.00 RADIOLOGY-DIAGNOSTIC	54.00	0	1,592,982	0		11.00
12.00 RADIOLOGY-THERAPEUTIC	55.00	0	487,555	0		12.00
13.00 NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0	34,070	0		13.00
14.00 ULTRASOUND	56.01	0	53,759	0		14.00
15.00 CARDIAC CATHETERIZATION	59.00	0	8,992,512	0		15.00
16.00 LABORATORY	60.00	0	92,519	0		16.00
17.00 ANATOMICAL PATHOLOGY	60.01	0	163,827	0		17.00
18.00 LAB-STEM CELL	60.02	0	1,007	0		18.00
19.00 BLOOD STORAGE, PROCESSING & TRANS.	63.00	0	156,081	0		19.00
20.00 INTRAVENOUS THERAPY	64.00	0	377,337	0		20.00
21.00 RESPIRATORY THERAPY	65.00	0	692,063	0		21.00
22.00 SLEEP DISORDER	65.01	0	76,890	0		22.00
23.00 PHYSICAL THERAPY	66.00	0	6,945	0		23.00
24.00 OCCUPATIONAL THERAPY	67.00	0	11,848	0		24.00
25.00 SPEECH PATHOLOGY	68.00	0	251,266	0		25.00
26.00 ELECTROCARDIOLOGY	69.00	0	53,735	0		26.00
27.00 CARDIAC REHAB	69.01	0	4,902	0		27.00
28.00 VASCULAR LAB	69.02	0	2,065	0		28.00
29.00 ENDOSCOPY	69.03	0	772,077	0		29.00
30.00 ELECTROENCEPHALOGRAPHY	70.00	0	12,185	0		30.00
31.00 ECT	70.01	0	9,684	0		31.00
32.00 PSYCHOTHERAPY	70.02	0	53	0		32.00
33.00 RENAL DIALYSIS	74.00	0	148,464	0		33.00
34.00 CLINIC	90.00	0	522,221	0		34.00
35.00 EMERGENCY	91.00	0	1,652,273	0		35.00
O		0	45,143,631			
<b>J - NURSERY</b>						
1.00 ADULTS & PEDIATRICS	30.00	1,241,692	179,676	0		1.00
O		1,241,692	179,676			
<b>K - INTERNS &amp; RESIDENTS</b>						
1.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,770,237	0	0		1.00
O		1,770,237	0			

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>L - TRANSPLANT OTHER EXPENSES</b>							
1.00	KIDNEY ACQUISITION	105.00	0	246,055	0		1.00
2.00		0.00	0	0	0		2.00
	O		0	246,055			
<b>M - TRANSPLANT SALARY EXPENSES</b>							
1.00	KIDNEY ACQUISITION	105.00	250,766	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	7,163	0	0		2.00
3.00	SOCIAL SERVICE	17.00	38,928	0	0		3.00
4.00	PHARMACY	15.00	10,811	0	0		4.00
5.00	INTRAVENOUS THERAPY	64.00	4,031	0	0		5.00
6.00	OPERATING ROOM	50.00	169	0	0		6.00
	O		311,868	0			
<b>N - TRANSPLANT SLU HLA</b>							
1.00	KIDNEY ACQUISITION	105.00	0	269,011	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O		0	269,011			
<b>O - NON-TEACHING PHYSICIAN COSTS</b>							
1.00	I&R SERVICES-OTHER PRGM	22.00	151,941	263,266	0		1.00
	COSTS APPRVD						
2.00	ADMINISTRATIVE & GENERAL	5.00	0	405,688	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	13,920	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	O		151,941	682,874			
<b>P - FRA</b>							
1.00		0.00	0	0	0		1.00
	O		0	0			
<b>Q - CENTRAL SUPPLY</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	541,053	1,450,542	0		1.00
	O		541,053	1,450,542			
<b>R - SPEECH THERAPY</b>							
1.00	ULTRA SOUND	56.01	0	16,152	0		1.00
	TOTALS		0	16,152			
<b>S - CG PHARMACY RESIDENTS</b>							
1.00	PHARMACY	15.00	68,377	6,187	0		1.00
2.00	PARAMED ED PRGM	23.00	51,537	0	0		2.00
	TOTALS		119,914	6,187			
500.00	Grand Total: Decreases		10,560,824	89,182,193			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260091

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/28/2016 12:10 pm

	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	18,198,205	0	0	0	1.00
2.00	Land Improvements	9,616,310	0	0	0	2.00
3.00	Buildings and Fixtures	406,461,361	4,665,615	0	4,665,615	3.00
4.00	Building Improvements	8,177,254	0	0	0	4.00
5.00	Fixed Equipment	47,119,380	1,328,232	0	1,328,232	5.00
6.00	Movable Equipment	177,506,637	12,788,110	916,014	13,704,124	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	667,079,147	18,781,957	916,014	19,697,971	8.00
9.00	Reconciling Items	-6,280,153	-13,969,832	0	-13,969,832	9.00
10.00	Total (line 8 minus line 9)	673,359,300	32,751,789	916,014	33,667,803	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	18,198,205	0			1.00
2.00	Land Improvements	9,616,310	0			2.00
3.00	Buildings and Fixtures	410,553,702	0			3.00
4.00	Building Improvements	7,355,634	0			4.00
5.00	Fixed Equipment	48,257,712	0			5.00
6.00	Movable Equipment	166,699,689	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	660,681,252	0			8.00
9.00	Reconciling Items	-20,249,985	0			9.00
10.00	Total (line 8 minus line 9)	680,931,237	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260091

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	12,840,385	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	13,246,456	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	26,086,841	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	12,840,385				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	13,246,456				2.00
3.00	Total (sum of lines 1-2)	0	26,086,841				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260091

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	12,840,385	0	12,840,385	0.492217	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	13,246,456	0	13,246,456	0.507783	0	2.00
3.00	Total (sum of lines 1-2)	26,086,841	0	26,086,841	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	13,744,592	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	18,056,329	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	31,800,921	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	13,744,592	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-3,633,224	0	0	0	14,423,105	2.00
3.00	Total (sum of lines 1-2)	-3,633,224	0	0	0	28,167,697	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260091

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

Worksheet A-8

Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	A	-1,552,410	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0	0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0	0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-20,621,418	0		0.00	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-8,934,638	0		0.00	0	12.00
13.00 Laundry and linen service		0	0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0	0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0	0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00 Vending machines		0	0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	0 RESPIRATORY THERAPY	65.00	0	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	0 PHYSICAL THERAPY	66.00	0	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	0 *** Cost Center Deleted ***	114.00	0	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	0	0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	0	0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	0	0 NONPHYSICIAN ANESTHETISTS	19.00	0	28.00
29.00 Physicians' assistant		0	0	0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	0 OCCUPATIONAL THERAPY	67.00	0	30.00
30.99 Hospice (non-distinct) (see instructions)		0	0	0 ADULTS & PEDIATRICS	30.00	0	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	0 SPEECH PATHOLOGY	68.00	0	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0	0	0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00	MI SC REVENUE	B	-3,546,346	ADMINISTRATIVE & GENERAL	5.00	0 33.00
33.01	MI SC REVENUE	B	-338,527	OPERATION OF PLANT	7.00	0 33.01
33.02	MI SC REVENUE	B	-78,698	LAUNDRY & LINEN SERVICE	8.00	0 33.02
33.03	MI SC REVENUE	B	-27,592	HOUSEKEEPING	9.00	0 33.03
33.04	MI SC REVENUE	B	-90	DIETARY	10.00	0 33.04
33.05	MI SC REVENUE	B	-3,995,601	CAFETERIA	11.00	0 33.05
33.06	MI SC REVENUE	B	-225	NURSING ADMINISTRATION	13.00	0 33.06
33.07	MI SC REVENUE	B	-9,391	CENTRAL SERVICES & SUPPLY	14.00	0 33.07
33.08	MI SC REVENUE	B	-12,835	MEDICAL RECORDS & LIBRARY	16.00	0 33.08
33.09	MI SC REVENUE	B	-190	SOCIAL SERVICE	17.00	0 33.09
33.10	MI SC REVENUE	B	-2,200,523	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 33.10
33.11	MI SC REVENUE	B	-126,206	ADULTS & PEDIATRICS	30.00	0 33.11
33.12	MI SC REVENUE	B	-14	INTENSIVE CARE UNIT	31.00	0 33.12
33.13	MI SC REVENUE	B	-34,952	PEDIATRIC INTENSIVE CARE UNIT	31.01	0 33.13
33.14	MI SC REVENUE	B	-29	SUBPROVIDER - IPF	40.00	0 33.14
33.15	MI SC REVENUE	B	-39,749	OPERATING ROOM	50.00	0 33.15
33.16	MI SC REVENUE	B	-5,240	RECOVERY ROOM	51.00	0 33.16
33.17	MI SC REVENUE	B	-6,636	ANESTHESIOLOGY	53.00	0 33.17
33.18	MI SC REVENUE	B	-6,127	PAIN MANAGEMENT	53.01	0 33.18
33.19	MI SC REVENUE	B	-106,587	RADIOLOGY-DIAGNOSTIC	54.00	0 33.19
33.20	MI SC REVENUE	B	-1,016,983	RADIOLOGY-THERAPEUTIC	55.00	0 33.20
33.21	MI SC REVENUE	B	-466	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0 33.21
33.22	MI SC REVENUE	B	-77,727	ULTRASOUND	56.01	0 33.22
33.23	MI SC REVENUE	B	-4,062	CARDIAC CATHETERIZATION	59.00	0 33.23
33.24	MI SC REVENUE	B	-862,765	LABORATORY	60.00	0 33.24
33.25	MI SC REVENUE	B	-1,455,311	ANATOMY PATHOLOGY	60.01	0 33.25
33.26	MI SC REVENUE	B	-168,719	BLOOD STORAGE, PROCESSING & TRANS.	63.00	0 33.26
33.27	MI SC REVENUE	B	-111,911	INTRAVENOUS THERAPY	64.00	0 33.27
33.28	MI SC REVENUE	B	-4,738	RESPIRATORY THERAPY	65.00	0 33.28
33.29	MI SC REVENUE	B	-52	PHYSICAL THERAPY	66.00	0 33.29
33.30	MI SC REVENUE	B	-1,468	SPEECH PATHOLOGY	68.00	0 33.30
33.31	MI SC REVENUE	B	-30,315	ELECTROCARDIOLOGY	69.00	0 33.31
33.32	MI SC REVENUE	B	-18,287	VASCULAR LAB	69.02	0 33.32
33.33	MI SC REVENUE	B	-1,796	ENDOSCOPY	69.03	0 33.33
33.34	MI SC REVENUE	B	-41,475	CLINICAL NUTRITION	69.04	0 33.34
33.35	MI SC REVENUE	B	-6,972	ELECTROENCEPHALOGRAPHY	70.00	0 33.35
33.36	MI SC REVENUE	B	-10,377,856	DRUGS CHARGED TO PATIENTS	73.00	0 33.36
33.37	MI SC REVENUE	B	-635,593	CLINIC	90.00	0 33.37
33.38	MI SC REVENUE	B	-155	EMERGENCY	91.00	0 33.38
34.00	PERSONAL DUES	A	-1,150	ADMINISTRATIVE & GENERAL	5.00	0 34.00
36.00	TV	A	-277	ADULTS & PEDIATRICS	30.00	0 36.00
36.01	TV	A	-1,901	PEDIATRIC INTENSIVE CARE UNIT	31.01	0 36.01
36.02	TV	A	-787	NEONATAL INTENSIVE CARE UNIT	35.00	0 36.02
37.00	PATIENT TELEPHONES	A	-33,656	ADMINISTRATIVE & GENERAL	5.00	0 37.00
38.00	FRA EXPENSE MCR ADJUSTMENT	A	-5,249,317	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00	LOBBYING EXPENSE	A	-108,972	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00	BAD DEBT EXPENSE	A	-127,056	ADMINISTRATIVE & GENERAL	5.00	0 40.00
41.00	NON MED TRANSPORTATION	A	-2,213	RADIOLOGY-DIAGNOSTIC	54.00	0 41.00
41.01	NON MED TRANSPORTATION	A	-400	SUBPROVIDER - IPF	40.00	0 41.01
41.02	NON MED TRANSPORTATION	A	-187,382	PSYCHOTHERAPY	70.02	0 41.02
41.03	NON MED TRANSPORTATION	A	-34	CLINIC	90.00	0 41.03
42.00	ADVERTISING	A	-51,024	ADMINISTRATIVE & GENERAL	5.00	0 42.00
42.01	ADVERTISING	A	-368	PHARMACY	15.00	0 42.01
42.02	ADVERTISING	A	-5,856	ADULTS & PEDIATRICS	30.00	0 42.02
42.03	ADVERTISING	A	-202	PAIN MANAGEMENT	53.01	0 42.03
42.04	ADVERTISING	A	-388	RADIOLOGY-DIAGNOSTIC	54.00	0 42.04
42.05	ADVERTISING	A	-370	INTRAVENOUS THERAPY	64.00	0 42.05
42.06	ADVERTISING	A	-17	SLEEP DISORDER	65.01	0 42.06
42.07	ADVERTISING	A	-447	ELECTROCARDIOLOGY	69.00	0 42.07
42.08	ADVERTISING	A	-1,550	VASCULAR LAB	69.02	0 42.08
42.09	ADVERTISING	A	-45,127	CLINIC	90.00	0 42.09
42.10	ADVERTISING	A	-1,143	EMERGENCY	91.00	0 42.10
43.00	ENTERTAINMENT	A	-34,263	ADMINISTRATIVE & GENERAL	5.00	0 43.00
43.01	ENTERTAINMENT	A	-238	ADULTS & PEDIATRICS	30.00	0 43.01
43.02	ENTERTAINMENT	A	-1,295	INTENSIVE CARE UNIT	31.00	0 43.02

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	
43.03 ENTERTAINMENT	A	-101	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	43.03
43.04 ENTERTAINMENT	A	-48	RADIOLOGY-DIAGNOSTIC	54.00	0	43.04
43.05 ENTERTAINMENT	A	-134	CARDIAC CATHETERIZATION	59.00	0	43.05
43.06 ENTERTAINMENT	A	-10	ELECTROCARDIOLOGY	69.00	0	43.06
43.07 ENTERTAINMENT	A	-320	PSYCHOTHERAPY	70.02	0	43.07
43.08 ENTERTAINMENT	A	-225	EMERGENCY	91.00	0	43.08
44.00 CONTRIBUTIONS	A	-6,651	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.00
44.01 CONTRIBUTIONS	A	-162,431	ADMINISTRATIVE & GENERAL	5.00	0	44.01
44.02 CONTRIBUTIONS	A	-78	OPERATION OF PLANT	7.00	0	44.02
44.03 CONTRIBUTIONS	A	-2,242	HOUSEKEEPING	9.00	0	44.03
44.04 CONTRIBUTIONS	A	-8,568	NURSING ADMINISTRATION	13.00	0	44.04
44.05 CONTRIBUTIONS	A	-662	PHARMACY	15.00	0	44.05
44.06 CONTRIBUTIONS	A	-20,219	SOCIAL SERVICE	17.00	0	44.06
44.07 CONTRIBUTIONS	A	-60	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	44.07
44.08 CONTRIBUTIONS	A	-162	PARAMEDICAL PRGM	23.00	0	44.08
44.09 CONTRIBUTIONS	A	-16,346	ADULTS & PEDIATRICS	30.00	0	44.09
44.10 CONTRIBUTIONS	A	-222	INTENSIVE CARE UNIT	31.00	0	44.10
44.11 CONTRIBUTIONS	A	-745	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	44.11
44.12 CONTRIBUTIONS	A	-2,245	NEONATAL INTENSIVE CARE UNIT	35.00	0	44.12
44.13 CONTRIBUTIONS	A	-1,245	OPERATING ROOM	50.00	0	44.13
44.14 CONTRIBUTIONS	A	-3,918	RADIOLOGY-DIAGNOSTIC	54.00	0	44.14
44.15 CONTRIBUTIONS	A	-515	RADIOLOGY-THERAPEUTIC	55.00	0	44.15
44.16 CONTRIBUTIONS	A	-18	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0	44.16
44.17 CONTRIBUTIONS	A	-83	ULTRASOUND	56.01	0	44.17
44.18 CONTRIBUTIONS	A	-50	CARDIAC CATHETERIZATION	59.00	0	44.18
44.19 CONTRIBUTIONS	A	-563	LABORATORY	60.00	0	44.19
44.20 CONTRIBUTIONS	A	-100	BLOOD STORING, PROCESSING & TRANS.	63.00	0	44.20
44.21 CONTRIBUTIONS	A	-916	INTRAVENOUS THERAPY	64.00	0	44.21
44.22 CONTRIBUTIONS	A	-643	RESPIRATORY THERAPY	65.00	0	44.22
44.23 CONTRIBUTIONS	A	-250	SLEEP DISORDER	65.01	0	44.23
44.24 CONTRIBUTIONS	A	-80	ELECTROCARDIOLOGY	69.00	0	44.24
44.25 CONTRIBUTIONS	A	-45	VASCULAR LAB	69.02	0	44.25
44.26 CONTRIBUTIONS	A	-10	ELECTROENCEPHALOGRAPHY	70.00	0	44.26
44.27 CONTRIBUTIONS	A	-219	PSYCHOTHERAPY	70.02	0	44.27
44.28 CONTRIBUTIONS	A	-6,536	CLINIC	90.00	0	44.28
44.29 CONTRIBUTIONS	A	-6,683	EMERGENCY	91.00	0	44.29
45.00 NURSE PRACTITIONER	A	-3,062,732	NEONATAL INTENSIVE CARE UNIT	35.00	0	45.00
45.01 NURSE PRACTITIONER	A	-383,341	OPERATING ROOM	50.00	0	45.01
45.02 NURSE PRACTITIONER	A	-286,986	RADIOLOGY-THERAPEUTIC	55.00	0	45.02
45.03 NURSE PRACTITIONER	A	-113,391	ELECTROENCEPHALOGRAPHY	70.00	0	45.03
45.04 NURSE PRACTITIONER	A	-1,637,634	CLINIC	90.00	0	45.04
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-68,043,535				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: 260091

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

Worksheet A-8-1

Date/Time Prepared: 5/28/2016 12:10 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	904,207	0
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	4,809,873	0
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE - INTEREST	0	2,080,814
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	42,575,461	35,882,393
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	51,259,508	68,662,662
4.02	6.00	MAINTENANCE & REPAIRS	HOME OFFICE	0	1,787,176
4.03	0.00		0	0	0
4.04	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	-239,873	0
4.05	5.00	ADMINISTRATIVE & GENERAL	NETWORK--CORP 130	20,790,569	19,297,804
4.06	13.00	NURSING ADMINISTRATION	NETWORK--CORP 130	775,230	775,230
4.07	30.00	ADULTS & PEDIATRICS	NETWORK--CORP 130	1,302,723	1,254,733
4.08	55.00	RADIOLOGY-THERAPEUTIC	NETWORK--CORP 130	65,026	62,567
4.09	0.00		0	0	0
4.10	0.00		0	0	0
4.11	0.00		0	0	0
4.12	90.00	CLINIC	OTHER INTERCO	3,677,203	5,051,186
4.13	0.00		0	0	0
5.00	0		0	125,919,927	134,854,565

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

6.00	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	100.00	6.00
7.00	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	100.00	7.00
8.00	G	SSM INFO CENTER	100.00	FRAN SISTERS OF MARY	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	CHURCH				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: 260091

