

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: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/21/2016 10:02 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 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.	Date: _____ Time: _____
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: _____ 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 CHRISTIAN HOSPITAL NORTHEAST ( 260180 ) 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

	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	785,599	132,273	-28,413	19,133,034	1.00
2.00 Subprovider - IPF	0	12,329	0		3,371	2.00
3.00 Subprovider - IRF	0	10,215	0		337,602	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	808,143	132,273	-28,413	19,474,007	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/21/2016 10:02 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 11133 DUNN ROAD			PO Box:						1.00	
2.00	City: ST. LOUIS			State: MO		Zip Code: 63136-		County: ST. LOUIS COUNTY		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII	XIX						
3.00	Hospital and Hospital-Based Component Identification:										
	Hospital		CHRISTIAN HOSPITAL NORTHEAST	260180	41180	1	09/27/1975	N	P	0	3.00
4.00	Subprovider - IPF		PSYCH	26S180	41180	4	01/01/2003	N	P	0	4.00
5.00	Subprovider - IRF		REHAB	26T180	41180	5	12/08/1983	N	P	0	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2015	12/31/2015		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	7,939	0	0	0	1,575	0			24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	214	0	0	18	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/21/2016 10:02 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	Y			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 Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.99	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	1.95	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	76.00
				1.00	2.00	3.00
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
						1.00	
						2.00	
						3.00	
<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	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	270,000	2,221,996			118.01
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/21/2016 10:02 am									
		1.00	2.00										
140.00	All Providers Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	269026	140.00									
		1.00	2.00	3.00									
141.00	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.												
141.00	Name: BJC HEALTH CARE	Contractor's Name: WPS		Contractor's Number: 05301		141.00							
142.00	Street: 4901 FOREST PARK BLVD	PO Box:				142.00							
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108		143.00							
				1.00									
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00								
				1.00									
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.00								
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00								
				1.00									
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00								
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00								
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00								
		Part A		Part B		Title V		Title XIX					
		1.00		2.00		3.00		4.00					
155.00	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)	N		N		N		N					
156.00	Hospital	N		N		N		N					
157.00	Subprovider - IPF	N		N		N		N					
158.00	Subprovider - IRF	N		N		N		N					
159.00	SUBPROVIDER	N		N		N		N					
159.00	SNF	N		N		N		N					
160.00	HOME HEALTH AGENCY	N		N		N		N					
161.00	CMHC	N		N		N		N					
								1.00					
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00								
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)	Name		County		State		Zip Code		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00												0.00	
												1.00	
167.00	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act 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)	0.50			169.00								
		Beginni ng		Endi ng									
		1.00		2.00									
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2015		03/31/2015		170.00							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/21/2016 10:02 am
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/21/2016 10:02 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/26/2016	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: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/21/2016 10:02 am	
	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			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<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.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<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.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	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.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
<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.	PAUL	BRADSHAW		41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-7419	PJB1541@BJC.ORG		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)	04/26/2016	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.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 260180

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

Worksheet S-2  
Part V  
Date/Time Prepared:  
5/21/2016 10:02 am

		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name	PAUL	1.00
2.00	Last Name	BRADSHAW	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTH CARE	4.00
5.00	Phone Number	(314)362-7419	5.00
6.00	E-mail Address	PJB1541@BJC.ORG	6.00
7.00	Department	BJC@ THE COMMONS	7.00
8.00	Mailing Address 1	MAILSTOP 90-67-808	8.00
9.00	Mailing Address 2	4249 CLAYTON AVE.	9.00
10.00	City	ST. LOUIS	10.00
11.00	State	MO	11.00
12.00	Zip	63110	12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part IX Date/Time Prepared: 5/21/2016 10:02 am	
			Title V	Title XIX	
			1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
<b>RCE DISALLOWANCE</b>					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	Y	6.00
<b>PASS THROUGH COST</b>					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	7.00
<b>RHC</b>					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260180

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	386	140,890	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)		386	140,890	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,490	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	27	9,855	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		439	160,235	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	3	1,095		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		460				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: 260180

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	21,157	6,636	49,931			1.00
2.00 HMO and other (see instructions)	11,387	1,575				2.00
3.00 HMO IPF Subprovider	23	0				3.00
4.00 HMO IRF Subprovider	913	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)	21,157	6,636	49,931			7.00
8.00 INTENSIVE CARE UNIT	3,183	572	6,524			8.00
9.00 CORONARY CARE UNIT	2,580	731	4,976			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	26,920	7,939	61,431	0.00	1,674.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	28	9	68	0.00	0.90	16.00
17.00 SUBPROVIDER - IRF	2,028	214	3,930	0.00	18.20	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	1,693.10	27.00
28.00 Observation Bed Days		0	2,028			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			451			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260180