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

Worksheet A-8-2

Date/Time Prepared:  
5/28/2016 12:10 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours		
1.00	2.00	3.00	4.00	5.00	6.00	7.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	898,276	568,553	329,723	354,400	3,016	1.00
2.00	30.00	ADULTS & PEDIATRICS	8,014,863	7,957,674	57,189	177,200	458	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,304,935	1,304,935	0	177,200	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	757,530	757,530	0	177,200	0	4.00
5.00	40.00	SUBPROVIDER - IPF	576,905	576,905	0	154,100	0	5.00
6.00	53.00	ANESTHESIOLOGY	3,505,550	3,474,350	31,200	200,300	250	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	621	621	0	225,300	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	100,319	100,319	0	225,300	0	8.00
9.00	60.00	LABORATORY	260,000	260,000	0	215,700	0	9.00
10.00	60.01	ANATOMICAL PATHOLOGY	197,267	125,859	71,408	215,700	571	10.00
11.00	69.00	ELECTROCARDIOLOGY	255,592	255,592	0	177,200	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	14,407	14,407	0	225,300	0	12.00
13.00	90.00	CLINICAL	5,099,248	5,031,584	67,664	177,200	541	13.00
14.00	91.00	EMERGENCY	85,922	85,922	0	177,200	0	14.00
15.00	50.00	OPERATING ROOM	69,209	0	69,209	208,000	554	15.00
16.00	52.00	DELIVERY ROOM & LABOR ROOM	4,800	0	4,800	194,500	38	16.00
17.00	53.01	PAIN MANAGEMENT	51,597	0	51,597	200,300	413	17.00
18.00	65.00	RESPIRATORY THERAPY	20,026	0	20,026	177,200	160	18.00
19.00	65.01	SLEEP DISORDER	12,210	0	12,210	177,200	98	19.00
20.00	69.01	CARDIAC REHAB	28,153	0	28,153	177,200	225	20.00
21.00	69.02	VASCULAR LAB	6,152	0	6,152	177,200	49	21.00
200.00			21,263,582	20,514,251	749,331		6,373	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	5.00	ADMINISTRATIVE & GENERAL	513,880	25,694	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	39,018	1,951	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	35.00	NEONATAL 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	53.00	ANESTHESIOLOGY	24,074	1,204	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	60.01	ANATOMICAL PATHOLOGY	59,214	2,961	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	12.00
13.00	90.00	CLINICAL	46,089	2,304	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
15.00	50.00	OPERATING ROOM	55,400	2,770	0	0	0	15.00
16.00	52.00	DELIVERY ROOM & LABOR ROOM	3,553	178	0	0	0	16.00
17.00	53.01	PAIN MANAGEMENT	39,771	1,989	0	0	0	17.00
18.00	65.00	RESPIRATORY THERAPY	13,631	682	0	0	0	18.00
19.00	65.01	SLEEP DISORDER	8,349	417	0	0	0	19.00
20.00	69.01	CARDIAC REHAB	19,168	958	0	0	0	20.00
21.00	69.02	VASCULAR LAB	4,174	209	0	0	0	21.00
200.00			826,321	41,317	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	5.00	ADMINISTRATIVE & GENERAL	0	513,880	0	568,553	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	39,018	18,171	7,975,845	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,304,935	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	757,530	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	576,905	5.00
6.00	53.00	ANESTHESIOLOGY	0	24,074	7,126	3,481,476	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	621	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	100,319	8.00
9.00	60.00	LABORATORY	0	0	0	260,000	9.00
10.00	60.01	ANATOMICAL PATHOLOGY	0	59,214	12,194	138,053	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	255,592	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	14,407	12.00
13.00	90.00	CLINICAL	0	46,089	21,575	5,053,159	13.00
14.00	91.00	EMERGENCY	0	0	0	85,922	14.00
15.00	50.00	OPERATING ROOM	0	55,400	13,809	13,809	15.00
16.00	52.00	DELIVERY ROOM & LABOR ROOM	0	3,553	1,247	1,247	16.00
17.00	53.01	PAIN MANAGEMENT	0	39,771	11,826	11,826	17.00
18.00	65.00	RESPIRATORY THERAPY	0	13,631	6,395	6,395	18.00
19.00	65.01	SLEEP DISORDER	0	8,349	3,861	3,861	19.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260091

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

Worksheet A-8-2

Date/Time Prepared:  
5/28/2016 12:10 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
20.00	69.01	CARDIAC REHAB	0	19,168	8,985	8,985		20.00
21.00	69.02	VASCULAR LAB	0	4,174	1,978	1,978		21.00
200.00			0	826,321	107,167	20,621,418		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	13,744,592	13,744,592				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	14,423,105		14,423,105			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	56,787,173	50,258	0	56,837,431		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	123,573,380	2,552,572	1,955,256	4,168,662	132,249,870	5.00
6.00 00600 MAINTENANCE & REPAIRS	3,579,782	112,813	2,686	0	3,695,281	6.00
7.00 00700 OPERATION OF PLANT	14,165,412	2,063,752	24,704	833,094	17,086,962	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,698,766	61,812	119,044	69,437	1,949,059	8.00
9.00 00900 HOUSEKEEPING	7,464,370	76,716	85,976	1,204,852	8,831,914	9.00
10.00 01000 DIETARY	2,071,535	407,485	17,007	231,747	2,727,774	10.00
11.00 01100 CAFETERIA	3,537,033	0	0	842,655	4,379,688	11.00
13.00 01300 NURSING ADMINISTRATION	6,437,907	27,884	11,208	1,430,109	7,907,108	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	3,742,762	308,806	79,802	305,993	4,437,363	14.00
15.00 01500 PHARMACY	11,684,278	81,212	84,120	2,048,969	13,898,579	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,731,868	135,651	101,753	218,385	2,187,657	16.00
17.00 01700 SOCIAL SERVICE	3,353,125	19,662	368,086	826,428	4,601,301	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,770,237	0	0	502,259	2,272,496	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	54,517,700	361,198	20,456	274,026	55,173,380	22.00
23.00 02300 PARAMED ED PRGM	732,468	1,776	0	189,075	923,319	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	30,021,547	2,403,522	2,503,671	10,097,711	45,026,451	30.00
31.00 03100 INTENSIVE CARE UNIT	8,315,289	154,587	33,795	2,191,163	10,694,834	31.00
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	4,312,348	201,425	6,128	1,099,899	5,619,800	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	14,183,256	283,966	123,326	4,721,546	19,312,094	35.00
40.00 04000 SUBPROVIDER - IPF	5,091,007	164,287	195,268	1,049,534	6,500,096	40.00
43.00 04300 NURSERY	1,421,368	14,274	0	352,298	1,787,940	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	12,781,323	719,230	34,536	2,287,821	15,822,910	50.00
51.00 05100 RECOVERY ROOM	3,713,877	134,828	14,340	1,019,040	4,882,085	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,125,984	0	0	881,787	5,007,771	52.00
53.00 05300 ANESTHESIOLOGY	408,234	37,505	217,396	65,065	728,200	53.00
53.01 05301 PAIN MANAGEMENT	800,840	0	99,788	177,382	1,078,010	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,751,120	421,112	1,863,263	1,445,118	10,480,613	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	5,351,094	39,587	1,187,473	826,892	7,405,046	55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	1,688,356	40,418	369,379	189,885	2,288,038	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRA SOUND	770,666	21,919	2,778	236,982	1,032,345	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,966,340	136,945	2,782	471,413	2,577,480	59.00
60.00 06000 LABORATORY	9,670,488	221,341	111,983	899,464	10,903,276	60.00
60.01 06001 ANATOMICAL PATHOLOGY	2,759,232	87,090	279,170	509,821	3,635,313	60.01
60.02 06003 LAB-STEM CELL	27,361	0	0	6,944	34,305	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	4,291,952	16,426	141,273	570,395	5,020,046	63.00
64.00 06400 INTRAVENOUS THERAPY	2,971,309	93,824	54,870	686,924	3,806,927	64.00
65.00 06500 RESPIRATORY THERAPY	6,665,705	44,756	219,161	1,127,605	8,057,227	65.00
65.01 06501 SLEEP DISORDER	1,176,340	50,625	20,443	243,019	1,490,427	65.01
66.00 06600 PHYSICAL THERAPY	1,682,568	62,337	200,358	190,661	2,135,924	66.00
67.00 06700 OCCUPATIONAL THERAPY	684,979	19,155	273,011	115,789	1,092,934	67.00
68.00 06800 SPEECH PATHOLOGY	918,362	28,103	557	199,672	1,146,694	68.00
69.00 06900 ELECTROCARDIOLOGY	1,404,232	46,287	1,373,984	363,281	3,187,784	69.00
69.01 06901 CARDIAC REHAB	373,583	45,325	191	97,247	516,346	69.01
69.02 06902 VASCULAR LAB	245,372	75,448	117,094	72,613	510,527	69.02
69.03 06903 ENDOSCOPY	2,130,123	146,488	286,207	508,200	3,071,018	69.03
69.04 06904 CLINICAL NUTRITION	878,071	7,155	5,124	258,614	1,148,964	69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	1,336,741	21,455	17,541	410,198	1,785,935	70.00
70.01 07001 ECT	126,827	30,027	0	35,680	192,534	70.01
70.02 07002 PSYCHOTHERAPY	688,716	107,487	0	177,945	974,148	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	28,649,503	0	0	0	28,649,503	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	16,254,255	0	0	0	16,254,255	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	24,926,254	0	0	0	24,926,254	73.00
74.00 07400 RENAL DIALYSIS	1,778,948	17,563	12,376	119,048	1,927,935	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	11,357,742	713,256	406,194	4,383,674	16,860,866	90.00
91.00 09100 EMERGENCY	12,499,942	321,524	34,160	3,111,075	15,966,701	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	267,979	673	94,199	11,014	373,865	105.00
106.00 10600 HEART ACQUISITION	287,966	665	0	23,343	311,974	106.00
107.00 10700 LIVER ACQUISITION	105,481	673	0	8,557	114,711	107.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	560,878,173	13,192,885	13,171,917	54,424,010	556,661,857	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	446,084	30,394	276,425	21,358	774,261	190.00
191.00 19100 RESEARCH	233,475	1,181	21,517	0	256,173	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,010,492	487,280	388,197	79,049	1,965,018	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	153,739	5,580	231	0	159,550	194.01
194.02 07952 POISON CONTROL	2,640,374	0	486,728	581,958	3,709,060	194.02
194.03 07953 COMMUNITY EDUCATION	315,762	1,531	0	78,214	395,507	194.03
194.04 07954 BILLABLE DEPARTMENTS	458,007	0	0	151,627	609,634	194.04
194.05 07955 MISC NONREIMBURSABLE	7,723,916	22,995	64,530	953,181	8,764,622	194.05
194.06 07956 RETAIL PHARMACY	5,108,549	2,746	7,387	200,286	5,318,968	194.06
194.07 07957 FREESTANDING RHC	1,849,092	0	6,173	347,748	2,203,013	194.07
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	580,817,663	13,744,592	14,423,105	56,837,431	580,817,663	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/28/2016 12:10 pm			
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	132,249,870					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,089,469	4,784,750				6.00
7.00	00700	OPERATION OF PLANT	5,037,698	895,329	23,019,989			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	574,635	26,816	158,715	2,709,225		8.00
9.00	00900	HOUSEKEEPING	2,603,887	33,282	196,984	0	11,666,067	9.00
10.00	01000	DIETARY	804,221	176,782	1,046,302	0	538,567	10.00
11.00	01100	CAFETERIA	1,291,250	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,331,229	12,097	71,598	0	36,854	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,308,254	133,971	792,924	0	408,144	14.00
15.00	01500	PHARMACY	4,097,676	35,233	208,528	0	107,336	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	644,980	58,850	348,311	0	179,287	16.00
17.00	01700	SOCIAL SERVICE	1,356,588	8,530	50,487	0	25,987	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	669,993	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	16,266,579	156,701	927,451	0	477,390	22.00
23.00	02300	PARAMED PRGM	272,219	770	4,559	0	2,347	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	13,275,013	1,042,737	6,171,535	927,066	3,176,698	30.00
31.00	03100	INTENSIVE CARE UNIT	3,153,126	67,065	396,934	93,385	204,315	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	1,656,869	87,385	517,199	45,349	266,220	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	5,693,727	123,195	729,141	137,616	375,313	35.00
40.00	04000	SUBPROVIDER - IPF	1,916,404	71,273	421,840	0	217,135	40.00
43.00	04300	NURSERY	527,133	6,193	36,652	65,884	18,866	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,665,021	312,028	1,846,772	240,814	950,595	50.00
51.00	05100	RECOVERY ROOM	1,439,370	58,493	346,200	52,788	178,200	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,476,426	0	0	104,176	0	52.00
53.00	05300	ANESTHESIOLOGY	214,693	16,271	96,303	0	49,570	53.00
53.01	05301	PAIN MANAGEMENT	317,826	0	0	1,826	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,089,968	182,693	1,081,292	156,643	556,577	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,183,207	17,174	101,648	12,233	52,321	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	674,575	17,535	103,781	10,853	53,420	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	304,363	9,509	56,281	5,723	28,970	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	759,911	59,412	351,635	37,051	180,998	59.00
60.00	06000	LABORATORY	3,214,580	96,025	568,338	0	292,542	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1,071,788	37,783	223,620	0	115,105	60.01
60.02	06003	LAB-STEM CELL	10,114	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,480,045	7,126	42,177	0	21,710	63.00
64.00	06400	INTRAVENOUS THERAPY	1,122,385	40,704	240,914	12,954	124,006	64.00
65.00	06500	RESPIRATORY THERAPY	2,375,488	19,417	114,921	0	59,154	65.00
65.01	06501	SLEEP DISORDER	439,418	21,963	129,990	7,826	66,910	65.01
66.00	06600	PHYSICAL THERAPY	629,728	27,044	160,063	6,104	82,390	66.00
67.00	06700	OCCUPATIONAL THERAPY	322,226	8,310	49,184	0	25,317	67.00
68.00	06800	SPEECH PATHOLOGY	338,076	12,192	72,160	0	37,143	68.00
69.00	06900	ELECTROCARDIOLOGY	939,845	20,081	118,851	41,269	61,177	69.00
69.01	06901	CARDIAC REHAB	152,233	19,663	116,381	0	59,905	69.01
69.02	06902	VASCULAR LAB	150,517	32,732	193,728	2,671	99,718	69.02
69.03	06903	ENDOSCOPY	905,419	63,551	376,137	71,357	193,610	69.03
69.04	06904	CLINICAL NUTRITION	338,746	3,104	18,371	0	9,456	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	526,542	9,308	55,091	40,495	28,357	70.00
70.01	07001	ECT	56,764	13,027	77,100	0	39,686	70.01
70.02	07002	PSYCHOTHERAPY	287,205	46,631	275,994	0	142,063	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,446,647	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,792,193	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,348,933	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	568,407	7,620	45,097	0	23,213	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINICAL	4,971,039	309,436	1,831,433	104,243	942,700	90.00
91.00	09100	EMERGENCY	4,707,415	139,488	825,579	252,787	424,953	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	110,225	292	1,729	0	890	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
106.00	10600 HEART ACQUISITION	91,978	288	1,707	0	879	106.00
107.00	10700 LIVER ACQUISITION	33,820	292	1,729	0	890	107.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	125,128,086	4,545,401	21,603,366	2,431,113	10,936,884	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	228,273	13,186	78,044	0	40,172	190.00
191.00	19100 RESEARCH	75,527	512	3,032	0	1,561	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	579,340	211,399	1,251,192	278,112	644,030	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	47,040	2,421	14,329	0	7,375	194.01
194.02	07952 POISON CONTROL	1,093,531	0	0	0	0	194.02
194.03	07953 COMMUNITY EDUCATION	116,606	664	3,930	0	2,023	194.03
194.04	07954 BILLABLE DEPARTMENTS	179,737	0	0	0	0	194.04
194.05	07955 MISC NONREIMBURSABLE	2,584,047	9,976	59,044	0	30,392	194.05
194.06	07956 RETAIL PHARMACY	1,568,175	1,191	7,052	0	3,630	194.06
194.07	07957 FREESTANDING RHC	649,508	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	132,249,870	4,784,750	23,019,989	2,709,225	11,666,067	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/28/2016 12:10 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	5,293,646					10.00
11.00	01100	0	5,670,938				11.00
13.00	01300	0	178,209	10,537,095			13.00
14.00	01400	0	70,795	0	7,151,451		14.00
15.00	01500	0	202,621	1,009	43,268	18,594,250	15.00
16.00	01600	0	43,942	0	9	0	16.00
17.00	01700	0	97,649	116,497	205	5,116	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	78,119	0	0	0	21.00
22.00	02200	0	9,765	148	0	0	22.00
23.00	02300	0	17,088	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	2,745,993	1,237,694	3,635,638	14,566	23,035	30.00
31.00	03100	517,419	253,886	783,190	3,719	1,011	31.00
31.01	03101	176,560	136,708	403,459	1,028	1,973	31.01
32.00	03200	0	0	0	0	0	32.00
35.00	02040	1,078,201	498,007	1,337,552	3,924	2,845	35.00
40.00	04000	558,074	146,473	317,575	748	988	40.00
43.00	04300	217,399	41,501	122,486	0	0	43.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	283,181	510,188	0	24,303	50.00
51.00	05100	0	104,972	318,261	697	659	51.00
52.00	05200	0	102,531	303,026	0	0	52.00
53.00	05300	0	12,206	44,365	4,557	16,254	53.00
53.01	05301	0	19,530	44,932	145	385	53.01
54.00	05400	0	190,415	51,730	756	3,905	54.00
55.00	05500	0	65,913	55,422	137	1,589	55.00
55.01	05501	0	26,853	12,731	37	8,365	55.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	0	21,971	156	228	602	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	46,383	116,828	18,466	394	59.00
60.00	06000	0	102,531	0	45,103	91	60.00
60.01	06001	0	68,354	0	41,043	417	60.01
60.02	06003	0	0	0	34	0	60.02
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	107,413	1,958	18,921	45	63.00
64.00	06400	0	63,472	200,958	5,531	1,025	64.00
65.00	06500	0	141,590	1,132	128	1,205	65.00
65.01	06501	0	34,177	9,338	19	113	65.01
66.00	06600	0	14,647	0	0	0	66.00
67.00	06700	0	14,647	0	0	0	67.00
68.00	06800	0	24,412	0	0	0	68.00
69.00	06900	0	41,501	12,388	6	5	69.00
69.01	06901	0	12,206	31,726	0	0	69.01
69.02	06902	0	7,324	0	0	0	69.02
69.03	06903	0	58,589	129,388	752	1,856	69.03
69.04	06904	0	39,059	0	0	0	69.04
70.00	07000	0	41,501	52,284	0	0	70.00
70.01	07001	0	4,882	10,777	0	0	70.01
70.02	07002	0	21,971	12,619	0	0	70.02
71.00	07100	0	0	0	4,310,394	0	71.00
72.00	07200	0	0	0	2,425,200	0	72.00
73.00	07300	0	0	0	0	16,280,443	73.00
74.00	07400	0	12,206	41,786	3,685	89,433	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	366,182	687,155	2,796	35,363	90.00
91.00	09100	0	412,565	864,333	9,722	6,084	91.00
92.00	09200	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	682	0	0	105.00
106.00	10600	HEART ACQUISITION	0	2,441	3,349	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	1,164	0	0	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,293,646	5,478,082	10,236,230	6,955,824	16,507,504	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	17,088	24	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	207	0	0	194.01
194.02	07952	POISON CONTROL	0	43,942	118,910	0	0	194.02
194.03	07953	COMMUNITY EDUCATION	0	9,765	26,252	75	57	194.03
194.04	07954	BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05	07955	MISC NONREIMBURSABLE	0	100,090	85,788	173,814	185	194.05
194.06	07956	RETAIL PHARMACY	0	21,971	0	18,595	1,961,777	194.06
194.07	07957	FREESTANDING RHC	0	0	69,684	3,143	124,727	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,293,646	5,670,938	10,537,095	7,151,451	18,594,250	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/28/2016 12:10 pm	
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES
	16.00	17.00	19.00	20.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
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	3,463,036				16.00
17.00 01700	SOCIAL SERVICE	0	6,262,360			17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00 02000	NURSING SCHOOL	0	0	0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		3,020,608	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			22.00
23.00 02300	PARAMED ED PRGM	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	445,781	3,383,553	0	0	2,171,153 30.00
31.00 03100	INTENSIVE CARE UNIT	88,227	641,266	0	0	0 31.00
31.01 03101	PEDIATRIC INTENSIVE CARE UNIT	54,635	216,051	0	0	0 31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02040	NEONATAL INTENSIVE CARE UNIT	238,067	1,333,883	0	0	64,862 35.00
40.00 04000	SUBPROVIDER - I PF	46,930	687,607	0	0	13,825 40.00
43.00 04300	NURSERY	13,970	0	0	0	0 43.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	254,663	0	0	0	365,445 50.00
51.00 05100	RECOVERY ROOM	43,591	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	48,573	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	70,575	0	0	0	112,366 53.00
53.01 05301	PAIN MANAGEMENT	10,180	0	0	0	0 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	296,107	0	0	0	7,116 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	90,769	0	0	0	0 55.00
55.01 05501	NUCLEAR MEDICINE-DIAGNOSTIC	27,664	0	0	0	0 55.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01 05601	ULTRA SOUND	27,976	0	0	0	0 56.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	82,640	0	0	0	0 59.00
60.00 06000	LABORATORY	359,491	0	0	0	0 60.00
60.01 06001	ANATOMICAL PATHOLOGY	30,127	0	0	0	82,814 60.01
60.02 06003	LAB-STEM CELL	450	0	0	0	0 60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	43,385	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	23,589	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	105,803	0	0	0	0 65.00
65.01 06501	SLEEP DISORDER	27,604	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	18,954	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	9,682	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	12,625	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	77,610	0	0	0	101,378 69.00
69.01 06901	CARDIAC REHAB	1,270	0	0	0	0 69.01
69.02 06902	VASCULAR LAB	9,303	0	0	0	0 69.02
69.03 06903	ENDOSCOPY	46,559	0	0	0	0 69.03
69.04 06904	CLINICAL NUTRITION	587	0	0	0	0 69.04
70.00 07000	ELECTROENCEPHALOGRAPHY	5,562	0	0	0	0 70.00
70.01 07001	ECT	1,412	0	0	0	0 70.01
70.02 07002	PSYCHOTHERAPY	10,097	0	0	0	0 70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	72,104	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	48,916	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	373,915	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	17,449	0	0	0	0 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	88,806	0	0	0	0 90.00
91.00 09100	EMERGENCY	236,830	0	0	0	101,649 91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	16.00	17.00	19.00	20.00	21.00	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	316	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	242	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,463,036	6,262,360	0	0	3,020,608	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	0	0	0	0	194.01
194.02	07952 POISON CONTROL	0	0	0	0	0	194.02
194.03	07953 COMMUNITY EDUCATION	0	0	0	0	0	194.03
194.04	07954 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05	07955 MISC NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956 RETAIL PHARMACY	0	0	0	0	0	194.06
194.07	07957 FREESTANDING RHC	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,463,036	6,262,360	0	0	3,020,608	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	73,011,414					22.00
23.00 02300 PARAMED PRGM		1,220,302				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	52,479,136	631,941	136,387,990	-54,650,289	81,737,701	30.00
31.00 03100 INTENSIVE CARE UNIT	0	181,593	17,079,970	0	17,079,970	31.00
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	0	29,055	9,212,291	0	9,212,291	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	1,567,785	14,527	32,510,739	-1,632,647	30,878,092	35.00
40.00 04000 SUBPROVIDER - IPF	334,165	0	11,233,133	-347,990	10,885,143	40.00
43.00 04300 NURSERY	0	0	2,838,024	0	2,838,024	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	8,833,211	0	34,109,131	-9,198,656	24,910,475	50.00
51.00 05100 RECOVERY ROOM	0	0	7,425,316	0	7,425,316	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	7,042,503	0	7,042,503	52.00
53.00 05300 ANESTHESIOLOGY	2,716,016	0	4,081,376	-2,828,382	1,252,994	53.00
53.01 05301 PAIN MANAGEMENT	0	0	1,472,834	0	1,472,834	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	172,009	0	16,269,824	-179,125	16,090,699	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	7,264	9,992,723	0	9,992,723	55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	3,223,852	0	3,223,852	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRA SOUND	0	0	1,488,124	0	1,488,124	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	4,231,198	0	4,231,198	59.00
60.00 06000 LABORATORY	0	7,264	15,589,241	0	15,589,241	60.00
60.01 06001 ANATOMICAL PATHOLOGY	2,001,707	0	7,308,071	-2,084,521	5,223,550	60.01
60.02 06003 LAB-STEM CELL	0	0	44,903	0	44,903	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	6,742,826	0	6,742,826	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	5,642,465	0	5,642,465	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	10,876,065	0	10,876,065	65.00
65.01 06501 SLEEP DISORDER	0	0	2,227,785	0	2,227,785	65.01
66.00 06600 PHYSICAL THERAPY	0	0	3,074,854	0	3,074,854	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	1,522,300	0	1,522,300	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	1,643,302	0	1,643,302	68.00
69.00 06900 ELECTROCARDIOLOGY	2,450,408	7,264	7,059,567	-2,551,786	4,507,781	69.00
69.01 06901 CARDIAC REHAB	0	0	909,730	0	909,730	69.01
69.02 06902 VASCULAR LAB	0	0	1,006,520	0	1,006,520	69.02
69.03 06903 ENDOSCOPY	0	0	4,918,236	0	4,918,236	69.03
69.04 06904 CLINICAL NUTRITION	0	0	1,558,287	0	1,558,287	69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	2,545,075	0	2,545,075	70.00
70.01 07001 ECT	0	0	396,182	0	396,182	70.01
70.02 07002 PSYCHOTHERAPY	0	0	1,770,728	0	1,770,728	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	41,478,648	0	41,478,648	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	23,520,564	0	23,520,564	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	48,929,545	0	48,929,545	73.00
74.00 07400 RENAL DIALYSIS	0	0	2,736,831	-89,425	2,647,406	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
	SERVICES-OTHER PRGM COSTS							
	22.00						23.00	24.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	341,394	26,541,413	0	26,541,413	90.00
91.00	09100	EMERGENCY	2,456,977	0	26,405,083	-2,558,626	23,846,457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	487,999	0	487,999	105.00
106.00	10600	HEART ACQUISITION	0	0	412,858	0	412,858	106.00
107.00	10700	LIVER ACQUISITION	0	0	152,606	0	152,606	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	73,011,414	1,220,302	544,100,712	-76,121,447	467,979,265	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,133,936	0	1,133,936	190.00
191.00	19100	RESEARCH	0	0	336,805	0	336,805	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,946,203	0	4,946,203	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	230,922	0	230,922	194.01
194.02	07952	POISON CONTROL	0	0	4,965,443	0	4,965,443	194.02
194.03	07953	COMMUNITY EDUCATION	0	0	554,879	0	554,879	194.03
194.04	07954	BILLABLE DEPARTMENTS	0	0	789,371	0	789,371	194.04
194.05	07955	MISC NONREIMBURSABLE	0	0	11,807,958	0	11,807,958	194.05
194.06	07956	RETAIL PHARMACY	0	0	8,901,359	0	8,901,359	194.06
194.07	07957	FREESTANDING RHC	0	0	3,050,075	0	3,050,075	194.07
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)	73,011,414	1,220,302	580,817,663	-76,121,447	504,696,216	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/28/2016 12:10 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	50,258	0	50,258	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	5,711,927	2,552,572	1,955,256	10,219,755	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	112,813	2,686	115,499	6.00
7.00 00700	OPERATION OF PLANT	5,254	2,063,752	24,704	2,093,710	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	21,540	61,812	119,044	202,396	8.00
9.00 00900	HOUSEKEEPING	1,903	76,716	85,976	164,595	9.00
10.00 01000	DIETARY	15,891	407,485	17,007	440,383	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	4,695	27,884	11,208	43,787	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,829	308,806	79,802	390,437	14.00
15.00 01500	PHARMACY	603,962	81,212	84,120	769,294	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	9,301	135,651	101,753	246,705	16.00
17.00 01700	SOCIAL SERVICE	5,178	19,662	368,086	392,926	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,075	361,198	20,456	387,729	22.00
23.00 02300	PARAMED ED PRGM	0	1,776	0	1,776	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	75,603	2,403,522	2,503,671	4,982,796	30.00
31.00 03100	INTENSIVE CARE UNIT	3,488	154,587	33,795	191,870	31.00
31.01 03101	PEDIATRIC INTENSIVE CARE UNIT	39,957	201,425	6,128	247,510	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02040	NEONATAL INTENSIVE CARE UNIT	2,802	283,966	123,326	410,094	35.00
40.00 04000	SUBPROVIDER - IPF	2,648	164,287	195,268	362,203	40.00
43.00 04300	NURSERY	0	14,274	0	14,274	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	753,447	719,230	34,536	1,507,213	50.00
51.00 05100	RECOVERY ROOM	2,854	134,828	14,340	152,022	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	5,080	37,505	217,396	259,981	53.00
53.01 05301	PAIN MANAGEMENT	73,533	0	99,788	173,321	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	331,406	421,112	1,863,263	2,615,781	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	157,222	39,587	1,187,473	1,384,282	55.00
55.01 05501	NUCLEAR MEDICINE-DIAGNOSTIC	97,158	40,418	369,379	506,955	55.01
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
56.01 05601	ULTRA SOUND	0	21,919	2,778	24,697	56.01
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	71,383	136,945	2,782	211,110	59.00
60.00 06000	LABORATORY	306,053	221,341	111,983	639,377	60.00
60.01 06001	ANATOMICAL PATHOLOGY	639	87,090	279,170	366,899	60.01
60.02 06003	LAB-STEM CELL	0	0	0	0	60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	16,426	141,273	157,699	63.00
64.00 06400	INTRAVENOUS THERAPY	282,264	93,824	54,870	430,958	64.00
65.00 06500	RESPIRATORY THERAPY	61,328	44,756	219,161	325,245	65.00
65.01 06501	SLEEP DISORDER	840	50,625	20,443	71,908	65.01
66.00 06600	PHYSICAL THERAPY	316	62,337	200,358	263,011	66.00
67.00 06700	OCCUPATIONAL THERAPY	316	19,155	273,011	292,482	67.00
68.00 06800	SPEECH PATHOLOGY	1,106	28,103	557	29,766	68.00
69.00 06900	ELECTROCARDIOLOGY	6,570	46,287	1,373,984	1,426,841	69.00
69.01 06901	CARDIAC REHAB	1,112	45,325	191	46,628	69.01
69.02 06902	VASCULAR LAB	0	75,448	117,094	192,542	69.02
69.03 06903	ENDOSCOPY	229,502	146,488	286,207	662,197	69.03
69.04 06904	CLINICAL NUTRITION	0	7,155	5,124	12,279	69.04
70.00 07000	ELECTROENCEPHALOGRAPHY	252	21,455	17,541	39,248	70.00
70.01 07001	ECT	0	30,027	0	30,027	70.01
70.02 07002	PSYCHOTHERAPY	4,966	107,487	0	112,453	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	4,826	17,563	12,376	34,765	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	762,982	713,256	406,194	1,882,432	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B  
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
				0	1.00			
91.00	09100	EMERGENCY	63,619	321,524	34,160	419,303	2,752	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	569	673	94,199	95,441	10	105.00
106.00	10600	HEART ACQUISITION	0	665	0	665	21	106.00
107.00	10700	LIVER ACQUISITION	0	673	0	673	8	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,731,396	13,192,885	13,171,917	36,096,198	48,123	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	30,394	276,425	306,819	19	190.00
191.00	19100	RESEARCH	2,902	1,181	21,517	25,600	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	101,388	487,280	388,197	976,865	70	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	153,739	5,580	231	159,550	0	194.01
194.02	07952	POISON CONTROL	62,648	0	486,728	549,376	515	194.02
194.03	07953	COMMUNITY EDUCATION	0	1,531	0	1,531	69	194.03
194.04	07954	BILLABLE DEPARTMENTS	0	0	0	0	134	194.04
194.05	07955	MISC NONREIMBURSABLE	11,274	22,995	64,530	98,799	843	194.05
194.06	07956	RETAIL PHARMACY	30,868	2,746	7,387	41,001	177	194.06
194.07	07957	FREESTANDING RHC	123,923	0	6,173	130,096	308	194.07
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers				0		201.00
202.00		TOTAL (sum lines 118-201)	10,218,138	13,744,592	14,423,105	38,385,835	50,258	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/28/2016 12:10 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,223,443				5.00
6.00	00600	MAINTENANCE & REPAIRS	84,219	199,718			6.00
7.00	00700	OPERATION OF PLANT	389,429	37,371	2,521,247		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	44,421	1,119	17,383	265,380	8.00
9.00	00900	HOUSEKEEPING	201,288	1,389	21,575	0	389,913
10.00	01000	DIETARY	62,169	7,379	114,595	0	18,000
11.00	01100	CAFETERIA	99,817	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	180,211	505	7,842	0	1,232
14.00	01400	CENTRAL SERVICES & SUPPLY	101,132	5,592	86,844	0	13,641
15.00	01500	PHARMACY	316,763	1,471	22,839	0	3,587
16.00	01600	MEDICAL RECORDS & LIBRARY	49,859	2,456	38,148	0	5,992
17.00	01700	SOCIAL SERVICE	104,868	356	5,530	0	869
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	51,792	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,257,591	6,541	101,578	0	15,956
23.00	02300	PARAMED PRGM	21,043	32	499	0	78
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,026,198	43,527	675,935	90,810	106,174
31.00	03100	INTENSIVE CARE UNIT	243,746	2,799	43,474	9,147	6,829
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	128,081	3,647	56,646	4,442	8,898
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	440,142	5,142	79,859	13,480	12,544
40.00	04000	SUBPROVIDER - IPF	148,144	2,975	46,202	0	7,257
43.00	04300	NURSERY	40,749	258	4,014	6,454	631
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	360,620	13,024	202,266	23,589	31,772
51.00	05100	RECOVERY ROOM	111,268	2,442	37,917	5,171	5,956
52.00	05200	DELIVERY ROOM & LABOR ROOM	114,132	0	0	10,204	0
53.00	05300	ANESTHESIOLOGY	16,596	679	10,547	0	1,657
53.01	05301	PAIN MANAGEMENT	24,569	0	0	179	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	238,864	7,626	118,428	15,344	18,602
55.00	05500	RADIOLOGY-THERAPEUTIC	168,768	717	11,133	1,198	1,749
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	52,147	732	11,367	1,063	1,785
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	05601	ULTRA SOUND	23,528	397	6,164	561	968
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	58,743	2,480	38,513	3,629	6,049
60.00	06000	LABORATORY	248,497	4,008	62,247	0	9,778
60.01	06001	ANATOMICAL PATHOLOGY	82,852	1,577	24,492	0	3,847
60.02	06003	LAB-STEM CELL	782	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	114,412	297	4,619	0	726
64.00	06400	INTRAVENOUS THERAPY	86,764	1,699	26,386	1,269	4,145
65.00	06500	RESPIRATORY THERAPY	183,632	810	12,587	0	1,977
65.01	06501	SLEEP DISORDER	33,968	917	14,237	767	2,236
66.00	06600	PHYSICAL THERAPY	48,680	1,129	17,531	598	2,754
67.00	06700	OCCUPATIONAL THERAPY	24,909	347	5,387	0	846
68.00	06800	SPEECH PATHOLOGY	26,134	509	7,903	0	1,241
69.00	06900	ELECTROCARDIOLOGY	72,653	838	13,017	4,042	2,045
69.01	06901	CARDIAC REHAB	11,768	821	12,746	0	2,002
69.02	06902	VASCULAR LAB	11,635	1,366	21,218	262	3,333
69.03	06903	ENDOSCOPY	69,992	2,653	41,196	6,990	6,471
69.04	06904	CLINICAL NUTRITION	26,186	130	2,012	0	316
70.00	07000	ELECTROENCEPHALOGRAPHY	40,703	389	6,034	3,967	948
70.01	07001	ECT	4,388	544	8,444	0	1,326
70.02	07002	PSYCHOTHERAPY	22,202	1,946	30,228	0	4,748
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	652,951	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	370,451	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	568,094	0	0	0	0
74.00	07400	RENAL DIALYSIS	43,940	318	4,939	0	776
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	384,276	12,916	200,586	10,211	31,508
91.00	09100	EMERGENCY	363,897	5,822	90,421	24,761	14,203
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	8,521	12	189	0	30

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
106.00	10600	HEART ACQUISITION	7,110	12	187	0	29	106.00
107.00	10700	LIVER ACQUISITION	2,614	12	189	0	30	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,672,908	189,728	2,366,093	238,138	365,541	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,646	550	8,548	0	1,343	190.00
191.00	19100	RESEARCH	5,838	21	332	0	52	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	44,785	8,824	137,036	27,242	21,525	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	3,636	101	1,569	0	247	194.01
194.02	07952	POISON CONTROL	84,533	0	0	0	0	194.02
194.03	07953	COMMUNITY EDUCATION	9,014	28	430	0	68	194.03
194.04	07954	BILLABLE DEPARTMENTS	13,894	0	0	0	0	194.04
194.05	07955	MISC NONREIMBURSABLE	199,755	416	6,467	0	1,016	194.05
194.06	07956	RETAIL PHARMACY	121,225	50	772	0	121	194.06
194.07	07957	FREESTANDING RHC	50,209	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	10,223,443	199,718	2,521,247	265,380	389,913	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/28/2016 12:10 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	642,731					10.00
11.00	01100	0	100,562				11.00
13.00	01300	0	3,160	238,002			13.00
14.00	01400	0	1,255	0	599,172		14.00
15.00	01500	0	3,593	23	3,625	1,123,008	15.00
16.00	01600	0	779	0	1	0	16.00
17.00	01700	0	1,732	2,631	17	309	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	1,385	0	0	0	21.00
22.00	02200	0	173	3	0	0	22.00
23.00	02300	0	303	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	333,406	21,948	82,115	1,220	1,391	30.00
31.00	03100	62,823	4,502	17,690	312	61	31.00
31.01	03101	21,437	2,424	9,113	86	119	31.01
32.00	03200	0	0	0	0	0	32.00
35.00	02040	130,910	8,831	30,211	329	172	35.00
40.00	04000	67,759	2,597	7,173	63	60	40.00
43.00	04300	26,396	736	2,767	0	0	43.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	5,022	11,524	0	1,468	50.00
51.00	05100	0	1,861	7,189	58	40	51.00
52.00	05200	0	1,818	6,844	0	0	52.00
53.00	05300	0	216	1,002	382	982	53.00
53.01	05301	0	346	1,015	12	23	53.01
54.00	05400	0	3,377	1,168	63	236	54.00
55.00	05500	0	1,169	1,252	11	96	55.00
55.01	05501	0	476	288	3	505	55.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	0	390	4	19	36	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	823	2,639	1,547	24	59.00
60.00	06000	0	1,818	0	3,779	6	60.00
60.01	06001	0	1,212	0	3,439	25	60.01
60.02	06003	0	0	0	3	0	60.02
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	1,905	44	1,585	3	63.00
64.00	06400	0	1,126	4,539	463	62	64.00
65.00	06500	0	2,511	26	11	73	65.00
65.01	06501	0	606	211	2	7	65.01
66.00	06600	0	260	0	0	0	66.00
67.00	06700	0	260	0	0	0	67.00
68.00	06800	0	433	0	0	0	68.00
69.00	06900	0	736	280	1	0	69.00
69.01	06901	0	216	717	0	0	69.01
69.02	06902	0	130	0	0	0	69.02
69.03	06903	0	1,039	2,923	63	112	69.03
69.04	06904	0	693	0	0	0	69.04
70.00	07000	0	736	1,181	0	0	70.00
70.01	07001	0	87	243	0	0	70.01
70.02	07002	0	390	285	0	0	70.02
71.00	07100	0	0	0	361,136	0	71.00
72.00	07200	0	0	0	203,194	0	72.00
73.00	07300	0	0	0	0	983,263	73.00
74.00	07400	0	216	944	309	5,401	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	6,493	15,521	234	2,136	90.00
91.00	09100	0	7,316	19,523	815	367	91.00
92.00	09200	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	15	0	0	105.00
106.00	10600	HEART ACQUISITION	0	43	76	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	26	0	0	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	642,731	97,142	231,205	582,782	996,977	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	303	1	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	5	0	0	194.01
194.02	07952	POISON CONTROL	0	779	2,686	0	0	194.02
194.03	07953	COMMUNITY EDUCATION	0	173	593	6	3	194.03
194.04	07954	BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05	07955	MISC NONREIMBURSABLE	0	1,775	1,938	14,563	11	194.05
194.06	07956	RETAIL PHARMACY	0	390	0	1,558	118,484	194.06
194.07	07957	FREESTANDING RHC	0	0	1,574	263	7,533	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	642,731	100,562	238,002	599,172	1,123,008	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260091		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/28/2016 12:10 pm	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES
			16.00	17.00	19.00	20.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	344,133					16.00
17.00	01700	SOCIAL SERVICE	0	509,999				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			53,621	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	02300	PARAMED PRGM	0	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	44,816	275,552				30.00
31.00	03100	INTENSIVE CARE UNIT	8,752	52,224				31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	5,420	17,595				31.01
32.00	03200	CORONARY CARE UNIT	0	0				32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	23,617	108,630				35.00
40.00	04000	SUBPROVIDER - I PF	4,656	55,998				40.00
43.00	04300	NURSERY	1,386	0				43.00
45.00	04500	NURSING FACILITY	0	0				45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	25,263	0				50.00
51.00	05100	RECOVERY ROOM	4,324	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,819	0				52.00
53.00	05300	ANESTHESIOLOGY	7,001	0				53.00
53.01	05301	PAIN MANAGEMENT	1,010	0				53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,374	0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,004	0				55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	2,744	0				55.01
56.00	05600	RADIOISOTOPE	0	0				56.00
56.01	05601	ULTRA SOUND	2,775	0				56.01
57.00	05700	CT SCAN	0	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	8,198	0				59.00
60.00	06000	LABORATORY	35,662	0				60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,989	0				60.01
60.02	06003	LAB-STEM CELL	45	0				60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,304	0				63.00
64.00	06400	INTRAVENOUS THERAPY	2,340	0				64.00
65.00	06500	RESPIRATORY THERAPY	10,496	0				65.00
65.01	06501	SLEEP DISORDER	2,738	0				65.01
66.00	06600	PHYSICAL THERAPY	1,880	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	960	0				67.00
68.00	06800	SPEECH PATHOLOGY	1,252	0				68.00
69.00	06900	ELECTROCARDIOLOGY	7,699	0				69.00
69.01	06901	CARDIAC REHAB	126	0				69.01
69.02	06902	VASCULAR LAB	923	0				69.02
69.03	06903	ENDOSCOPY	4,619	0				69.03
69.04	06904	CLINICAL NUTRITION	58	0				69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	552	0				70.00
70.01	07001	ECT	140	0				70.01
70.02	07002	PSYCHOTHERAPY	1,002	0				70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,153	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,853	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,093	0				73.00
74.00	07400	RENAL DIALYSIS	1,731	0				74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	8,810	0				90.00
91.00	09100	EMERGENCY	23,494	0				91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	16.00	17.00	19.00	20.00	21.00	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	31	0				105.00
106.00	10600 HEART ACQUISITION	24	0				106.00
107.00	10700 LIVER ACQUISITION	0	0				107.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	344,133	509,999	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
191.00	19100 RESEARCH	0	0				191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0				194.00
194.01	07951 FOUNDATION	0	0				194.01
194.02	07952 POISON CONTROL	0	0				194.02
194.03	07953 COMMUNITY EDUCATION	0	0				194.03
194.04	07954 BILLABLE DEPARTMENTS	0	0				194.04
194.05	07955 MISC NONREIMBURSABLE	0	0				194.05
194.06	07956 RETAIL PHARMACY	0	0				194.06
194.07	07957 FREESTANDING RHC	0	0				194.07
200.00	Cross Foot Adjustments			0	0	53,621	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	344,133	509,999	0	0	53,621	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/28/2016 12:10 pm	
Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,769,813				22.00
23.00 02300	PARAMED PRGM		23,898			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS		7,694,796	0	7,694,796	30.00
31.00 03100	INTENSIVE CARE UNIT		646,167	0	646,167	31.00
31.01 03101	PEDIATRIC INTENSIVE CARE UNIT		506,391	0	506,391	31.01
32.00 03200	CORONARY CARE UNIT		0	0	0	32.00
35.00 02040	NEONATAL INTENSIVE CARE UNIT		1,268,138	0	1,268,138	35.00
40.00 04000	SUBPROVIDER - IPF		706,015	0	706,015	40.00
43.00 04300	NURSERY		97,977	0	97,977	43.00
45.00 04500	NURSING FACILITY		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM		2,183,785	0	2,183,785	50.00
51.00 05100	RECOVERY ROOM		329,150	0	329,150	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		138,597	0	138,597	52.00
53.00 05300	ANESTHESIOLOGY		299,101	0	299,101	53.00
53.01 05301	PAIN MANAGEMENT		200,632	0	200,632	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC		3,050,141	0	3,050,141	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC		1,580,111	0	1,580,111	55.00
55.01 05501	NUCLEAR MEDICINE-DIAGNOSTIC		578,233	0	578,233	55.01
56.00 05600	RADIOISOTOPE		0	0	0	56.00
56.01 05601	ULTRA SOUND		59,749	0	59,749	56.01
57.00 05700	CT SCAN		0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION		334,172	0	334,172	59.00
60.00 06000	LABORATORY		1,005,968	0	1,005,968	60.00
60.01 06001	ANATOMICAL PATHOLOGY		487,783	0	487,783	60.01
60.02 06003	LAB-STEM CELL		836	0	836	60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		286,099	0	286,099	63.00
64.00 06400	INTRAVENOUS THERAPY		560,359	0	560,359	64.00
65.00 06500	RESPIRATORY THERAPY		538,366	0	538,366	65.00
65.01 06501	SLEEP DISORDER		127,812	0	127,812	65.01
66.00 06600	PHYSICAL THERAPY		336,012	0	336,012	66.00
67.00 06700	OCCUPATIONAL THERAPY		325,293	0	325,293	67.00
68.00 06800	SPEECH PATHOLOGY		67,415	0	67,415	68.00
69.00 06900	ELECTROCARDIOLOGY		1,528,473	0	1,528,473	69.00
69.01 06901	CARDIAC REHAB		75,110	0	75,110	69.01
69.02 06902	VASCULAR LAB		231,473	0	231,473	69.02
69.03 06903	ENDOSCOPY		798,705	0	798,705	69.03
69.04 06904	CLINICAL NUTRITION		41,903	0	41,903	69.04
70.00 07000	ELECTROENCEPHALOGRAPHY		94,121	0	94,121	70.00
70.01 07001	ECT		45,231	0	45,231	70.01
70.02 07002	PSYCHOTHERAPY		173,411	0	173,411	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,021,240	0	1,021,240	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT		578,498	0	578,498	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		1,588,450	0	1,588,450	73.00
74.00 07400	RENAL DIALYSIS		93,444	0	93,444	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
	SERVICES-OTHER PRGM COSTS							
	22.00	23.00	24.00	25.00	26.00			
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC		2,559,001	0	2,559,001	90.00	
91.00	09100	EMERGENCY		972,674	0	972,674	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION		104,249	0	104,249	105.00	
106.00	10600	HEART ACQUISITION		8,167	0	8,167	106.00	
107.00	10700	LIVER ACQUISITION		3,552	0	3,552	107.00	
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	33,326,800	0	33,326,800	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		334,925	0	334,925	190.00	
191.00	19100	RESEARCH		31,843	0	31,843	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES		1,216,651	0	1,216,651	192.00	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.00	
194.01	07951	FOUNDATION		165,108	0	165,108	194.01	
194.02	07952	POISON CONTROL		637,889	0	637,889	194.02	
194.03	07953	COMMUNITY EDUCATION		11,915	0	11,915	194.03	
194.04	07954	BILLABLE DEPARTMENTS		14,028	0	14,028	194.04	
194.05	07955	MISC NONREIMBURSABLE		325,583	0	325,583	194.05	
194.06	07956	RETAIL PHARMACY		283,778	0	283,778	194.06	
194.07	07957	FREESTANDING RHC		189,983	0	189,983	194.07	
200.00		Cross Foot Adjustments	1,769,813	23,898	1,847,332	0	1,847,332	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,769,813	23,898	38,385,835	0	38,385,835	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,571,427					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		10,664,526				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,746	0	200,326,131			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	291,837	1,445,727	14,692,667	-132,249,870	448,567,793	5.00
6.00 00600	MAINTENANCE & REPAIRS	12,898	1,986	0	0	3,695,281	6.00
7.00 00700	OPERATION OF PLANT	235,950	18,266	2,936,283	0	17,086,962	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	7,067	88,022	244,736	0	1,949,059	8.00
9.00 00900	HOUSEKEEPING	8,771	63,571	4,246,564	0	8,831,914	9.00
10.00 01000	DIETARY	46,588	12,575	816,804	0	2,727,774	10.00
11.00 01100	CAFETERIA	0	0	2,969,980	0	4,379,688	11.00
13.00 01300	NURSING ADMINISTRATION	3,188	8,287	5,040,493	0	7,907,108	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	35,306	59,006	1,078,488	0	4,437,363	14.00
15.00 01500	PHARMACY	9,285	62,199	7,221,697	0	13,898,579	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	15,509	75,237	769,710	0	2,187,657	16.00
17.00 01700	SOCIAL SERVICE	2,248	272,165	3,032,624	0	4,601,301	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,770,237	0	2,272,496	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	41,296	15,125	965,820	0	55,173,380	22.00
23.00 02300	PARAMED PRGM	203	0	666,405	0	923,319	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	274,796	1,851,231	35,589,543	0	45,026,451	30.00
31.00 03100	INTENSIVE CARE UNIT	17,674	24,988	7,722,869	0	10,694,834	31.00
31.01 03101	PEDIATRIC INTENSIVE CARE UNIT	23,029	4,531	3,876,653	0	5,619,800	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040	NEONATAL INTENSIVE CARE UNIT	32,466	91,188	16,641,335	0	19,312,094	35.00
40.00 04000	SUBPROVIDER - IPF	18,783	144,382	3,699,137	0	6,500,096	40.00
43.00 04300	NURSERY	1,632	0	1,241,692	0	1,787,940	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	82,230	25,536	8,063,544	0	15,822,910	50.00
51.00 05100	RECOVERY ROOM	15,415	10,603	3,591,660	0	4,882,085	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	3,107,905	0	5,007,771	52.00
53.00 05300	ANESTHESIOLOGY	4,288	160,744	229,325	0	728,200	53.00
53.01 05301	PAIN MANAGEMENT	0	73,784	625,192	0	1,078,010	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	48,146	1,377,707	5,093,392	0	10,480,613	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	4,526	878,024	2,914,423	0	7,405,046	55.00
55.01 05501	NUCLEAR MEDICINE-DIAGNOSTIC	4,621	273,121	669,259	0	2,288,038	55.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601	ULTRA SOUND	2,506	2,054	835,257	0	1,032,345	56.01
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	15,657	2,057	1,661,520	0	2,577,480	59.00
60.00 06000	LABORATORY	25,306	82,801	3,170,206	0	10,903,276	60.00
60.01 06001	ANATOMICAL PATHOLOGY	9,957	206,420	1,796,890	0	3,635,313	60.01
60.02 06003	LAB-STEM CELL	0	0	24,476	0	34,305	60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,878	104,458	2,010,388	0	5,020,046	63.00
64.00 06400	INTRAVENOUS THERAPY	10,727	40,571	2,421,101	0	3,806,927	64.00
65.00 06500	RESPIRATORY THERAPY	5,117	162,049	3,974,304	0	8,057,227	65.00
65.01 06501	SLEEP DISORDER	5,788	15,116	856,534	0	1,490,427	65.01
66.00 06600	PHYSICAL THERAPY	7,127	148,146	671,996	0	2,135,924	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,190	201,866	408,105	0	1,092,934	67.00
68.00 06800	SPEECH PATHOLOGY	3,213	412	703,753	0	1,146,694	68.00
69.00 06900	ELECTROCARDIOLOGY	5,292	1,015,931	1,280,402	0	3,187,784	69.00
69.01 06901	CARDIAC REHAB	5,182	141	342,753	0	516,346	69.01
69.02 06902	VASCULAR LAB	8,626	86,580	255,930	0	510,527	69.02
69.03 06903	ENDOSCOPY	16,748	211,623	1,791,178	0	3,071,018	69.03
69.04 06904	CLINICAL NUTRITION	818	3,789	911,497	0	1,148,964	69.04
70.00 07000	ELECTROENCEPHALOGRAPHY	2,453	12,970	1,445,764	0	1,785,935	70.00
70.01 07001	ECT	3,433	0	125,757	0	192,534	70.01
70.02 07002	PSYCHOTHERAPY	12,289	0	627,175	0	974,148	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	28,649,503	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	16,254,255	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	24,926,254	73.00
74.00 07400	RENAL DIALYSIS	2,008	9,151	419,591	0	1,927,935	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	81,547	300,342	15,450,488	0	16,860,866	90.00	
91.00 09100 EMERGENCY	36,760	25,258	10,965,147	0	15,966,701	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500 KIDNEY ACQUISITION	77	69,651	38,820	0	373,865	105.00	
106.00 10600 HEART ACQUISITION	76	0	82,274	0	311,974	106.00	
107.00 10700 LIVER ACQUISITION	77	0	30,159	0	114,711	107.00	
113.00 11300 INTEREST EXPENSE						113.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,508,350	9,739,391	191,819,902	-132,249,870	424,411,987	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,475	204,390	75,279	0	774,261	190.00	
191.00 19100 RESEARCH	135	15,910	0	0	256,173	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	55,711	287,035	278,611	0	1,965,018	192.00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
194.01 07951 FOUNDATION	638	171	0	0	159,550	194.01	
194.02 07952 POISON CONTROL	0	359,889	2,051,142	0	3,709,060	194.02	
194.03 07953 COMMUNITY EDUCATION	175	0	275,669	0	395,507	194.03	
194.04 07954 BILLABLE DEPARTMENTS	0	0	534,416	0	609,634	194.04	
194.05 07955 MISC NONREIMBURSABLE	2,629	47,714	3,359,537	0	8,764,622	194.05	
194.06 07956 RETAIL PHARMACY	314	5,462	705,919	0	5,318,968	194.06	
194.07 07957 FREESTANDING RHC	0	4,564	1,225,656	0	2,203,013	194.07	
200.00 Cross Foot Adjustments						200.00	
201.00 Negative Cost Centers						201.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	13,744,592	14,423,105	56,837,431		132,249,870	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	8.746567	1.352438	0.283724		0.294827	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			50,258		10,223,443	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000251		0.022791	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	1,260,946					6.00
7.00	00700	235,950	1,024,996				7.00
8.00	00800	7,067	7,067	2,043,501			8.00
9.00	00900	8,771	8,771	0	1,009,158		9.00
10.00	01000	46,588	46,588	0	46,588	432,162	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	3,188	3,188	0	3,188	0	13.00
14.00	01400	35,306	35,306	0	35,306	0	14.00
15.00	01500	9,285	9,285	0	9,285	0	15.00
16.00	01600	15,509	15,509	0	15,509	0	16.00
17.00	01700	2,248	2,248	0	2,248	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	41,296	41,296	0	41,296	0	22.00
23.00	02300	203	203	0	203	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	274,796	274,796	699,262	274,796	224,177	30.00
31.00	03100	17,674	17,674	70,438	17,674	42,241	31.00
31.01	03101	23,029	23,029	34,206	23,029	14,414	31.01
32.00	03200	0	0	0	0	0	32.00
35.00	02040	32,466	32,466	103,800	32,466	88,022	35.00
40.00	04000	18,783	18,783	0	18,783	45,560	40.00
43.00	04300	1,632	1,632	49,695	1,632	17,748	43.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	82,230	82,230	181,640	82,230	0	50.00
51.00	05100	15,415	15,415	39,817	15,415	0	51.00
52.00	05200	0	0	78,577	0	0	52.00
53.00	05300	4,288	4,288	0	4,288	0	53.00
53.01	05301	0	0	1,377	0	0	53.01
54.00	05400	48,146	48,146	118,152	48,146	0	54.00
55.00	05500	4,526	4,526	9,227	4,526	0	55.00
55.01	05501	4,621	4,621	8,186	4,621	0	55.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	2,506	2,506	4,317	2,506	0	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	15,657	15,657	27,947	15,657	0	59.00
60.00	06000	25,306	25,306	0	25,306	0	60.00
60.01	06001	9,957	9,957	0	9,957	0	60.01
60.02	06003	0	0	0	0	0	60.02
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	1,878	1,878	0	1,878	0	63.00
64.00	06400	10,727	10,727	9,771	10,727	0	64.00
65.00	06500	5,117	5,117	0	5,117	0	65.00
65.01	06501	5,788	5,788	5,903	5,788	0	65.01
66.00	06600	7,127	7,127	4,604	7,127	0	66.00
67.00	06700	2,190	2,190	0	2,190	0	67.00
68.00	06800	3,213	3,213	0	3,213	0	68.00
69.00	06900	5,292	5,292	31,128	5,292	0	69.00
69.01	06901	5,182	5,182	0	5,182	0	69.01
69.02	06902	8,626	8,626	2,015	8,626	0	69.02
69.03	06903	16,748	16,748	53,823	16,748	0	69.03
69.04	06904	818	818	0	818	0	69.04
70.00	07000	2,453	2,453	30,544	2,453	0	70.00
70.01	07001	3,433	3,433	0	3,433	0	70.01
70.02	07002	12,289	12,289	0	12,289	0	70.02
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	2,008	2,008	0	2,008	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	81,547	81,547	78,628	81,547	0	90.00
91.00	09100	36,760	36,760	190,671	36,760	0	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	77	77	0	77	0 105.00
106.00	10600	HEART ACQUISITION	76	76	0	76	0 106.00
107.00	10700	LIVER ACQUISITION	77	77	0	77	0 107.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,197,869	961,919	1,833,728	946,081	432,162 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,475	3,475	0	3,475	0 190.00
191.00	19100	RESEARCH	135	135	0	135	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	55,711	55,711	209,773	55,711	0 192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01	07951	FOUNDATION	638	638	0	638	0 194.01
194.02	07952	POISON CONTROL	0	0	0	0	0 194.02
194.03	07953	COMMUNITY EDUCATION	175	175	0	175	0 194.03
194.04	07954	BILLABLE DEPARTMENTS	0	0	0	0	0 194.04
194.05	07955	MISC NONREIMBURSABLE	2,629	2,629	0	2,629	0 194.05
194.06	07956	RETAIL PHARMACY	314	314	0	314	0 194.06
194.07	07957	FREESTANDING RHC	0	0	0	0	0 194.07
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,784,750	23,019,989	2,709,225	11,666,067	5,293,646 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.794572	22.458613	1.325776	11.560199	12.249217 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	199,718	2,521,247	265,380	389,913	642,731 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.158387	2.459763	0.129865	0.386375	1.487246 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,323					11.00
13.00	01300	73	2,642,743				13.00
14.00	01400	29	0	47,930,800			14.00
15.00	01500	83	253	289,994	40,763,005		15.00
16.00	01600	18	0	62	0	1,974,681,919	16.00
17.00	01700	40	29,218	1,377	11,215	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	32	0	0	0	0	21.00
22.00	02200	4	37	0	0	0	22.00
23.00	02300	7	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	507	911,832	97,626	50,498	254,468,635	30.00
31.00	03100	104	196,427	24,924	2,216	50,300,413	31.00
31.01	03101	56	101,189	6,887	4,326	31,148,603	31.01
32.00	03200	0	0	0	0	0	32.00
35.00	02040	204	335,463	26,301	6,236	135,728,268	35.00
40.00	04000	60	79,649	5,012	2,165	26,756,227	40.00
43.00	04300	17	30,720	0	0	7,964,533	43.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	116	127,957	0	53,279	145,189,738	50.00
51.00	05100	43	79,821	4,669	1,444	24,852,370	51.00
52.00	05200	42	76,000	0	0	27,692,860	52.00
53.00	05300	5	11,127	30,545	35,633	40,236,658	53.00
53.01	05301	8	11,269	970	845	5,803,624	53.01
54.00	05400	78	12,974	5,066	8,561	168,817,878	54.00
55.00	05500	27	13,900	915	3,484	51,749,683	55.00
55.01	05501	11	3,193	250	18,339	15,771,751	55.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	9	39	1,527	1,320	15,949,750	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	19	29,301	123,766	863	47,115,049	59.00
60.00	06000	42	0	302,290	200	204,955,136	60.00
60.01	06001	28	0	275,079	915	17,176,414	60.01
60.02	06003	0	0	225	0	256,478	60.02
61.00	06100						61.00
62.00	06200	44	0	0	0	0	62.00
63.00	06300	44	491	126,811	99	24,734,781	63.00
64.00	06400	26	50,401	37,068	2,247	13,448,638	64.00
65.00	06500	58	284	855	2,642	60,321,025	65.00
65.01	06501	14	2,342	124	247	15,737,718	65.01
66.00	06600	6	0	0	0	10,806,230	66.00
67.00	06700	6	0	0	0	5,519,934	67.00
68.00	06800	10	0	0	0	7,197,690	68.00
69.00	06900	17	3,107	43	12	44,247,209	69.00
69.01	06901	5	7,957	0	0	723,777	69.01
69.02	06902	3	0	0	0	5,303,803	69.02
69.03	06903	24	32,451	5,041	4,069	26,544,725	69.03
69.04	06904	16	0	0	0	334,641	69.04
70.00	07000	17	13,113	0	0	3,171,090	70.00
70.01	07001	2	2,703	0	0	805,285	70.01
70.02	07002	9	3,165	0	0	5,756,305	70.02
71.00	07100	0	0	28,889,376	0	41,108,515	71.00
72.00	07200	0	0	16,254,255	0	27,888,064	72.00
73.00	07300	0	0	0	35,690,589	213,178,442	73.00
74.00	07400	5	10,480	24,701	196,059	9,948,237	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	150	172,341	18,738	77,523	50,630,702	90.00
91.00	09100	169	216,778	65,161	13,337	135,023,040	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION  (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	171	0	0	180,000	105.00
106.00	10600 HEART ACQUISITION	1	840	0	0	138,000	106.00
107.00	10700 LIVER ACQUISITION	0	292	0	0	0	107.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,244	2,567,285	46,619,658	36,188,363	1,974,681,919	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	7	6	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	52	0	0	0	194.01
194.02	07952 POISON CONTROL	18	29,823	0	0	0	194.02
194.03	07953 COMMUNITY EDUCATION	4	6,584	503	124	0	194.03
194.04	07954 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05	07955 MISC NONREIMBURSABLE	41	21,516	1,164,945	405	0	194.05
194.06	07956 RETAIL PHARMACY	9	0	124,629	4,300,681	0	194.06
194.07	07957 FREESTANDING RHC	0	17,477	21,065	273,432	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,670,938	10,537,095	7,151,451	18,594,250	3,463,036	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,441.213087	3.987181	0.149204	0.456155	0.001754	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	100,562	238,002	599,172	1,123,008	344,133	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	43.289712	0.090059	0.012501	0.027550	0.000174	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1  
Date/Time Prepared:  
5/28/2016 12:10 pm