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,790	2,038	12,786	1.00
2.00 HMO and other (see instructions)			2,158	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,790	2,038	12,786	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	4	0	12	16.00
17.00 SUBPROVIDER - IRF	0.00	0	147	0	277	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/21/2016 10:02 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	92,432,771	0	92,432,771	3,485,290.00	26.52	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		381,080	0	381,080	2,728.00	139.69	4.01
5.00	Physician-Part B		218,094	0	218,094	2,452.00	88.95	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	155,199	155,199	5,384.00	28.83	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		7,468,427	337,609	7,806,036	330,158.00	23.64	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		2,921,374	0	2,921,374	39,888.00	73.24	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		1,054,032	0	1,054,032	8,953.00	117.73	13.00
14.00	Home office salaries & wage-related costs		18,102,203	0	18,102,203	361,304.00	50.10	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		27,360,989	0	27,360,989			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,548,413	0	2,548,413			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		124,410	0	124,410			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		91,768	0	91,768			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		50,667	0	50,667			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	1,153,142	0	1,153,142	36,236.00	31.82	26.00
27.00	Administrative & General	5.00	8,148,631	-157,790	7,990,841	295,173.00	27.07	27.00
28.00	Administrative & General under contract (see inst.)		1,689,094	0	1,689,094	13,511.00	125.02	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,518,340	0	2,518,340	114,502.00	21.99	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,239,316	0	2,239,316	190,372.00	11.76	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		3,395,582	0	3,395,582	185,141.00	18.34	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,072,679	0	3,072,679	104,178.00	29.49	38.00
39.00	Central Services and Supply	14.00	345,952	0	345,952	19,936.00	17.35	39.00
40.00	Pharmacy	15.00	3,265,224	-197,069	3,068,155	80,383.00	38.17	40.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/21/2016 10:02 am		
	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		
41.00	Medical Records & Medical Records Library	16.00	3,502,675	0	3,502,675	129,028.00	27.15	41.00
42.00	Social Service	17.00	76,145	0	76,145	3,118.00	24.42	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260180

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/21/2016 10:02 am

	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)	96,918,273	-155,199	96,763,074	3,673,378.00	26.34	1.00
2.00	Excluded area salaries (see instructions)	7,468,427	337,609	7,806,036	330,158.00	23.64	2.00
3.00	Subtotal salaries (line 1 minus line 2)	89,449,846	-492,808	88,957,038	3,343,220.00	26.61	3.00
4.00	Subtotal other wages & related costs (see inst.)	22,077,609	0	22,077,609	410,145.00	53.83	4.00
5.00	Subtotal wage-related costs (see inst.)	27,485,399	0	27,485,399	0.00	30.90	5.00
6.00	Total (sum of lines 3 thru 5)	139,012,854	-492,808	138,520,046	3,753,365.00	36.91	6.00
7.00	Total overhead cost (see instructions)	29,406,780	-354,859	29,051,921	1,171,578.00	24.80	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/21/2016 10:02 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			1,077,222 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			8,662,046 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)			10,855,244 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			395,853 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			116,123 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			504,413 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,066,476 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			6,613,938 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			102,222 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			317,268 22.00
23.00	Tuition Reimbursement			465,442 23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>			<b>30,176,247 24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