Cost Center Description	SOCIAL SERVICE  (TIME SPENT)	NONPHYSICIAN ANESTHETISTS  (ASSIGNED TIME)	NURSING SCHOOL  (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES  (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS  (ASSIGNED TIME)	
				17.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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	10,000					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			177,850		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				177,850	22.00
23.00 02300 PARAMED ED PRGM	0					23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	5,403	0	0	127,835	127,835	30.00
31.00 03100 INTENSIVE CARE UNIT	1,024	0	0	0	0	31.00
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	345	0	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	2,130	0	0	3,819	3,819	35.00
40.00 04000 SUBPROVIDER - IPF	1,098	0	0	814	814	40.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	21,517	21,517	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	6,616	6,616	53.00
53.01 05301 PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	419	419	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRASOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	4,876	4,876	60.01
60.02 06003 LAB-STEM CELL	0	0	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 06501 SLEEP DISORDER	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	5,969	5,969	69.00
69.01 06901 CARDIAC REHAB	0	0	0	0	0	69.01
69.02 06902 VASCULAR LAB	0	0	0	0	0	69.02
69.03 06903 ENDOSCOPY	0	0	0	0	0	69.03
69.04 06904 CLINICAL NUTRITION	0	0	0	0	0	69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 ECT	0	0	0	0	0	70.01
70.02 07002 PSYCHOTHERAPY	0	0	0	0	0	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	SOCIAL SERVICE  (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				17.00	19.00	
91.00 09100 EMERGENCY	0	0	0	5,985	5,985	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	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,000	0	0	177,850	177,850	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	0	0	0	0	0	194.01
194.02 07952 POISON CONTROL	0	0	0	0	0	194.02
194.03 07953 COMMUNITY EDUCATION	0	0	0	0	0	194.03
194.04 07954 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05 07955 MISC NONREIMBURSABLE	0	0	0	0	0	194.05
194.06 07956 RETAIL PHARMACY	0	0	0	0	0	194.06
194.07 07957 FREESTANDING RHC	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,262,360	0	0	3,020,608	73,011,414	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	626.236000	0.000000	0.000000	16.984020	410.522429	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	509,999	0	0	53,621	1,769,813	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	50.999900	0.000000	0.000000	0.301496	9.951155	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1  
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Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	
		23.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED PRGM	168	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	87	30.00
31.00	03100 INTENSIVE CARE UNIT	25	31.00
31.01	03101 PEDIATRIC INTENSIVE CARE UNIT	4	31.01
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT	2	35.00
40.00	04000 SUBPROVIDER - IPF	0	40.00
43.00	04300 NURSERY	0	43.00
45.00	04500 NURSING FACILITY	0	45.00
<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
53.01	05301 PAIN MANAGEMENT	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	55.01
56.00	05600 RADIOISOTOPE	0	56.00
56.01	05601 ULTRA SOUND	0	56.01
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	1	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	60.01
60.02	06003 LAB-STEM CELL	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	65.00
65.01	06501 SLEEP DISORDER	0	65.01
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	1	69.00
69.01	06901 CARDIAC REHAB	0	69.01
69.02	06902 VASCULAR LAB	0	69.02
69.03	06903 ENDOSCOPY	0	69.03
69.04	06904 CLINICAL NUTRITION	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
70.01	07001 ECT	0	70.01
70.02	07002 PSYCHOTHERAPY	0	70.02
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
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	47	90.00
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	168	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 FOUNDATION	0	194.01
194.02	07952 POISON CONTROL	0	194.02
194.03	07953 COMMUNITY EDUCATION	0	194.03
194.04	07954 BILLABLE DEPARTMENTS	0	194.04
194.05	07955 MISC NONREIMBURSABLE	0	194.05
194.06	07956 RETAIL PHARMACY	0	194.06
194.07	07957 FREESTANDING RHC	0	194.07
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,220,302	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7,263.702381	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	23,898	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	142.250000	205.00

Provider CCN: 260091

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

Worksheet B-2  
Date/Time Prepared:  
5/28/2016 12:10 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	-89,425	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/28/2016 12:10 pm	
			Title XVIIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		81,737,701	18,171	81,755,872	30.00
31.00	03100 INTENSIVE CARE UNIT		17,079,970	0	17,079,970	31.00
31.01	03101 PEDIATRIC INTENSIVE CARE UNIT		9,212,291	0	9,212,291	31.01
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		30,878,092	0	30,878,092	35.00
40.00	04000 SUBPROVIDER - IPF		10,885,143	0	10,885,143	40.00
43.00	04300 NURSERY		2,838,024	0	2,838,024	43.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		24,910,475	13,809	24,924,284	50.00
51.00	05100 RECOVERY ROOM		7,425,316	0	7,425,316	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,042,503	1,247	7,043,750	52.00
53.00	05300 ANESTHESIOLOGY		1,252,994	7,126	1,260,120	53.00
53.01	05301 PAIN MANAGEMENT		1,472,834	11,826	1,484,660	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,090,699	0	16,090,699	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		9,992,723	0	9,992,723	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC		3,223,852	0	3,223,852	55.01
56.00	05600 RADIOISOTOPE		0	0	0	56.00
56.01	05601 ULTRA SOUND		1,488,124	0	1,488,124	56.01
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,231,198	0	4,231,198	59.00
60.00	06000 LABORATORY		15,589,241	0	15,589,241	60.00
60.01	06001 ANATOMICAL PATHOLOGY		5,223,550	12,194	5,235,744	60.01
60.02	06003 LAB-STEM CELL		44,903	0	44,903	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		6,742,826	0	6,742,826	63.00
64.00	06400 INTRAVENOUS THERAPY		5,642,465	0	5,642,465	64.00
65.00	06500 RESPIRATORY THERAPY	0	10,876,065	6,395	10,882,460	65.00
65.01	06501 SLEEP DISORDER	0	2,227,785	3,861	2,231,646	65.01
66.00	06600 PHYSICAL THERAPY	0	3,074,854	0	3,074,854	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,522,300	0	1,522,300	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,643,302	0	1,643,302	68.00
69.00	06900 ELECTROCARDIOLOGY		4,507,781	0	4,507,781	69.00
69.01	06901 CARDIAC REHAB		909,730	8,985	918,715	69.01
69.02	06902 VASCULAR LAB		1,006,520	1,978	1,008,498	69.02
69.03	06903 ENDOSCOPY		4,918,236	0	4,918,236	69.03
69.04	06904 CLINICAL NUTRITION		1,558,287	0	1,558,287	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY		2,545,075	0	2,545,075	70.00
70.01	07001 ECT		396,182	0	396,182	70.01
70.02	07002 PSYCHOTHERAPY		1,770,728	0	1,770,728	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		41,478,648	0	41,478,648	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		23,520,564	0	23,520,564	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		48,929,545	0	48,929,545	73.00
74.00	07400 RENAL DIALYSIS		2,647,406	0	2,647,406	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		26,541,413	21,575	26,562,988	90.00
91.00	09100 EMERGENCY		23,846,457	0	23,846,457	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,920,988	0	8,920,988	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION		487,999	0	487,999	105.00
106.00	10600 HEART ACQUISITION		412,858	0	412,858	106.00
107.00	10700 LIVER ACQUISITION		152,606	0	152,606	107.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)	0	476,900,253	107,167	477,007,420	200.00
201.00	Less Observation Beds		8,920,988	0	8,920,988	201.00
202.00	Total (see instructions)	0	467,979,265	107,167	468,086,432	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260091		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/28/2016 12:10 pm	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	210,605,690		210,605,690			30.00
31.00	03100	INTENSIVE CARE UNIT	48,843,480		48,843,480			31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	30,344,693		30,344,693			31.01
32.00	03200	CORONARY CARE UNIT	0		0			32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	132,298,692		132,298,692			35.00
40.00	04000	SUBPROVIDER - IPF	26,674,483		26,674,483			40.00
43.00	04300	NURSERY	7,964,533		7,964,533			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	64,339,736	76,284,389	140,624,125	0.177142	0.000000	50.00
51.00	05100	RECOVERY ROOM	5,493,847	18,738,817	24,232,664	0.306418	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,969,732	6,723,128	27,692,860	0.254308	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	19,724,855	19,492,845	39,217,700	0.031950	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	1,301,103	4,359,535	5,660,638	0.260189	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,093,589	109,046,715	165,140,304	0.097437	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,626,677	46,856,987	50,483,664	0.197940	0.000000	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	1,789,366	13,470,681	15,260,047	0.211261	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	05601	ULTRA SOUND	5,242,692	10,309,511	15,552,203	0.095686	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,467,442	28,258,749	45,726,191	0.092533	0.000000	59.00
60.00	06000	LABORATORY	121,899,618	79,276,240	201,175,858	0.077491	0.000000	60.00
60.01	06001	ANATOMICAL PATHOLOGY	5,449,640	11,319,305	16,768,945	0.311501	0.000000	60.01
60.02	06003	LAB-STEM CELL	241,291	15,187	256,478	0.175075	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,279,343	6,070,799	24,350,142	0.276911	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	908,327	12,100,632	13,008,959	0.433737	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	53,622,712	4,997,937	58,620,649	0.185533	0.000000	65.00
65.01	06501	SLEEP DISORDER	294,679	15,105,880	15,400,559	0.144656	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	7,513,068	3,165,950	10,679,018	0.287934	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,384,242	1,059,772	5,444,014	0.279628	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,907,411	4,173,535	7,080,946	0.232074	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,197,897	26,080,924	43,278,821	0.104157	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	707,244	707,244	1.286303	0.000000	69.01
69.02	06902	VASCULAR LAB	2,459,264	2,745,030	5,204,294	0.193402	0.000000	69.02
69.03	06903	ENDOSCOPY	3,734,636	21,986,949	25,721,585	0.191210	0.000000	69.03
69.04	06904	CLINICAL NUTRITION	561	328,169	328,730	4.740325	0.000000	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1,532,315	1,586,911	3,119,226	0.815932	0.000000	70.00
70.01	07001	ECT	306,735	498,550	805,285	0.491977	0.000000	70.01
70.02	07002	PSYCHOTHERAPY	10,998	5,591,451	5,602,449	0.316063	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,692,796	11,415,719	41,108,515	1.009004	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	15,781,206	12,106,857	27,888,063	0.843392	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,674,527	126,786,583	207,461,110	0.235849	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,644,132	5,263,231	9,907,363	0.267216	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,395,335	48,622,229	50,017,564	0.530642	0.000000	90.00
91.00	09100	EMERGENCY	33,416,671	100,128,187	133,544,858	0.178565	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,965,870	37,423,586	41,389,456	0.215538	0.000000	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	180,000	0	180,000			105.00
106.00	10600	HEART ACQUISITION	138,000	0	138,000			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,063,411,884	872,098,214	1,935,510,098			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,063,411,884	872,098,214	1,935,510,098			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/28/2016 12:10 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 PEDIATRIC INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
45.00	04500 NURSING FACILITY			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.177240		50.00
51.00	05100 RECOVERY ROOM	0.306418		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.254353		52.00
53.00	05300 ANESTHESIOLOGY	0.032131		53.00
53.01	05301 PAIN MANAGEMENT	0.262278		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.097437		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.197940		55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.211261		55.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 ULTRASOUND	0.095686		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.092533		59.00
60.00	06000 LABORATORY	0.077491		60.00
60.01	06001 ANATOMY PATHOLOGY	0.312229		60.01
60.02	06003 LAB-STEM CELL	0.175075		60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.276911		63.00
64.00	06400 INTRAVENOUS THERAPY	0.433737		64.00
65.00	06500 RESPIRATORY THERAPY	0.185642		65.00
65.01	06501 SLEEP DISORDER	0.144907		65.01
66.00	06600 PHYSICAL THERAPY	0.287934		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.279628		67.00
68.00	06800 SPEECH PATHOLOGY	0.232074		68.00
69.00	06900 ELECTROCARDIOLOGY	0.104157		69.00
69.01	06901 CARDIAC REHAB	1.299007		69.01
69.02	06902 VASCULAR LAB	0.193782		69.02
69.03	06903 ENDOSCOPY	0.191210		69.03
69.04	06904 CLINICAL NUTRITION	4.740325		69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0.815932		70.00
70.01	07001 ECT	0.491977		70.01
70.02	07002 PSYCHOTHERAPY	0.316063		70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.009004		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.843392		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235849		73.00
74.00	07400 RENAL DIALYSIS	0.267216		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.531073		90.00
91.00	09100 EMERGENCY	0.178565		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.215538		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
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: 260091

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2016 12:10 pm

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	81,737,701		81,737,701	18,171	81,755,872	30.00
31.00	03100	INTENSIVE CARE UNIT	17,079,970		17,079,970	0	17,079,970	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	9,212,291		9,212,291	0	9,212,291	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	30,878,092		30,878,092	0	30,878,092	35.00
40.00	04000	SUBPROVIDER - IPF	10,885,143		10,885,143	0	10,885,143	40.00
43.00	04300	NURSERY	2,838,024		2,838,024	0	2,838,024	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	24,910,475		24,910,475	13,809	24,924,284	50.00
51.00	05100	RECOVERY ROOM	7,425,316		7,425,316	0	7,425,316	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,042,503		7,042,503	1,247	7,043,750	52.00
53.00	05300	ANESTHESIOLOGY	1,252,994		1,252,994	7,126	1,260,120	53.00
53.01	05301	PAIN MANAGEMENT	1,472,834		1,472,834	11,826	1,484,660	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,090,699		16,090,699	0	16,090,699	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,992,723		9,992,723	0	9,992,723	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	3,223,852		3,223,852	0	3,223,852	55.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	05601	ULTRA SOUND	1,488,124		1,488,124	0	1,488,124	56.01
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,231,198		4,231,198	0	4,231,198	59.00
60.00	06000	LABORATORY	15,589,241		15,589,241	0	15,589,241	60.00
60.01	06001	ANATOMICAL PATHOLOGY	5,223,550		5,223,550	12,194	5,235,744	60.01
60.02	06003	LAB-STEM CELL	44,903		44,903	0	44,903	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,742,826		6,742,826	0	6,742,826	63.00
64.00	06400	INTRAVENOUS THERAPY	5,642,465		5,642,465	0	5,642,465	64.00
65.00	06500	RESPIRATORY THERAPY	10,876,065	0	10,876,065	6,395	10,882,460	65.00
65.01	06501	SLEEP DISORDER	2,227,785	0	2,227,785	3,861	2,231,646	65.01
66.00	06600	PHYSICAL THERAPY	3,074,854	0	3,074,854	0	3,074,854	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,522,300	0	1,522,300	0	1,522,300	67.00
68.00	06800	SPEECH PATHOLOGY	1,643,302	0	1,643,302	0	1,643,302	68.00
69.00	06900	ELECTROCARDIOLOGY	4,507,781		4,507,781	0	4,507,781	69.00
69.01	06901	CARDIAC REHAB	909,730		909,730	8,985	918,715	69.01
69.02	06902	VASCULAR LAB	1,006,520		1,006,520	1,978	1,008,498	69.02
69.03	06903	ENDOSCOPY	4,918,236		4,918,236	0	4,918,236	69.03
69.04	06904	CLINICAL NUTRITION	1,558,287		1,558,287	0	1,558,287	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	2,545,075		2,545,075	0	2,545,075	70.00
70.01	07001	ECT	396,182		396,182	0	396,182	70.01
70.02	07002	PSYCHOTHERAPY	1,770,728		1,770,728	0	1,770,728	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,478,648		41,478,648	0	41,478,648	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,520,564		23,520,564	0	23,520,564	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,929,545		48,929,545	0	48,929,545	73.00
74.00	07400	RENAL DIALYSIS	2,647,406		2,647,406	0	2,647,406	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	26,541,413		26,541,413	21,575	26,562,988	90.00
91.00	09100	EMERGENCY	23,846,457		23,846,457	0	23,846,457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,920,988		8,920,988	0	8,920,988	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	487,999		487,999	0	487,999	105.00
106.00	10600	HEART ACQUISITION	412,858		412,858	0	412,858	106.00
107.00	10700	LIVER ACQUISITION	152,606		152,606	0	152,606	107.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	476,900,253	0	476,900,253	107,167	477,007,420	200.00
201.00		Less Observation Beds	8,920,988		8,920,988	0	8,920,988	201.00
202.00		Total (see instructions)	467,979,265	0	467,979,265	107,167	468,086,432	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260091		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/28/2016 12:10 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	210,605,690		210,605,690			30.00
31.00	03100	INTENSIVE CARE UNIT	48,843,480		48,843,480			31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	30,344,693		30,344,693			31.01
32.00	03200	CORONARY CARE UNIT	0		0			32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	132,298,692		132,298,692			35.00
40.00	04000	SUBPROVIDER - IPF	26,674,483		26,674,483			40.00
43.00	04300	NURSERY	7,964,533		7,964,533			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	64,339,736	76,284,389	140,624,125	0.177142	0.000000	50.00
51.00	05100	RECOVERY ROOM	5,493,847	18,738,817	24,232,664	0.306418	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,969,732	6,723,128	27,692,860	0.254308	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	19,724,855	19,492,845	39,217,700	0.031950	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	1,301,103	4,359,535	5,660,638	0.260189	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,093,589	109,046,715	165,140,304	0.097437	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,626,677	46,856,987	50,483,664	0.197940	0.000000	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	1,789,366	13,470,681	15,260,047	0.211261	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	05601	ULTRA SOUND	5,242,692	10,309,511	15,552,203	0.095686	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,467,442	28,258,749	45,726,191	0.092533	0.000000	59.00
60.00	06000	LABORATORY	121,899,618	79,276,240	201,175,858	0.077491	0.000000	60.00
60.01	06001	ANATOMICAL PATHOLOGY	5,449,640	11,319,305	16,768,945	0.311501	0.000000	60.01
60.02	06003	LAB-STEM CELL	241,291	15,187	256,478	0.175075	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,279,343	6,070,799	24,350,142	0.276911	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	908,327	12,100,632	13,008,959	0.433737	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	53,622,712	4,997,937	58,620,649	0.185533	0.000000	65.00
65.01	06501	SLEEP DISORDER	294,679	15,105,880	15,400,559	0.144656	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	7,513,068	3,165,950	10,679,018	0.287934	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,384,242	1,059,772	5,444,014	0.279628	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,907,411	4,173,535	7,080,946	0.232074	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,197,897	26,080,924	43,278,821	0.104157	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	707,244	707,244	1.286303	0.000000	69.01
69.02	06902	VASCULAR LAB	2,459,264	2,745,030	5,204,294	0.193402	0.000000	69.02
69.03	06903	ENDOSCOPY	3,734,636	21,986,949	25,721,585	0.191210	0.000000	69.03
69.04	06904	CLINICAL NUTRITION	561	328,169	328,730	4.740325	0.000000	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1,532,315	1,586,911	3,119,226	0.815932	0.000000	70.00
70.01	07001	ECT	306,735	498,550	805,285	0.491977	0.000000	70.01
70.02	07002	PSYCHOTHERAPY	10,998	5,591,451	5,602,449	0.316063	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,692,796	11,415,719	41,108,515	1.009004	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	15,781,206	12,106,857	27,888,063	0.843392	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,674,527	126,786,583	207,461,110	0.235849	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,644,132	5,263,231	9,907,363	0.267216	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,395,335	48,622,229	50,017,564	0.530642	0.000000	90.00
91.00	09100	EMERGENCY	33,416,671	100,128,187	133,544,858	0.178565	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,965,870	37,423,586	41,389,456	0.215538	0.000000	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	180,000	0	180,000			105.00
106.00	10600	HEART ACQUISITION	138,000	0	138,000			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,063,411,884	872,098,214	1,935,510,098			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,063,411,884	872,098,214	1,935,510,098			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/28/2016 12:10 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - I PF			40.00
43.00	04300	NURSERY			43.00
45.00	04500	NURSING FACILITY			45.00
<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
53.01	05301	PAIN MANAGEMENT	0.000000		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000		55.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	05601	ULTRA SOUND	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	ANATOMIC PATHOLOGY	0.000000		60.01
60.02	06003	LAB-STEM CELL	0.000000		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.01	06501	SLEEP DISORDER	0.000000		65.01
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
69.01	06901	CARDIAC REHAB	0.000000		69.01
69.02	06902	VASCULAR LAB	0.000000		69.02
69.03	06903	ENDOSCOPY	0.000000		69.03
69.04	06904	CLINICAL NUTRITION	0.000000		69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001	ECT	0.000000		70.01
70.02	07002	PSYCHOTHERAPY	0.000000		70.02
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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000		90.00
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
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: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/28/2016 12:10 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,694,796	0	7,694,796	86,503	88.95	30.00
31.00	INTENSIVE CARE UNIT	646,167		646,167	14,521	44.50	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	506,391		506,391	4,955	102.20	31.01
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,268,138		1,268,138	30,259	41.91	35.00
40.00	SUBPROVIDER - IPF	706,015	0	706,015	15,662	45.08	40.00
43.00	NURSERY	97,977		97,977	6,101	16.06	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	10,919,484		10,919,484	158,001		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	16,133	1,435,030				30.00
31.00	INTENSIVE CARE UNIT	5,808	258,456				31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	19	1,942				31.01
32.00	CORONARY CARE UNIT	0	0				32.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	7,138	321,781				40.00
43.00	NURSERY	0	0				43.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (Lines 30-199)	29,098	2,017,209				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 260091		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/28/2016 12:10 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,183,785	140,624,125	0.015529	15,463,739	240,136	50.00
51.00	05100	RECOVERY ROOM	329,150	24,232,664	0.013583	1,200,761	16,310	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	138,597	27,692,860	0.005005	279,062	1,397	52.00
53.00	05300	ANESTHESIOLOGY	299,101	39,217,700	0.007627	2,615,276	19,947	53.00
53.01	05301	PAIN MANAGEMENT	200,632	5,660,638	0.035443	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,050,141	165,140,304	0.018470	13,078,972	241,569	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,580,111	50,483,664	0.031299	165,910	5,193	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	578,233	15,260,047	0.037892	582,982	22,090	55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601	ULTRA SOUND	59,749	15,552,203	0.003842	840,006	3,227	56.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	334,172	45,726,191	0.007308	3,372,793	24,648	59.00
60.00	06000	LABORATORY	1,005,968	201,175,858	0.005000	22,881,650	114,408	60.00
60.01	06001	ANATOMICAL PATHOLOGY	487,783	16,768,945	0.029088	641,342	18,655	60.01
60.02	06003	LAB-STEM CELL	836	256,478	0.003260	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	286,099	24,350,142	0.011749	2,023,617	23,775	63.00
64.00	06400	INTRAVENOUS THERAPY	560,359	13,008,959	0.043075	9,637	415	64.00
65.00	06500	RESPIRATORY THERAPY	538,366	58,620,649	0.009184	8,622,071	79,185	65.00
65.01	06501	SLEEP DISORDER	127,812	15,400,559	0.008299	0	0	65.01
66.00	06600	PHYSICAL THERAPY	336,012	10,679,018	0.031465	2,036,809	64,088	66.00
67.00	06700	OCCUPATIONAL THERAPY	325,293	5,444,014	0.059752	661,357	39,517	67.00
68.00	06800	SPEECH PATHOLOGY	67,415	7,080,946	0.009521	688,083	6,551	68.00
69.00	06900	ELECTROCARDIOLOGY	1,528,473	43,278,821	0.035317	4,164,671	147,084	69.00
69.01	06901	CARDIAC REHAB	75,110	707,244	0.106201	0	0	69.01
69.02	06902	VASCULAR LAB	231,473	5,204,294	0.044477	967,019	43,010	69.02
69.03	06903	ENDOSCOPY	798,705	25,721,585	0.031052	1,027,223	31,897	69.03
69.04	06904	CLINICAL NUTRITION	41,903	328,730	0.127469	0	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	94,121	3,119,226	0.030174	181,517	5,477	70.00
70.01	07001	ECT	45,231	805,285	0.056168	2,535	142	70.01
70.02	07002	PSYCHOTHERAPY	173,411	5,602,449	0.030953	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,021,240	41,108,515	0.024843	6,155,947	152,932	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	578,498	27,888,063	0.020744	3,609,048	74,866	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,588,450	207,461,110	0.007657	16,866,688	129,148	73.00
74.00	07400	RENAL DIALYSIS	93,444	9,907,363	0.009432	2,851,139	26,892	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,559,001	50,017,564	0.051162	828	42	90.00
91.00	09100	EMERGENCY	972,674	133,544,858	0.007284	5,334,607	38,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	839,634	41,389,456	0.020286	2,259,995	45,846	92.00
200.00		Total (Lines 50-199)	23,130,982	1,478,460,527		118,585,284	1,617,304	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/28/2016 12:10 pm
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Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	631,941	0	0	631,941	30.00
31.00	03100	INTENSIVE CARE UNIT	0	181,593	0	0	181,593	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	0	29,055	0	0	29,055	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	14,527	0	0	14,527	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	857,116	0	0	857,116	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	86,503	7.31	16,133	117,932		30.00
31.00	03100	INTENSIVE CARE UNIT	14,521	12.51	5,808	72,658		31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	4,955	5.86	19	111		31.01
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	30,259	0.48	0	0		35.00
40.00	04000	SUBPROVIDER - IPF	15,662	0.00	7,138	0		40.00
43.00	04300	NURSERY	6,101	0.00	0	0		43.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	158,001		29,098	190,701		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 12:10 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	7,264	0	7,264 55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	7,264	0	7,264 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	60.01
60.02	06003	LAB-STEM CELL	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	SLEEP DISORDER	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	7,264	0	7,264 69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
69.02	06902	VASCULAR LAB	0	0	0	0	69.02
69.03	06903	ENDOSCOPY	0	0	0	0	69.03
69.04	06904	CLINICAL NUTRITION	0	0	0	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	ECT	0	0	0	0	70.01
70.02	07002	PSYCHOTHERAPY	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	341,394	0	341,394 90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	68,959	0	68,959 92.00
200.00		Total (lines 50-199)	0	0	432,145	0	432,145 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 12:10 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	140,624,125	0.000000	0.000000	15,463,739	50.00
51.00	05100 RECOVERY ROOM	0	24,232,664	0.000000	0.000000	1,200,761	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	27,692,860	0.000000	0.000000	279,062	52.00
53.00	05300 ANESTHESIOLOGY	0	39,217,700	0.000000	0.000000	2,615,276	53.00
53.01	05301 PAIN MANAGEMENT	0	5,660,638	0.000000	0.000000	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	165,140,304	0.000000	0.000000	13,078,972	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	7,264	50,483,664	0.000144	0.000144	165,910	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	15,260,047	0.000000	0.000000	582,982	55.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601 ULTRA SOUND	0	15,552,203	0.000000	0.000000	840,006	56.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	45,726,191	0.000000	0.000000	3,372,793	59.00
60.00	06000 LABORATORY	7,264	201,175,858	0.000036	0.000036	22,881,650	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	16,768,945	0.000000	0.000000	641,342	60.01
60.02	06003 LAB-STEM CELL	0	256,478	0.000000	0.000000	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	24,350,142	0.000000	0.000000	2,023,617	63.00
64.00	06400 INTRAVENOUS THERAPY	0	13,008,959	0.000000	0.000000	9,637	64.00
65.00	06500 RESPIRATORY THERAPY	0	58,620,649	0.000000	0.000000	8,622,071	65.00
65.01	06501 SLEEP DISORDER	0	15,400,559	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	10,679,018	0.000000	0.000000	2,036,809	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,444,014	0.000000	0.000000	661,357	67.00
68.00	06800 SPEECH PATHOLOGY	0	7,080,946	0.000000	0.000000	688,083	68.00
69.00	06900 ELECTROCARDIOLOGY	7,264	43,278,821	0.000168	0.000168	4,164,671	69.00
69.01	06901 CARDIAC REHAB	0	707,244	0.000000	0.000000	0	69.01
69.02	06902 VASCULAR LAB	0	5,204,294	0.000000	0.000000	967,019	69.02
69.03	06903 ENDOSCOPY	0	25,721,585	0.000000	0.000000	1,027,223	69.03
69.04	06904 CLINICAL NUTRITION	0	328,730	0.000000	0.000000	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,119,226	0.000000	0.000000	181,517	70.00
70.01	07001 ECT	0	805,285	0.000000	0.000000	2,535	70.01
70.02	07002 PSYCHOTHERAPY	0	5,602,449	0.000000	0.000000	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,108,515	0.000000	0.000000	6,155,947	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	27,888,063	0.000000	0.000000	3,609,048	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	207,461,110	0.000000	0.000000	16,866,688	73.00
74.00	07400 RENAL DIALYSIS	0	9,907,363	0.000000	0.000000	2,851,139	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	341,394	50,017,564	0.006825	0.006825	828	90.00
91.00	09100 EMERGENCY	0	133,544,858	0.000000	0.000000	5,334,607	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	68,959	41,389,456	0.001666	0.001666	2,259,995	92.00
200.00	Total (Lines 50-199)	432,145	1,478,460,527			118,585,284	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 12:10 pm
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	21,224,000	0	50.00
51.00	05100 RECOVERY ROOM	0	3,217,862	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,506,433	0	53.00
53.01	05301 PAIN MANAGEMENT	0	171,223	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	19,351,195	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	24	13,782,103	1,985	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	1,877,931	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ULTRA SOUND	0	1,136,778	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,986,123	0	59.00
60.00	06000 LABORATORY	824	8,556,513	308	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	1,154,056	0	60.01
60.02	06003 LAB-STEM CELL	0	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	357,171	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	740,828	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	657,901	0	65.00
65.01	06501 SLEEP DISORDER	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	7,009	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	678	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,867	0	68.00
69.00	06900 ELECTROCARDIOLOGY	700	3,916,818	658	69.00
69.01	06901 CARDIAC REHAB	0	325,312	0	69.01
69.02	06902 VASCULAR LAB	0	1,108,955	0	69.02
69.03	06903 ENDOSCOPY	0	3,653,463	0	69.03
69.04	06904 CLINICAL NUTRITION	0	0	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	885,535	0	70.00
70.01	07001 ECT	0	0	0	70.01
70.02	07002 PSYCHOTHERAPY	0	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,708,856	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,876,490	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	29,304,944	0	73.00
74.00	07400 RENAL DIALYSIS	0	374,060	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	6	2,709,840	18,495	90.00
91.00	09100 EMERGENCY	0	8,144,550	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,765	9,255,311	15,419	92.00
200.00	Total (Lines 50-199)	5,319	144,994,805	36,865	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/28/2016 12:10 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.177142	21,224,000	0	0	3,759,662	
51.00 05100 RECOVERY ROOM	0.306418	3,217,862	0	0	986,011	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.254308	0	0	0	0	
53.00 05300 ANESTHESIOLOGY	0.031950	2,506,433	0	0	80,081	
53.01 05301 PAIN MANAGEMENT	0.260189	171,223	0	0	44,550	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.097437	19,351,195	0	0	1,885,522	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.197940	13,782,103	0	0	2,728,029	
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.211261	1,877,931	0	0	396,734	
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	
56.01 05601 ULTRA SOUND	0.095686	1,136,778	0	0	108,774	
57.00 05700 CT SCAN	0.000000	0	0	0	0	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	
59.00 05900 CARDIAC CATHETERIZATION	0.092533	3,986,123	0	0	368,848	
60.00 06000 LABORATORY	0.077491	8,556,513	6,200	0	663,053	
60.01 06001 ANATOMICAL PATHOLOGY	0.311501	1,154,056	0	0	359,490	
60.02 06003 LAB-STEM CELL	0.175075	0	0	0	0	
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.276911	357,171	455	0	98,905	
64.00 06400 INTRAVENOUS THERAPY	0.433737	740,828	0	0	321,325	
65.00 06500 RESPIRATORY THERAPY	0.185533	657,901	0	0	122,062	
65.01 06501 SLEEP DISORDER	0.144656	0	0	0	0	
66.00 06600 PHYSICAL THERAPY	0.287934	7,009	0	0	2,018	
67.00 06700 OCCUPATIONAL THERAPY	0.279628	678	0	0	190	
68.00 06800 SPEECH PATHOLOGY	0.232074	2,867	0	0	665	
69.00 06900 ELECTROCARDIOLOGY	0.104157	3,916,818	0	0	407,964	
69.01 06901 CARDIAC REHAB	1.286303	325,312	0	0	418,450	
69.02 06902 VASCULAR LAB	0.193402	1,108,955	0	0	214,474	
69.03 06903 ENDOSCOPY	0.191210	3,653,463	0	0	698,579	
69.04 06904 CLINICAL NUTRITION	4.740325	0	0	0	0	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.815932	885,535	0	0	722,536	
70.01 07001 ECT	0.491977	0	0	0	0	
70.02 07002 PSYCHOTHERAPY	0.316063	0	0	0	0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.009004	3,708,856	0	0	3,742,251	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.843392	2,876,490	0	0	2,426,009	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.235849	29,304,944	4,561	1,080,021	6,911,542	
74.00 07400 RENAL DIALYSIS	0.267216	374,060	0	0	99,955	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.530642	2,709,840	0	0	1,437,955	
91.00 09100 EMERGENCY	0.178565	8,144,550	0	0	1,454,332	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.215538	9,255,311	0	0	1,994,871	
200.00		Subtotal (see instructions)	144,994,805	11,216	1,080,021	32,454,837
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00		Net Charges (line 200 +/- line 201)	144,994,805	11,216	1,080,021	32,454,837