WAGE INDEX PENSION COST SCHEDULE		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Exhibit 3 Date/Time Prepared: 5/21/2016 10:02 am
				1.00
<b>Step 1: Determine the 3-Year Averaging Period</b>				
1.00	Wage Index FY ending.		2019	1.00
		From	To	
		1.00	2.00	
2.00	Provider cost reporting period used for Wage Index year shown on Line 1.	01/01/2015	12/31/2015	2.00
3.00	End of the 3-year averaging period (Final date from cost reporting period shown on Line 2.)	12/31/2015		3.00
4.00	Beginning of the 3-year averaging period (Subtract 36 months from End date shown on Line 3)	01/01/2013		4.00
<b>Step 2: Adjust Averaging Period for a New Plan (See Instructions) (Leave this section blank if the provider has not elected to use an adjusted averaging period)</b>				
5.00	Effective date of pension plan			5.00
6.00	First day of the provider cost reporting period containing the pension plan effective date			6.00
<b>Step 3: Average Pension Contribution During the Averaging Period</b>				
7.00	Beginning date of averaging period from Line 4 or Line 6	01/01/2013		7.00
8.00	Ending date of averaging period from Line 3	12/31/2015		8.00
		Deposit Date	Contributions	
		1.00	2.00	
9.00	Enter provider contributions made during the averaging period shown on lines 7 & 8. Add additional lines as necessary if more than 15 contributions are made during the cost reporting period. (Data may be grouped within the averaging period to agree with documentation records (enter beginning date of grouped date range))			9.00
9.01		01/01/2013	122,115,532	9.01
9.02		01/01/2014	109,100,000	9.02
9.03		01/01/2015	125,250,000	9.03
				1.00
10.00	Total Number of Months Included in Averaging Period		36	10.00
11.00	Total Contributions Made During Averaging Period		356,465,532	11.00
12.00	Average Monthly Contribution. (Line 11 divided by line 10)		9,901,820	12.00
13.00	Number of Months in Provider Cost Reporting Period shown on Line 2		12	13.00
14.00	Average Pension Contributions (Line 12 multiplied by Line 13)		118,821,840	14.00
<b>Step 4: Total Pension Cost for Wage Index (If the Wage Index FY shown on Line 1 is after 2022, enter "0" on Lines 15 and 16.)</b>				
15.00	Annual Prefunding Installment from Line 8 of Pension Prefunding Worksheet, if applicable (see instructions)		4,233,831	15.00
16.00	Reportable Prefunding Installment (Line 15 multiplied by Line 13/12)		4,233,831	16.00
17.00	Total Pension Cost for Wage Index (Line 14 + Line 16)		123,055,671	17.00
		Prepared By	Date	
		1.00	2.00	
<b>Prepared By and Date Prepared</b>				
100.00		CASSANDRA CUSICK	05/11/2016	100.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 260180

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/21/2016 10:02 am

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/21/2016 10:02 am
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.235874		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		29,214,922		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		16,248,475		5.00
6.00	Medicaid charges		151,819,900		6.00
7.00	Medicaid cost (line 1 times line 6)		35,810,367		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		24,055		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		2,629		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	63,009,908	6,814,451	69,824,359	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	14,862,399	1,607,352	16,469,751	21.00
22.00	Partial payment by patients approved for charity care	353,094	889,753	1,242,847	22.00
23.00	Cost of charity care (line 21 minus line 22)	14,509,305	717,599	15,226,904	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)		42,336,589		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,735,755		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		40,600,834		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		9,576,681		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		24,803,585		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		24,803,585		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260180