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/28/2016 12:10 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<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
53.01 05301 PAIN MANAGEMENT	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ULTRA SOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	480	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0		60.01
60.02 06003 LAB-STEM CELL	0	0		60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	126	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP DISORDER	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
69.02 06902 VASCULAR LAB	0	0		69.02
69.03 06903 ENDOSCOPY	0	0		69.03
69.04 06904 CLINICAL NUTRITION	0	0		69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 ECT	0	0		70.01
70.02 07002 PSYCHOTHERAPY	0	0		70.02
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	1,076	254,722		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
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)	1,682	254,722		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,682	254,722		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260091 Component CCN: 26S091		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/28/2016 12:10 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,183,785	140,624,125	0.015529	221	3 50.00
51.00	05100	RECOVERY ROOM	329,150	24,232,664	0.013583	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	138,597	27,692,860	0.005005	0	0 52.00
53.00	05300	ANESTHESIOLOGY	299,101	39,217,700	0.007627	52,240	398 53.00
53.01	05301	PAIN MANAGEMENT	200,632	5,660,638	0.035443	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,050,141	165,140,304	0.018470	188,400	3,480 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,580,111	50,483,664	0.031299	243	8 55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	578,233	15,260,047	0.037892	2,430	92 55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
56.01	05601	ULTRA SOUND	59,749	15,552,203	0.003842	6,463	25 56.01
57.00	05700	CT SCAN	0	0	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	334,172	45,726,191	0.007308	0	0 59.00
60.00	06000	LABORATORY	1,005,968	201,175,858	0.005000	797,186	3,986 60.00
60.01	06001	ANATOMIC PATHOLOGY	487,783	16,768,945	0.029088	0	0 60.01
60.02	06003	LAB-STEM CELL	836	256,478	0.003260	0	0 60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	286,099	24,350,142	0.011749	1,854	22 63.00
64.00	06400	INTRAVENOUS THERAPY	560,359	13,008,959	0.043075	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	538,366	58,620,649	0.009184	49,060	451 65.00
65.01	06501	SLEEP DISORDER	127,812	15,400,559	0.008299	0	0 65.01
66.00	06600	PHYSICAL THERAPY	336,012	10,679,018	0.031465	117,975	3,712 66.00
67.00	06700	OCCUPATIONAL THERAPY	325,293	5,444,014	0.059752	4,346	260 67.00
68.00	06800	SPEECH PATHOLOGY	67,415	7,080,946	0.009521	14,564	139 68.00
69.00	06900	ELECTROCARDIOLOGY	1,528,473	43,278,821	0.035317	34,312	1,212 69.00
69.01	06901	CARDIAC REHAB	75,110	707,244	0.106201	0	0 69.01
69.02	06902	VASCULAR LAB	231,473	5,204,294	0.044477	8,212	365 69.02
69.03	06903	ENDOSCOPY	798,705	25,721,585	0.031052	0	0 69.03
69.04	06904	CLINICAL NUTRITION	41,903	328,730	0.127469	0	0 69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	94,121	3,119,226	0.030174	3,057	92 70.00
70.01	07001	ECT	45,231	805,285	0.056168	184,743	10,377 70.01
70.02	07002	PSYCHOTHERAPY	173,411	5,602,449	0.030953	0	0 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,021,240	41,108,515	0.024843	20,429	508 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	578,498	27,888,063	0.020744	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,588,450	207,461,110	0.007657	1,547,857	11,852 73.00
74.00	07400	RENAL DIALYSIS	93,444	9,907,363	0.009432	39,069	368 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	2,559,001	50,017,564	0.051162	0	0 90.00
91.00	09100	EMERGENCY	972,674	133,544,858	0.007284	655,431	4,774 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	41,389,456	0.000000	274	0 92.00
200.00		Total (lines 50-199)	22,291,348	1,478,460,527		3,728,366	42,124 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 12:10 pm
	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	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	7,264	7,264	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	7,264	7,264	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	60.01
60.02	06003	LAB-STEM CELL	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	SLEEP DISORDER	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	7,264	7,264	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
69.02	06902	VASCULAR LAB	0	0	0	0	69.02
69.03	06903	ENDOSCOPY	0	0	0	0	69.03
69.04	06904	CLINICAL NUTRITION	0	0	0	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	ECT	0	0	0	0	70.01
70.02	07002	PSYCHOTHERAPY	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	341,394	341,394	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	363,186	363,186	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260091 Component CCN: 26S091		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/28/2016 12:10 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	140,624,125	0.000000	0.000000	221	50.00
51.00	05100	RECOVERY ROOM	0	24,232,664	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	27,692,860	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	39,217,700	0.000000	0.000000	52,240	53.00
53.01	05301	PAIN MANAGEMENT	0	5,660,638	0.000000	0.000000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	165,140,304	0.000000	0.000000	188,400	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,264	50,483,664	0.000144	0.000144	243	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0	15,260,047	0.000000	0.000000	2,430	55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601	ULTRA SOUND	0	15,552,203	0.000000	0.000000	6,463	56.01
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	45,726,191	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	7,264	201,175,858	0.000036	0.000036	797,186	60.00
60.01	06001	ANATOMIC PATHOLOGY	0	16,768,945	0.000000	0.000000	0	60.01
60.02	06003	LAB-STEM CELL	0	256,478	0.000000	0.000000	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	24,350,142	0.000000	0.000000	1,854	63.00
64.00	06400	INTRAVENOUS THERAPY	0	13,008,959	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	58,620,649	0.000000	0.000000	49,060	65.00
65.01	06501	SLEEP DISORDER	0	15,400,559	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	10,679,018	0.000000	0.000000	117,975	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,444,014	0.000000	0.000000	4,346	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,080,946	0.000000	0.000000	14,564	68.00
69.00	06900	ELECTROCARDIOLOGY	7,264	43,278,821	0.000168	0.000168	34,312	69.00
69.01	06901	CARDIAC REHAB	0	707,244	0.000000	0.000000	0	69.01
69.02	06902	VASCULAR LAB	0	5,204,294	0.000000	0.000000	8,212	69.02
69.03	06903	ENDOSCOPY	0	25,721,585	0.000000	0.000000	0	69.03
69.04	06904	CLINICAL NUTRITION	0	328,730	0.000000	0.000000	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,119,226	0.000000	0.000000	3,057	70.00
70.01	07001	ECT	0	805,285	0.000000	0.000000	184,743	70.01
70.02	07002	PSYCHOTHERAPY	0	5,602,449	0.000000	0.000000	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,108,515	0.000000	0.000000	20,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	27,888,063	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	207,461,110	0.000000	0.000000	1,547,857	73.00
74.00	07400	RENAL DIALYSIS	0	9,907,363	0.000000	0.000000	39,069	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	341,394	50,017,564	0.006825	0.006825	0	90.00
91.00	09100	EMERGENCY	0	133,544,858	0.000000	0.000000	655,431	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	41,389,456	0.000000	0.000000	274	92.00
200.00		Total (lines 50-199)	363,186	1,478,460,527			3,728,366	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 12:10 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	82,156	0	53.00
53.01	05301 PAIN MANAGEMENT	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,024	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	29	9,492	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
60.02	06003 LAB-STEM CELL	0	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 SLEEP DISORDER	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	6	4,262	1	69.00
69.01	06901 CARDIAC REHAB	0	0	0	69.01
69.02	06902 VASCULAR LAB	0	0	0	69.02
69.03	06903 ENDOSCOPY	0	0	0	69.03
69.04	06904 CLINICAL NUTRITION	0	0	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 ECT	0	290,680	0	70.01
70.02	07002 PSYCHOTHERAPY	0	4,631,433	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	38,890	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	183	1	90.00
91.00	09100 EMERGENCY	0	1,069	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	35	5,059,189	2	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/28/2016 12:10 pm
		Component CCN: 26S091	Title XVII	Subprovider - IPF
				PPS

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 Subject To Ded. & Coins. (see inst.)	Cost Reimbursed 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	0.177142	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0.306418	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.254308	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.031950	82,156	0	0	2,625	53.00	
53.01 05301 PAIN MANAGEMENT	0.260189	0	0	0	0	53.01	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.097437	1,024	0	0	100	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.197940	0	0	0	0	55.00	
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.211261	0	0	0	0	55.01	
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.01 05601 ULTRA SOUND	0.095686	0	0	0	0	56.01	
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.092533	0	0	0	0	59.00	
60.00 06000 LABORATORY	0.077491	9,492	0	0	736	60.00	
60.01 06001 ANATOMICAL PATHOLOGY	0.311501	0	0	0	0	60.01	
60.02 06003 LAB-STEM CELL	0.175075	0	0	0	0	60.02	
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00	
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0.276911	0	0	0	0	63.00	
64.00 06400 INTRAVENOUS THERAPY	0.433737	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0.185533	0	0	0	0	65.00	
65.01 06501 SLEEP DISORDER	0.144656	0	0	0	0	65.01	
66.00 06600 PHYSICAL THERAPY	0.287934	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.279628	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.232074	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.104157	4,262	0	0	444	69.00	
69.01 06901 CARDIAC REHAB	1.286303	0	0	0	0	69.01	
69.02 06902 VASCULAR LAB	0.193402	0	0	0	0	69.02	
69.03 06903 ENDOSCOPY	0.191210	0	0	0	0	69.03	
69.04 06904 CLINICAL NUTRITION	4.740325	0	0	0	0	69.04	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.815932	0	0	0	0	70.00	
70.01 07001 ECT	0.491977	290,680	0	0	143,008	70.01	
70.02 07002 PSYCHOTHERAPY	0.316063	4,631,433	0	0	1,463,825	70.02	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.009004	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.843392	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.235849	38,890	0	3,033	9,172	73.00	
74.00 07400 RENAL DIALYSIS	0.267216	0	0	0	0	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0.530642	183	0	0	97	90.00	
91.00 09100 EMERGENCY	0.178565	1,069	0	0	191	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.215538	0	0	0	0	92.00	
200.00		Subtotal (see instructions)	5,059,189	0	3,033	1,620,198	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 +/- line 201)	5,059,189	0	3,033	1,620,198	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/28/2016 12:10 pm
	Component CCN: 26S091	Title XVII I	Subprovider - IPF

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
53.01 05301 PAIN MANAGEMENT	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ULTRA SOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0		60.01
60.02 06003 LAB-STEM CELL	0	0		60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP DISORDER	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
69.02 06902 VASCULAR LAB	0	0		69.02
69.03 06903 ENDOSCOPY	0	0		69.03
69.04 06904 CLINICAL NUTRITION	0	0		69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 ECT	0	0		70.01
70.02 07002 PSYCHOTHERAPY	0	0		70.02
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	715		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
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	715		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	715		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/28/2016 12:10 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.177142	0	3,870,288	0	0
51.00 05100 RECOVERY ROOM	0.306418	0	1,740,699	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.254308	0	553,014	0	0
53.00 05300 ANESTHESIOLOGY	0.031950	0	1,167,176	0	0
53.01 05301 PAIN MANAGEMENT	0.260189	0	187,252	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.097437	0	7,968,456	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.197940	0	3,367,695	0	0
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.211261	0	779,854	0	0
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
56.01 05601 ULTRA SOUND	0.095686	0	1,113,192	0	0
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.092533	0	1,753,844	0	0
60.00 06000 LABORATORY	0.077491	0	8,666,623	0	0
60.01 06001 ANATOMICAL PATHOLOGY	0.311501	0	568,583	0	0
60.02 06003 LAB-STEM CELL	0.175075	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.276911	0	584,275	0	0
64.00 06400 INTRAVENOUS THERAPY	0.433737	0	1,229,092	0	0
65.00 06500 RESPIRATORY THERAPY	0.185533	0	363,532	0	0
65.01 06501 SLEEP DISORDER	0.144656	0	955,230	0	0
66.00 06600 PHYSICAL THERAPY	0.287934	0	105,692	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.279628	0	34,988	0	0
68.00 06800 SPEECH PATHOLOGY	0.232074	0	187,672	0	0
69.00 06900 ELECTROCARDIOLOGY	0.104157	0	1,681,040	0	0
69.01 06901 CARDIAC REHAB	1.286303	0	38,035	0	0
69.02 06902 VASCULAR LAB	0.193402	0	163,153	0	0
69.03 06903 ENDOSCOPY	0.191210	0	994,670	0	0
69.04 06904 CLINICAL NUTRITION	4.740325	0	23,989	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.815932	0	92,495	0	0
70.01 07001 ECT	0.491977	0	38,870	0	0
70.02 07002 PSYCHOTHERAPY	0.316063	0	28,564	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.009004	0	737,333	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.843392	0	731,579	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.235849	0	12,942,972	0	0
74.00 07400 RENAL DIALYSIS	0.267216	0	67,027	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0.530642	0	3,242,091	0	0
91.00 09100 EMERGENCY	0.178565	0	9,143,289	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.215538	0	2,394,265	0	0
200.00	Subtotal (see instructions)	0	67,516,529	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 +/- line 201)		67,516,529	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/28/2016 12:10 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	685,591	0	50.00
51.00	05100	RECOVERY ROOM	533,382	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	140,636	0	52.00
53.00	05300	ANESTHESIOLOGY	37,291	0	53.00
53.01	05301	PAIN MANAGEMENT	48,721	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	776,422	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	666,602	0	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	164,753	0	55.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	ULTRA SOUND	106,517	0	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	162,288	0	59.00
60.00	06000	LABORATORY	671,585	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	177,114	0	60.01
60.02	06003	LAB-STEM CELL	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	161,792	0	63.00
64.00	06400	INTRAVENOUS THERAPY	533,103	0	64.00
65.00	06500	RESPIRATORY THERAPY	67,447	0	65.00
65.01	06501	SLEEP DISORDER	138,180	0	65.01
66.00	06600	PHYSICAL THERAPY	30,432	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,784	0	67.00
68.00	06800	SPEECH PATHOLOGY	43,554	0	68.00
69.00	06900	ELECTROCARDIOLOGY	175,092	0	69.00
69.01	06901	CARDIAC REHAB	48,925	0	69.01
69.02	06902	VASCULAR LAB	31,554	0	69.02
69.03	06903	ENDOSCOPY	190,191	0	69.03
69.04	06904	CLINICAL NUTRITION	113,716	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	75,470	0	70.00
70.01	07001	ECT	19,123	0	70.01
70.02	07002	PSYCHOTHERAPY	9,028	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	743,972	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	617,008	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,052,587	0	73.00
74.00	07400	RENAL DIALYSIS	17,911	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1,720,390	0	90.00
91.00	09100	EMERGENCY	1,632,671	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	516,055	0	92.00
200.00		Subtotal (see instructions)	14,118,887	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	14,118,887	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2016 12:10 pm
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)		86,503	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		86,503	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.		42,425	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		34,639	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		16,133	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)		81,755,872	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)		81,755,872	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		210,605,690	28.00
29.00	Private room charges (excluding swing-bed charges)		121,496,902	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		89,108,788	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.388194	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,863.80	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,572.50	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		291.30	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		113.08	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		4,797,419	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		76,958,453	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)		945.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,247,621	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		15,247,621	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Date/Time Prepared: 5/28/2016 12:10 pm							
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	17,079,970	14,521	1,176.23	5,808	6,831,544		43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	9,212,291	4,955	1,859.19	19	35,325		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	30,878,092	30,259	1,020.46	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					26,558,350		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					48,672,840		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,886,129		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,622,623		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,508,752		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,164,088		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)					9,439		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					945.12		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					8,920,988		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/28/2016 12:10 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,694,796	81,755,872	0.094119	8,920,988	839,634	90.00
91.00	Nursing School cost	0	81,755,872	0.000000	8,920,988	0	91.00
92.00	Allied health cost	631,941	81,755,872	0.007730	8,920,988	68,959	92.00
93.00	All other Medical Education	0	81,755,872	0.000000	8,920,988	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/28/2016 12:10 pm
		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)			15,662 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			15,662 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.			651 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			15,011 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)			7,138 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)			10,885,143 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)			10,885,143 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			26,674,483 28.00
29.00	Private room charges (excluding swing-bed charges)			1,108,733 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			25,565,750 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.408073 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,703.12 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,703.13 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			10,885,143 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)			695.00 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,960,910 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)			4,960,910 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 26S091				Date/Time Prepared: 5/28/2016 12:10 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					742,972		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,703,882		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)					321,781		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					42,159		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					363,940		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,339,942		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
<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: 260091 Component CCN: 26S091		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/28/2016 12:10 pm	
		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	706,015	10,885,143	0.064860	0	0	90.00
91.00	Nursing School cost	0	10,885,143	0.000000	0	0	91.00
92.00	Allied health cost	0	10,885,143	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,885,143	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2016 12:10 pm
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)		86,503	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		86,503	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.		42,425	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		34,639	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		8,556	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)		6,101	15.00
16.00	Nursery days (title V or XIX only)		613	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)		81,737,701	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)		81,737,701	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		210,605,690	28.00
29.00	Private room charges (excluding swing-bed charges)		121,496,902	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		89,108,788	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.388108	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,863.80	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,572.50	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		291.30	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		113.06	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		4,796,570	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		76,941,131	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)		889.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,610,220	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)		7,610,220	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 5/28/2016 12:10 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,838,024	6,101	465.17	613	285,149	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	17,079,970	14,521	1,176.23	1,895	2,228,956	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	9,212,291	4,955	1,859.19	605	1,124,810	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	30,878,092	30,259	1,020.46	2,896	2,955,252	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,801,174	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,005,561	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)					9,439	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					944.91	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,919,005	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/28/2016 12:10 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,694,796	81,737,701	0.094140	8,919,005	839,635	90.00
91.00	Nursing School cost	0	81,737,701	0.000000	8,919,005	0	91.00
92.00	Allied health cost	0	81,737,701	0.000000	8,919,005	0	92.00
93.00	All other Medical Education	0	81,737,701	0.000000	8,919,005	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 26S091		Date/Time Prepared: 5/28/2016 12:10 pm
		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)		15,662	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,662	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.		651	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		15,011	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)		5,050	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)		6,101	15.00
16.00	Nursery days (title V or XIX only)		613	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)		10,885,143	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)		10,885,143	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		26,674,483	28.00
29.00	Private room charges (excluding swing-bed charges)		1,108,733	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		25,565,750	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.408073	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,703.12	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,703.13	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		10,885,143	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)		695.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,509,750	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)		3,509,750	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 26S091				Date/Time Prepared: 5/28/2016 12:10 pm	
		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		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					498,291		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,008,041		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital -related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital -related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital -related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
<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: 260091 Component CCN: 26S091		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/28/2016 12:10 pm	
		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	706,015	10,885,143	0.064860	0	0	90.00
91.00	Nursing School cost	0	10,885,143	0.000000	0	0	91.00
92.00	Allied health cost	0	10,885,143	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,885,143	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/28/2016 12:10 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		34,079,182	30.00
31.00	03100	INTENSIVE CARE UNIT		19,306,622	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		102,220	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
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	0.177240	15,463,739	2,740,793 50.00
51.00	05100	RECOVERY ROOM	0.306418	1,200,761	367,935 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.254353	279,062	70,980 52.00
53.00	05300	ANESTHESIOLOGY	0.032131	2,615,276	84,031 53.00
53.01	05301	PAIN MANAGEMENT	0.262278	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097437	13,078,972	1,274,376 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.197940	165,910	32,840 55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.211261	582,982	123,161 55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.01	05601	ULTRA SOUND	0.095686	840,006	80,377 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.092533	3,372,793	312,095 59.00
60.00	06000	LABORATORY	0.077491	22,881,650	1,773,122 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.312229	641,342	200,246 60.01
60.02	06003	LAB-STEM CELL	0.175075	0	0 60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.276911	2,023,617	560,362 63.00
64.00	06400	INTRAVENOUS THERAPY	0.433737	9,637	4,180 64.00
65.00	06500	RESPIRATORY THERAPY	0.185642	8,622,071	1,600,619 65.00
65.01	06501	SLEEP DISORDER	0.144907	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.287934	2,036,809	586,467 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279628	661,357	184,934 67.00
68.00	06800	SPEECH PATHOLOGY	0.232074	688,083	159,686 68.00
69.00	06900	ELECTROCARDIOLOGY	0.104157	4,164,671	433,780 69.00
69.01	06901	CARDIAC REHAB	1.299007	0	0 69.01
69.02	06902	VASCULAR LAB	0.193782	967,019	187,391 69.02
69.03	06903	ENDOSCOPY	0.191210	1,027,223	196,415 69.03
69.04	06904	CLINICAL NUTRITION	4.740325	0	0 69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0.815932	181,517	148,106 70.00
70.01	07001	ECT	0.491977	2,535	1,247 70.01
70.02	07002	PSYCHOTHERAPY	0.316063	0	0 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.009004	6,155,947	6,211,375 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.843392	3,609,048	3,043,842 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235849	16,866,688	3,977,991 73.00
74.00	07400	RENAL DIALYSIS	0.267216	2,851,139	761,870 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.531073	828	440 90.00
91.00	09100	EMERGENCY	0.178565	5,334,607	952,574 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.215538	2,259,995	487,115 92.00
200.00		Total (sum of lines 50-94 and 96-98)		118,585,284	26,558,350 200.00
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)		118,585,284	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 26S091		Date/Time Prepared: 5/28/2016 12:10 pm	
		Title VIII	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
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		12,156,014	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.177240	221	39 50.00
51.00	05100	RECOVERY ROOM	0.306418	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.254353	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.032131	52,240	1,679 53.00
53.01	05301	PAIN MANAGEMENT	0.262278	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097437	188,400	18,357 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.197940	243	48 55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.211261	2,430	513 55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.01	05601	ULTRA SOUND	0.095686	6,463	618 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.092533	0	0 59.00
60.00	06000	LABORATORY	0.077491	797,186	61,775 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.312229	0	0 60.01
60.02	06003	LAB-STEM CELL	0.175075	0	0 60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.276911	1,854	513 63.00
64.00	06400	INTRAVENOUS THERAPY	0.433737	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.185642	49,060	9,108 65.00
65.01	06501	SLEEP DISORDER	0.144907	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.287934	117,975	33,969 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279628	4,346	1,215 67.00
68.00	06800	SPEECH PATHOLOGY	0.232074	14,564	3,380 68.00
69.00	06900	ELECTROCARDIOLOGY	0.104157	34,312	3,574 69.00
69.01	06901	CARDIAC REHAB	1.299007	0	0 69.01
69.02	06902	VASCULAR LAB	0.193782	8,212	1,591 69.02
69.03	06903	ENDOSCOPY	0.191210	0	0 69.03
69.04	06904	CLINICAL NUTRITION	4.740325	0	0 69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0.815932	3,057	2,494 70.00
70.01	07001	ECT	0.491977	184,743	90,889 70.01
70.02	07002	PSYCHOTHERAPY	0.316063	0	0 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.009004	20,429	20,613 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.843392	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235849	1,547,857	365,061 73.00
74.00	07400	RENAL DIALYSIS	0.267216	39,069	10,440 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.531073	0	0 90.00
91.00	09100	EMERGENCY	0.178565	655,431	117,037 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.215538	274	59 92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,728,366	742,972 200.00
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)		3,728,366	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/28/2016 12:10 pm	
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		23,570,222	30.00
31.00	03100	INTENSIVE CARE UNIT		5,788,532	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		3,545,418	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		15,398,347	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		916,584	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.177142	6,014,044	1,065,340 50.00
51.00	05100	RECOVERY ROOM	0.306418	741,254	227,134 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.254308	1,602,782	407,600 52.00
53.00	05300	ANESTHESIOLOGY	0.031950	1,802,412	57,587 53.00
53.01	05301	PAIN MANAGEMENT	0.260189	141,329	36,772 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097437	7,206,880	702,217 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.197940	454,637	89,991 55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.211261	314,364	66,413 55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.01	05601	ULTRA SOUND	0.095686	702,875	67,255 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.092533	1,925,342	178,158 59.00
60.00	06000	LABORATORY	0.077491	15,884,828	1,230,931 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.311501	593,039	184,732 60.01
60.02	06003	LAB-STEM CELL	0.175075	0	0 60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.276911	2,388,253	661,334 63.00
64.00	06400	INTRAVENOUS THERAPY	0.433737	123,633	53,624 64.00
65.00	06500	RESPIRATORY THERAPY	0.185533	7,952,972	1,475,539 65.00
65.01	06501	SLEEP DISORDER	0.144656	64,006	9,259 65.01
66.00	06600	PHYSICAL THERAPY	0.287934	732,010	210,771 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279628	527,403	147,477 67.00
68.00	06800	SPEECH PATHOLOGY	0.232074	296,833	68,887 68.00
69.00	06900	ELECTROCARDIOLOGY	0.104157	2,158,218	224,794 69.00
69.01	06901	CARDIAC REHAB	1.286303	0	0 69.01
69.02	06902	VASCULAR LAB	0.193402	347,294	67,167 69.02
69.03	06903	ENDOSCOPY	0.191210	486,344	92,994 69.03
69.04	06904	CLINICAL NUTRITION	4.740325	0	0 69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0.815932	138,575	113,068 70.00
70.01	07001	ECT	0.491977	8,450	4,157 70.01
70.02	07002	PSYCHOTHERAPY	0.316063	0	0 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.009004	3,725,359	3,758,902 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.843392	1,074,561	906,276 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235849	10,032,690	2,366,200 73.00
74.00	07400	RENAL DIALYSIS	0.267216	500,662	133,785 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.530642	116,121	61,619 90.00
91.00	09100	EMERGENCY	0.178565	4,315,228	770,549 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.215538	1,673,219	360,642 92.00
200.00		Total (sum of lines 50-94 and 96-98)		74,045,617	15,801,174 200.00
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)		74,045,617	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 26S091		Date/Time Prepared: 5/28/2016 12:10 pm	
		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
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		8,372,448	40.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.177142	7,994	1,416 50.00
51.00	05100	RECOVERY ROOM	0.306418	1,156	354 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.254308	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.031950	19,242	615 53.00
53.01	05301	PAIN MANAGEMENT	0.260189	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097437	126,094	12,286 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.197940	0	0 55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.211261	2,430	513 55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.01	05601	ULTRA SOUND	0.095686	12,503	1,196 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.092533	0	0 59.00
60.00	06000	LABORATORY	0.077491	921,397	71,400 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.311501	313	97 60.01
60.02	06003	LAB-STEM CELL	0.175075	0	0 60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.276911	6,264	1,735 63.00
64.00	06400	INTRAVENOUS THERAPY	0.433737	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.185533	29,722	5,514 65.00
65.01	06501	SLEEP DISORDER	0.144656	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.287934	18,876	5,435 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279628	1,270	355 67.00
68.00	06800	SPEECH PATHOLOGY	0.232074	752	175 68.00
69.00	06900	ELECTROCARDIOLOGY	0.104157	28,900	3,010 69.00
69.01	06901	CARDIAC REHAB	1.286303	0	0 69.01
69.02	06902	VASCULAR LAB	0.193402	5,280	1,021 69.02
69.03	06903	ENDOSCOPY	0.191210	0	0 69.03
69.04	06904	CLINICAL NUTRITION	4.740325	0	0 69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0.815932	1,019	831 70.00
70.01	07001	ECT	0.491977	65,065	32,010 70.01
70.02	07002	PSYCHOTHERAPY	0.316063	0	0 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.009004	543	548 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.843392	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235849	896,026	211,327 73.00
74.00	07400	RENAL DIALYSIS	0.267216	18,811	5,027 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.530642	896	475 90.00
91.00	09100	EMERGENCY	0.178565	800,553	142,951 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.215538	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		2,965,106	498,291 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		2,965,106	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS				Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D-4	
				Component CCN:			Date/Time Prepared: 5/28/2016 12:10 pm
				Kidney	Hospital	PPS	
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		
<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	945.12	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	25,337	1,176.23	7	8,234	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,859.19	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	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	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,020.46	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		25,337		7	8,234	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	0.177142	68,875	12,201	8.00	
9.00	RECOVERY ROOM	51.00	0.306418	5,527	1,694	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.254308	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.031950	13,985	447	11.00	
11.01	PAIN MANAGEMENT	53.01	0.260189	0	0	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.097437	6,048	589	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.197940	0	0	13.00	
13.01	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0.211261	0	0	13.01	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
14.01	ULTRA SOUND	56.01	0.095686	12,550	1,201	14.01	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.092533	5,594	518	17.00	
18.00	LABORATORY	60.00	0.077491	170,636	13,223	18.00	
18.01	ANATOMICAL PATHOLOGY	60.01	0.311501	626	195	18.01	
18.02	LAB-STEM CELL	60.02	0.175075	0	0	18.02	
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	0.276911	953	264	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.433737	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.185533	18,266	3,389	23.00	
23.01	SLEEP DISORDER	65.01	0.144656	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.287934	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.279628	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.232074	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.104157	20,614	2,147	27.00	
27.01	CARDIAC REHAB	69.01	1.286303	0	0	27.01	
27.02	VASCULAR LAB	69.02	0.193402	0	0	27.02	
27.03	ENDOSCOPY	69.03	0.191210	0	0	27.03	
27.04	CLINICAL NUTRITION	69.04	4.740325	0	0	27.04	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.815932	0	0	28.00	
28.01	ECT	70.01	0.491977	0	0	28.01	
28.02	PSYCHOTHERAPY	70.02	0.316063	0	0	28.02	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.009004	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.843392	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.235849	695	164	31.00	
32.00	RENAL DIALYSIS	74.00	0.267216	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
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	0.530642	0	0	37.00	
38.00	EMERGENCY	91.00	0.178565	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.215538	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			324,369	36,032	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: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2016 12:10 pm

		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	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	7	0	43.00	
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
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	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			7	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	
52.00	EMERGENCY	24.00	0	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)		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	44,266		349,706		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)	487,999		141,019		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)	532,265		490,725		61.00	
62.00	Total Usable Organs (see instructions)		20			62.00	
63.00	Medicare Usable Organs (see instructions)		18			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.900000			64.00	
65.00	Medicare Cost/Charges (see instructions)	479,039		441,653		65.00	
66.00	Revenue for Organs Sold	110,236		110,236		66.00	
67.00	Subtotal (line 65 minus line 66)	368,803		331,417		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	368,803	0	331,417	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	16		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	4		73.00	
74.00	Total (sum of lines 70 thru 73)		0	20		74.00	
75.00	Organs Transplanted		0	4	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	16	110,236	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/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	20		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: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2016 12:10 pm

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	0	945.12	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	13,517	1,176.23	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,859.19	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	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	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,020.46	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		13,517		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	0.177142	26,940	4,772	8.00	
9.00	RECOVERY ROOM	51.00	0.306418	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.254308	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.031950	4,318	138	11.00	
11.01	PAIN MANAGEMENT	53.01	0.260189	0	0	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.097437	0	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.197940	0	0	13.00	
13.01	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0.211261	0	0	13.01	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
14.01	ULTRA SOUND	56.01	0.095686	0	0	14.01	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.092533	0	0	17.00	
18.00	LABORATORY	60.00	0.077491	20,546	1,592	18.00	
18.01	ANATOMIC PATHOLOGY	60.01	0.311501	0	0	18.01	
18.02	LAB-STEM CELL	60.02	0.175075	0	0	18.02	
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	0.276911	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.433737	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.185533	7,866	1,459	23.00	
23.01	SLEEP DISORDER	65.01	0.144656	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.287934	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.279628	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.232074	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.104157	0	0	27.00	
27.01	CARDIAC REHAB	69.01	1.286303	0	0	27.01	
27.02	VASCULAR LAB	69.02	0.193402	0	0	27.02	
27.03	ENDOSCOPY	69.03	0.191210	0	0	27.03	
27.04	CLINICAL NUTRITION	69.04	4.740325	0	0	27.04	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.815932	0	0	28.00	
28.01	ECT	70.01	0.491977	0	0	28.01	
28.02	PSYCHOTHERAPY	70.02	0.316063	0	0	28.02	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.009004	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.843392	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.235849	0	0	31.00	
32.00	RENAL DIALYSIS	74.00	0.267216	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
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	0.530642	0	0	37.00	
38.00	EMERGENCY	91.00	0.178565	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.215538	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			59,670	7,961	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: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet D-4		
		Component CCN:		Date/Time Prepared: 5/28/2016 12:10 pm		
		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	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
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	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			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	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
52.00	EMERGENCY	24.00	0	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)		0		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	7,961		73,187		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)	152,606		152,533		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)	160,567		225,720		61.00
62.00	Total Usable Organs (see instructions)		7			62.00
63.00	Medicare Usable Organs (see instructions)		7			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		1.000000			64.00
65.00	Medicare Cost/Charges (see instructions)	160,567		225,720		65.00
66.00	Revenue for Organs Sold	51,230		51,230		66.00
67.00	Subtotal (line 65 minus line 66)	109,337		174,490		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	109,337	0	174,490	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	7		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	0		73.00
74.00	Total (sum of lines 70 thru 73)		0	7		74.00
75.00	Organs Transplanted		0	0	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	7	51,230	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/Discarded Organs		0	0	0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	7		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: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2016 12:10 pm