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

Worksheet A  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	2,037,004	2,037,004	1.00
1.01	00101	NEW CAP REL COSTS-WHSE		0	0	5,482	5,482	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG		0	0	16,292	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD		0	0	104,128	104,128	1.03
1.05	00105	NEW CAP REL COSTS-POB I		0	0	657,155	657,155	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB		0	0	178,345	178,345	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING		0	0	576,363	576,363	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	7,365,682	7,365,682	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,153,142	2,281,767	3,434,909	-20,273	3,414,636	4.00
5.01	00570	ADMINISTRATIVE	1,964,745	854,433	2,819,178	-18,354	2,800,824	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	71,604	71,604	-3,383	68,221	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	37,773	7,347	45,120	0	45,120	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	6,146,113	47,799,425	53,945,538	-3,558,889	50,386,649	5.04
7.00	00700	OPERATION OF PLANT	2,252,972	4,691,164	6,944,136	129,817	7,073,953	7.00
7.01	00701	OPERATION OF PLANT- POB I	2,049	943	2,992	0	2,992	7.01
7.02	00702	OPERATION OF PLANT NW	263,319	444,282	707,601	-475	707,126	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,044,457	1,044,457	-318	1,044,139	8.00
9.00	00900	HOUSEKEEPING	1,887,138	1,794,019	3,681,157	-10,347	3,670,810	9.00
9.01	00901	HOUSEKEEPING-POB I	105,022	102,357	207,379	0	207,379	9.01
9.02	00902	HOUSEKEEPING NW	247,156	229,081	476,237	0	476,237	9.02
10.00	01000	DIETARY	0	5,083,614	5,083,614	-144,898	4,938,716	10.00
11.00	01100	CAFETERIA	0	108,563	108,563	-9,693	98,870	11.00
13.00	01300	NURSING ADMINISTRATION	3,072,679	2,869,107	5,941,786	-255,848	5,685,938	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	345,952	933,994	1,279,946	-638,124	641,822	14.00
15.00	01500	PHARMACY	3,265,224	17,352,464	20,617,688	-16,305,287	4,312,401	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,502,675	1,801,398	5,304,073	-23,460	5,280,613	16.00
17.00	01700	SOCIAL SERVICE	76,145	29,598	105,743	0	105,743	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	155,199	155,199	21.00
23.00	02300	PARAMEDICAL PRGM PASTORAL CARE	0	0	0	119,757	119,757	23.00
23.01	02301	PARAMEDICAL PRGM PHARMACY	0	0	0	266,951	266,951	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	17,376,124	10,579,822	27,955,946	-811,154	27,144,792	30.00
31.00	03100	INTENSIVE CARE UNIT	4,624,653	2,574,213	7,198,866	-536,809	6,662,057	31.00
32.00	03200	CORONARY CARE UNIT	2,390,748	1,062,693	3,453,441	-98,486	3,354,955	32.00
40.00	04000	SUBPROVIDER - I PF	56,737	47,565	104,302	-5,713	98,589	40.00
41.00	04100	SUBPROVIDER - I RF	1,028,826	409,047	1,437,873	22,823	1,460,696	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,404,428	19,928,914	25,333,342	-14,702,630	10,630,712	50.00
51.00	05100	RECOVERY ROOM	658,185	273,940	932,125	-18,617	913,508	51.00
53.00	05300	ANESTHESIOLOGY	0	3,363,092	3,363,092	-529,044	2,834,048	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,047,314	4,570,241	8,617,555	-1,199,589	7,417,966	54.00
57.00	05700	CT SCAN	721,833	888,785	1,610,618	-311,325	1,299,293	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	279,809	203,710	483,519	-35,625	447,894	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,000,488	5,922,330	6,922,818	-5,451,162	1,471,656	59.00
60.00	06000	LABORATORY	4,881,972	6,650,551	11,532,523	-831,874	10,700,649	60.00
60.01	06001	G. I. LAB	672,422	1,007,800	1,680,222	-580,781	1,099,441	60.01
60.02	06002	VASCULAR LAB	254,781	86,917	341,698	0	341,698	60.02
60.03	06003	LABORATORY-PATHOLOGY	421,269	669,043	1,090,312	175,742	1,266,054	60.03
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	389,652	1,549,760	1,939,412	364,951	2,304,363	63.00
65.00	06500	RESPIRATORY THERAPY	3,280,160	1,864,360	5,144,520	-157,013	4,987,507	65.00
66.00	06600	PHYSICAL THERAPY	2,165,909	1,027,078	3,192,987	-301,915	2,891,072	66.00
67.00	06700	OCCUPATIONAL THERAPY	769,668	222,169	991,837	218,541	1,210,378	67.00
68.00	06800	SPEECH PATHOLOGY	234,877	67,162	302,039	66,860	368,899	68.00
69.00	06900	ELECTROCARDIOLOGY	608,884	492,230	1,101,114	-211,852	889,262	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	292,032	164,767	456,799	-42,423	414,376	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,693,624	8,693,624	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,396,022	12,396,022	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,559,225	15,559,225	73.00
74.00	07400	RENAL DIALYSIS	0	1,572,712	1,572,712	0	1,572,712	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,127,889	2,388,815	3,516,704	-67,148	3,449,556	76.01
76.02	03950	DIABETES CARE CENTER	862	13,550	14,412	3,278	17,690	76.02
76.03	03550	OP PSYCH	497,974	239,384	737,358	-3,999	733,359	76.03
76.04	03020	CARDIAC REHAB	149,306	65,802	215,108	-7,054	208,054	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	323,220	323,220	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	8,391,001	4,785,232	13,176,233	-705,954	12,470,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260180

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

Worksheet A

Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	5,233,587	3,624,383	8,857,970	-635,223	8,222,747	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		91,283,494	163,815,684	255,099,178	1,201,722	256,300,900	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	66,909	489,890	556,799	0	556,799	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	173,449	173,449	-8,550	164,899	190.09
190.10	19010	RETAIL PHARMACY	508,976	4,750,972	5,259,948	-2,519	5,257,429	190.10
190.11	19011	PUBLIC RELATIONS	226,007	889,814	1,115,821	0	1,115,821	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	298,483	239,057	537,540	-243	537,297	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	943,113	943,113	-943,113	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	48,902	294,289	343,191	-247,297	95,894	192.01
200.00	TOTAL (SUM OF LINES 118-199)		92,432,771	171,596,268	264,029,039	0	264,029,039	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260180