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	0	945.12	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	9,893	1,176.23	1	1,176	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,859.19	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	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	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,020.46	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		9,893		1	1,176	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	0.177142	17,384	3,079	8.00	
9.00	RECOVERY ROOM	51.00	0.306418	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.254308	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.031950	2,920	93	11.00	
11.01	PAIN MANAGEMENT	53.01	0.260189	0	0	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.097437	0	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.197940	0	0	13.00	
13.01	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0.211261	0	0	13.01	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
14.01	ULTRA SOUND	56.01	0.095686	0	0	14.01	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.092533	3,426	317	17.00	
18.00	LABORATORY	60.00	0.077491	32,159	2,492	18.00	
18.01	ANATOMIC PATHOLOGY	60.01	0.311501	0	0	18.01	
18.02	LAB-STEM CELL	60.02	0.175075	0	0	18.02	
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	0.276911	84	23	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.433737	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.185533	4,884	906	23.00	
23.01	SLEEP DISORDER	65.01	0.144656	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.287934	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.279628	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.232074	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.104157	21,156	2,204	27.00	
27.01	CARDIAC REHAB	69.01	1.286303	0	0	27.01	
27.02	VASCULAR LAB	69.02	0.193402	0	0	27.02	
27.03	ENDOSCOPY	69.03	0.191210	0	0	27.03	
27.04	CLINICAL NUTRITION	69.04	4.740325	0	0	27.04	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.815932	0	0	28.00	
28.01	ECT	70.01	0.491977	0	0	28.01	
28.02	PSYCHOTHERAPY	70.02	0.316063	0	0	28.02	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.009004	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.843392	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.235849	0	0	31.00	
32.00	RENAL DIALYSIS	74.00	0.267216	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
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	0.530642	0	0	37.00	
38.00	EMERGENCY	91.00	0.178565	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.215538	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			82,013	9,114	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: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2016 12:10 pm

		Heart		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	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
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	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			1	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	
52.00	EMERGENCY	24.00	0	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)		0		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	10,290		91,906		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)	412,858		1,400,049		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)	423,148		1,491,955		61.00	
62.00	Total Usable Organs (see instructions)		7			62.00	
63.00	Medicare Usable Organs (see instructions)		5			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.714286			64.00	
65.00	Medicare Cost/Charges (see instructions)	302,249		1,065,683		65.00	
66.00	Revenue for Organs Sold	50,945		50,945		66.00	
67.00	Subtotal (line 65 minus line 66)	251,304		1,014,738		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	251,304	0	1,014,738	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	5		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	2		73.00	
74.00	Total (sum of lines 70 thru 73)		0	7		74.00	
75.00	Organs Transplanted		0	2	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	5	50,945	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/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	7		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: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/28/2016 12:10 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		27,036,404	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,724,378	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)		917,902	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		19,692,947	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		503.14	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)		141.25	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		31.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		172.25	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		174.15	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)		172.25	12.00
13.00	Total allowable FTE count for the prior year.		172.25	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.		172.25	14.00
15.00	Sum of lines 12 through 14 divided by 3.		172.25	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		172.25	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.342350	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.303880	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.303880	21.00
22.00	IME payment adjustment (see instructions)		5,477,086	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,016,152	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).		1.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		1.90	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)		1.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.001988	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000531	27.00
28.00	IME add-on adjustment amount (see instructions)		18,989	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		10,457	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		5,496,075	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,026,609	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.93	30.00
31.00	Percentage of Medicaid patient days (see instructions)		51.06	31.00
32.00	Sum of lines 30 and 31		58.99	32.00
33.00	Allowable disproportionate share percentage (see instructions)		37.88	33.00
34.00	Disproportionate share adjustment (see instructions)		3,386,547	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/28/2016 12:10 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.002053029	0.002026401	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		15,700,839	12,981,420	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		11,743,364	3,263,088	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		15,006,452		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)		60,567,758		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		63,594,367		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,705,342		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).		2,889,548		52.00
53.00	Nursing and Allied Health Managed Care payment		83,813		53.00
54.00	Special add-on payments for new technologies		1,036		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		729,444		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).		190,701		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		5,319		58.00
59.00	Total (sum of amounts on lines 49 through 58)		71,199,570		59.00
60.00	Primary payer payments		86,644		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		71,112,926		61.00
62.00	Deductibles billed to program beneficiaries		3,453,116		62.00
63.00	Coinurance billed to program beneficiaries		311,850		63.00
64.00	Allowable bad debts (see instructions)		1,442,052		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		937,334		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		950,058		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		68,285,294		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		82,737		70.93
70.94	HRR adjustment amount (see instructions)		-192,671		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/28/2016 12:10 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		68,175,360		71.00
71.01	Sequestration adjustment (see instructions)		1,363,507		71.01
72.00	Interim payments		65,044,176		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		1,767,677		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)		0		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	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 260091

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/28/2016 12:10 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	27,036,404	0	27,036,404	0	27,036,404	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,724,378	0	0	8,724,378	8,724,378	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	917,902	0	736,281	181,621	917,902	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	19,692,947	0	14,914,528	4,778,418	19,692,946	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.303880	0.303880	0.303880	0.303880		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,477,086	0	4,140,869	1,336,217	5,477,086	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,016,152	0	2,284,294	731,858	3,016,152	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	0.000531	0.000531	0.000531	0.000531		7.00
8.00	IME adjustment (see instructions)	28.00	18,989	0	14,356	4,633	18,989	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	10,457	0	7,920	2,537	10,457	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,496,075	0	4,155,225	1,340,850	5,496,075	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,026,609	0	2,292,214	734,395	3,026,609	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3788	0.3788	0.3788	0.3788		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,386,547	0	2,560,348	826,199	3,386,547	11.00
11.01	Uncompensated care payments	36.00	15,006,452	0	11,743,364	3,263,088	15,006,452	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	0	12.00
13.00	Subtotal (see instructions)	47.00	60,567,758	0	46,231,622	14,336,136	60,567,758	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	63,594,367	0	48,523,836	15,070,531	63,594,367	15.00
16.00	Payment for inpatient program capital	50.00	3,705,342	0	2,803,728	901,614	3,705,342	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	0	1,036	1,036	17.00
17.01	Net organ acquisition cost	55.00	729,444	0	545,584	183,860	729,444	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 260091

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/28/2016 12:10 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	51,873,148	16,157,041	68,030,189	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,843,058	0	2,148,526	694,531	2,843,057	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	86,129	0	86,129	17,476	103,605	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1461	0.1461	0.1461	0.1461		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	415,371	0	313,900	101,471	415,371	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1269	0.1269	0.1269	0.1269		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	360,784	0	272,648	88,136	360,784	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,705,342	0	2,803,728	901,614	3,705,342	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 260091		Period: From 01/01/2015 To 12/31/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/28/2016 12:10 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 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	27,036,404	27,036,404		27,036,404	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,724,378		8,724,378	8,724,378	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	917,902	736,281	181,621	917,902	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	19,692,947	14,914,528	4,778,418	19,692,946	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.303880	0.303880	0.303880		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,477,086	4,140,869	1,336,217	5,477,086	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,016,152	2,284,294	731,858	3,016,152	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	0.000531	0.000531	0.000531		7.00
8.00	IME adjustment (see instructions)	28.00	18,989	14,356	4,633	18,989	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	10,457	7,920	2,537	10,457	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,496,075	4,155,225	1,340,850	5,496,075	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,026,609	2,292,214	734,395	3,026,609	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3788	0.3788	0.3788		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,386,547	2,560,348	826,199	3,386,547	11.00
11.01	Uncompensated care payments	36.00	15,006,452	11,743,364	3,263,088	15,006,452	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	60,567,758	46,231,622	14,336,136	60,567,758	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	63,594,367	48,523,836	15,070,531	63,594,367	15.00
16.00	Payment for inpatient program capital	50.00	3,705,342	2,821,204	884,138	3,705,342	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	1,036	1,036	17.00
17.01	Net organ acquisition cost	55.00	729,444	545,584	183,860	729,444	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			51,890,624	16,139,565	68,030,189	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/28/2016 12:10 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,843,058	2,148,527	694,531	2,843,058	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	86,129	86,129	0	86,129	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	0.1461	0.1461	0.1461		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	415,371	313,900	101,471	415,371	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1269	0.1269	0.1269		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	360,784	272,648	88,136	360,784	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,705,342	2,821,204	884,138	3,705,342	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	82,737	95,847	-13,110	82,737	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	-192,671	-159,514	-33,157	-192,671	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		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/28/2016 12:10 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		256,404	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,417,972	2.00
3.00	PPS payments		27,877,801	3.00
4.00	Outlier payment (see instructions)		93,157	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		36,865	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		256,404	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		1,091,237	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)		1,091,237	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)		1,091,237	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		834,833	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)		256,404	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)		28,007,823	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		91	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,518,804	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)		22,745,332	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,802,647	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)		24,547,979	30.00
31.00	Primary payer payments		8,171	31.00
32.00	Subtotal (line 30 minus line 31)		24,539,808	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)		653,107	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		424,520	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		279,082	36.00
37.00	Subtotal (see instructions)		24,964,328	37.00
38.00	MSP-LCC reconciliation amount from PS&R		491	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)		24,963,837	40.00
40.01	Sequestration adjustment (see instructions)		499,277	40.01
41.00	Interim payments		24,317,455	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		147,105	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/28/2016 12:10 pm
		Title XVII	Subprovider - IPF	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		715	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,620,196	2.00
3.00	PPS payments		1,060,458	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		2	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		715	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		3,033	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)		3,033	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)		3,033	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,318	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)		715	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		1,060,460	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)		213,197	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)		847,978	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)		847,978	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		847,978	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)		847,978	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)		847,978	40.00
40.01	Sequestration adjustment (see instructions)		16,960	40.01
41.00	Interim payments		831,023	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-5	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260091

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2016 12:10 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		64,712,976		24,211,655	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	07/07/2015	133,700	07/07/2015	105,800	3.01
3.02		12/21/2015	197,500		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)		331,200		105,800	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)		65,044,176		24,317,455	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,767,677		147,105	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		66,811,853		24,464,560	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: 260091  
Component CCN: 26S091

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2016 12:10 pm  
PPS

Title XVIII

Subprovider -  
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		5,073,632		831,023	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)		5,073,632		831,023	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		18,448		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		5	6.02
7.00	Total Medicare program liability (see instructions)		5,092,080		831,018	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 260091

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/28/2016 12:10 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	24,659	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	21,960	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	12,607	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	126,799	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,935,510,098	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	46,310,693	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)	444,799	8.00
9.00	Sequestration adjustment amount (see instructions)	8,896	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	435,903	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	435,903	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/28/2016 12:10 pm
		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)			5,734,939 1.00
2.00	Net IPF PPS Outlier Payments			7,787 2.00
3.00	Net IPF PPS ECT Payments			65,039 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.82 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.81 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.81 8.00
9.00	Average Daily Census (see instructions)			42.909589 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.009678 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			55,503 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			5,863,268 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)			5,863,268 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			5,863,268 18.00
19.00	Deductibles			434,260 19.00
20.00	Subtotal (line 18 minus line 19)			5,429,008 20.00
21.00	Coinsurance			290,320 21.00
22.00	Subtotal (line 20 minus line 21)			5,138,688 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			88,118 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			57,277 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			33,274 25.00
26.00	Subtotal (sum of lines 22 and 24)			5,195,965 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)			35 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)			5,196,000 31.00
31.01	Sequestration adjustment (see instructions)			103,920 31.01
32.00	Interim payments			5,073,632 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)			18,448 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			7,787 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/28/2016 12:10 pm	
		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.			141.30	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			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))			34.50	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)			175.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			177.85	6.00
7.00	Enter the lesser of line 5 or line 6			175.80	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	114.59	56.76	171.35	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.	113.27	56.11	169.38	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	113.27	56.11		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	115.28	48.20		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	112.96	49.92		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	113.84	51.41		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	113.84	51.41		17.00
18.00	Per resident amount	102,244.39	102,244.39		18.00
19.00	Approved amount for resident costs	11,639,501	5,256,384	16,895,885	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)			1.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			2.05	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.96	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			101,021.94	23.00
24.00	Multiply line 22 time line 23			96,981	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			16,992,866	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)	29,098	12,607		26.00
27.00	Total Inpatient Days (see instructions)	144,584	144,584		27.00
28.00	Ratio of inpatient days to total inpatient days	0.201253	0.087195		28.00
29.00	Program direct GME amount	3,419,865	1,481,693		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		209,363		30.00
31.00	Net Program direct GME amount			4,692,195	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/28/2016 12:10 pm
		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)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		9,907,363	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)		54,376,722	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		729,444	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		86,644	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		55,019,522	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		34,332,154	42.00
43.00	Primary payer payments (see instructions)		8,171	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		34,323,983	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		89,343,505	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.615820	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.384180	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		4,692,195	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,889,548	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,802,647	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)      Provider CCN: 260091      Period: From 01/01/2015 To 12/31/2015      Worksheet G  
 Date/Time Prepared: 5/28/2016 12:10 pm

		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	8,445,093	0	0	0	1.00
2.00	Temporary investments	8,279,529	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	100,416,377	0	0	0	4.00
5.00	Other receivable	12,115,682	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	9,943,419	0	0	0	7.00
8.00	Prepaid expenses	596,503	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	139,796,603	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	18,198,205	0	0	0	12.00
13.00	Land improvements	9,616,310	0	0	0	13.00
14.00	Accumulated depreciation	-8,209,707	0	0	0	14.00
15.00	Buildings	428,935,205	0	0	0	15.00
16.00	Accumulated depreciation	-253,065,456	0	0	0	16.00
17.00	Leasehold improvements	3,046,590	0	0	0	17.00
18.00	Accumulated depreciation	-2,369,755	0	0	0	18.00
19.00	Fixed equipment	52,566,755	0	0	0	19.00
20.00	Accumulated depreciation	-47,845,843	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	166,322,086	0	0	0	23.00
24.00	Accumulated depreciation	-122,969,738	0	0	0	24.00
25.00	Minor equipment depreciable	1,868,482	0	0	0	25.00
26.00	Accumulated depreciation	-123,151	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	245,969,983	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	42,359,391	0	17,436,220	14,974,967	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	136,839,977	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	179,199,368	0	17,436,220	14,974,967	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	564,965,954	0	17,436,220	14,974,967	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	33,729,763	0	0	0	37.00
38.00	Salaries, wages, and fees payable	19,627,416	0	0	0	38.00
39.00	Payroll taxes payable	1,692,194	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,164,186	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	14,114,550	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	72,328,109	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	54,669,877	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	40,201,860	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	94,871,737	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	167,199,846	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	397,766,108	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	17,436,220	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	14,974,967	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)	397,766,108	0	17,436,220	14,974,967	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	564,965,954	0	17,436,220	14,974,967	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260091

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

Worksheet G-1

Date/Time Prepared:  
5/28/2016 12:10 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		348,224,931		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		65,289,829			2.00
3.00	Total (sum of line 1 and line 2)		413,514,760		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	TRANSFER FROM OTHER FUNDS	109,328		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		109,328		0	10.00
11.00	Subtotal (line 3 plus line 10)		413,624,088		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	CORPORATE OFFICE	15,848,520		0		13.00
14.00	LOSS ON INVESTMENTS	9,460		0		14.00
15.00	TRANSFER TO OTHER FUNDS	0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		15,857,980		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		397,766,108		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	17,623,705		13,324,335		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)	17,623,705		13,324,335		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	TRANSFER FROM OTHER FUNDS		1,650,632			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)		3,275	1,650,632		10.00
11.00	Subtotal (line 3 plus line 10)	17,626,980		14,974,967		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	CORPORATE OFFICE		0			13.00
14.00	LOSS ON INVESTMENTS		0			14.00
15.00	TRANSFER TO OTHER FUNDS		0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)		190,760	0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	17,436,220		14,974,967		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 260091

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/28/2016 12:10 pm

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	225,713,274		225,713,274	1.00
2.00	SUBPROVIDER - IPF	26,756,227		26,756,227	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				7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	252,469,501		252,469,501	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	49,288,813		49,288,813	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	31,007,692		31,007,692	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	136,289,502		136,289,502	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	216,586,007		216,586,007	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	469,055,508		469,055,508	17.00
18.00	Ancillary services	595,817,876	0	595,817,876	18.00
19.00	Outpatient services	0	909,808,974	909,808,974	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	NON REIMB PRO FEES	7,712,000	26,912,015	34,624,015	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,072,585,384	936,720,989	2,009,306,373	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		648,861,198		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		648,861,198		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 260091

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

Worksheet G-3

Date/Time Prepared:  
5/28/2016 12:10 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,009,306,373	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,337,647,502	2.00
3.00	Net patient revenues (line 1 minus line 2)	671,658,871	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	648,861,198	4.00
5.00	Net income from service to patients (line 3 minus line 4)	22,797,673	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	-1,818,993	6.00
7.00	Income from investments	-3,580,628	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	36,988	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	4,037,077	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	10,377,856	17.00
18.00	Revenue from sale of medical records and abstracts	12,835	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,194,338	22.00
23.00	Governmental appropriations	2,267,632	23.00
24.00	SALE OF SERVICES	29,965,051	24.00
25.00	Total other income (sum of lines 6-24)	42,492,156	25.00
26.00	Total (line 5 plus line 25)	65,289,829	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	65,289,829	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 260091

Period:

Worksheet I-1

Component CCN: 262320

From 01/01/2015

Date/Time Prepared:

To 12/31/2015

5/28/2016 12:10 pm

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	406,972	HOURS OF SERVICE	10,646.53	5.12	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	12,619	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	419,591				9.00
10.00	EMPLOYEE BENEFITS		SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	54,356	REQUISITIONS			14.00
15.00	DRUGS	820	REQUISITIONS			15.00
16.00	OTHER	1,304,181	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,778,948				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	17,563	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	12,376	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	119,048	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	568,407	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	75,930	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	3,685	REQUISITIONS			24.00
25.00	PHARMACY	8	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	71,441	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,647,406				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,647,406				31.00

\* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 260091

Period: From 01/01/2015

Worksheet 1-2

Component CCN: 262320

To 12/31/2015

Date/Time Prepared: 5/28/2016 12:10 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	93,493	12,376	406,972	0	119,048	828	1.00
MAINTENANCE								
2.00	Hemodialysis	34,687	4,591	113,005	0	33,053	230	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	186	26	621	0	181	1	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	102,442	0	29,969	208	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	58,620	7,759	190,904	0	55,845	389	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						119,589	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	93,493	12,376	406,972	0	119,048	828	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	58,041	0	690,758	1,956,648	2,647,406		1.00
MAINTENANCE								
2.00	Hemodialysis	13,394	0	198,960	563,576	762,536		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	1,015	2,875	3,890		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	13,394	0	146,013	413,598	559,611		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	31,253	0	344,770	976,599	1,321,369		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	58,041	0	690,758	1,956,648	2,647,406		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,647,406		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

Period: From 01/01/2015

Worksheet 1-3

Component CCN: 262320

To 12/31/2015

Date/Time Prepared: 5/28/2016 12:10 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	93,493	12,376	406,972	0	119,048	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	745	3,395.00	2,910.00	2,910.00	116,497	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	4	19.00	16.00	16.00	637	7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	2,638.00	2,638.00	105,626	11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	4,327	1,259	5,737.00	4,916.00	4,916.00	196,832
13.00	Method II Home Patient	0	0.00	0.00	0.00	0.00	0
14.00	EPO	0	0.00	0.00	0.00	0.00	0
15.00	ARANESP	0	0.00	0.00	0.00	0.00	0
16.00	Other	0	0.00	0.00	0.00	0.00	0
17.00	Total Statistical Basis	2,008	9,151.00	10,480.00	10,480.00	419,592	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	46.560259	1.352421	38.833206	0.000000	0.283723	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	828	58,041	0	690,758	1,956,648	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	32,605	3	2,762,081			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	178	0	15,099			7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	29,562	3	2,504,316			11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	55,089	7	4,666,741			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0	0	0			14.00
15.00	ARANESP	0	0	0			15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	117,434	13	9,948,237		690,758	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.007051	4,464.692308	0.000000		2.832610	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 260091

Period: From 01/01/2015

Worksheet 1-4

Component CCN: 262320

To 12/31/2015

Date/Time Prepared: 5/28/2016 12:10 pm

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	2,561	762,536	297.75	1,017	302,812
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
6.00	Training - Continuous Cycling Peritoneal Dialysis	14	3,890	277.86	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks		Patient Weeks		
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	332	559,611	1,685.58	42	70,794
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	2,575	1,326,037		1,017	373,606
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	3,571				
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00			
1.00	Maintenance - Hemodialysis	308,735	303.57			1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00			2.00
3.00	Training - Hemodialysis	0	0.00			3.00
4.00	Training - Peritoneal Dialysis	0	0.00			4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00			5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00			6.00
7.00	Home Program - Hemodialysis	0	0.00			7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00			8.00
		6.00	7.00			
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00			9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	36,224	862.48			10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	344,959				11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet 1-5 Date/Time Prepared: 5/28/2016 12:10 pm
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		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	373,606		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	344,959	323,166	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	344,959	323,166	2.03
2.04	Outlier payments	10,221		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	68,992	64,633	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	68,992	64,633	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	64,633	8.00
9.00	Program payment (see instructions)	275,967	258,533	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	1,415,462		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	1,326,037		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.936823		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260091	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/28/2016 12:10 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,843,058	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		86,129	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)		358.50	3.00
4.00	Number of interns & residents (see instructions)		173.25	4.00
5.00	Indirect medical education percentage (see instructions)		14.61	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)		415,371	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.93	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		51.06	8.00
9.00	Sum of lines 7 and 8		58.99	9.00
10.00	Allowable disproportionate share percentage (see instructions)		12.69	10.00
11.00	Disproportionate share adjustment (see instructions)		360,784	11.00
12.00	Total prospective capital payments (see instructions)		3,705,342	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