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

Worksheet A  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,172,392	4,209,396	1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	5,482	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	104,128	1.03
1.05	00105	NEW CAP REL COSTS-POB I	64,352	721,507	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	2,116	180,461	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	392,182	968,545	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	3,492,486	10,858,168	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-89,762	3,324,874	4.00
5.01	00570	ADMINISTRATIVE	-145,511	2,655,313	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	68,221	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	-45,422	-302	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	-13,750,909	36,635,740	5.04
7.00	00700	OPERATION OF PLANT	-181,490	6,892,463	7.00
7.01	00701	OPERATION OF PLANT- POB I	-152	2,840	7.01
7.02	00702	OPERATION OF PLANT NW	-19,469	687,657	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,044,139	8.00
9.00	00900	HOUSEKEEPING	-139,763	3,531,047	9.00
9.01	00901	HOUSEKEEPING-POB I	-7,778	199,601	9.01
9.02	00902	HOUSEKEEPING NW	-18,305	457,932	9.02
10.00	01000	DIETARY	0	4,938,716	10.00
11.00	01100	CAFETERIA	-1,072,570	-973,700	11.00
13.00	01300	NURSING ADMINISTRATION	-235,342	5,450,596	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-25,621	616,201	14.00
15.00	01500	PHARMACY	-255,825	4,056,576	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-369,544	4,911,069	16.00
17.00	01700	SOCIAL SERVICE	-5,639	100,104	17.00
17.01	01850	RESEARCH ADMIN	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	155,199	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	-7,036	112,721	23.00
23.01	02301	PARAMED PRGM PHARMACY	-14,595	252,356	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-4,079,221	23,065,571	30.00
31.00	03100	INTENSIVE CARE UNIT	-342,775	6,319,282	31.00
32.00	03200	CORONARY CARE UNIT	-177,061	3,177,894	32.00
40.00	04000	SUBPROVIDER - I PF	-4,202	94,387	40.00
41.00	04100	SUBPROVIDER - I RF	-76,196	1,384,500	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-675,850	9,954,862	50.00
51.00	05100	RECOVERY ROOM	-48,746	864,762	51.00
53.00	05300	ANESTHESIOLOGY	-2,424,000	410,048	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,073,967	6,343,999	54.00
57.00	05700	CT SCAN	-53,460	1,245,833	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-20,723	427,171	58.00
59.00	05900	CARDIAC CATHETERIZATION	-74,097	1,397,559	59.00
60.00	06000	LABORATORY	-390,266	10,310,383	60.00
60.01	06001	G. I. LAB	-49,800	1,049,641	60.01
60.02	06002	VASCULAR LAB	-18,869	322,829	60.02
60.03	06003	LABORATORY-PATHOLOGY	-39,349	1,226,705	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-36,396	2,267,967	63.00
65.00	06500	RESPIRATORY THERAPY	-242,931	4,744,576	65.00
66.00	06600	PHYSICAL THERAPY	-163,407	2,727,665	66.00
67.00	06700	OCCUPATIONAL THERAPY	-70,578	1,139,800	67.00
68.00	06800	SPEECH PATHOLOGY	-21,411	347,488	68.00
69.00	06900	ELECTROCARDIOLOGY	-45,094	844,168	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-21,628	392,748	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,693,624	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	12,396,022	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,559,225	73.00
74.00	07400	RENAL DIALYSIS	0	1,572,712	74.00
76.00	03320	SHOCK THERAPY	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	-1,711,814	1,737,742	76.01
76.02	03950	DIABETES CARE CENTER	-64	17,626	76.02
76.03	03550	OP PSYCH	-36,999	696,360	76.03
76.04	03020	CARDIAC REHAB	-11,058	196,996	76.04
76.98	07698	HYPERBARIIC OXYGEN THERAPY	-6,979	316,241	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-651,628	11,818,651	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-626,381	7,596,366	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260180

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

Worksheet A  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-23,456,155	232,844,745	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-4,955	551,844	190.00
190.01	19001 VISITOR MEALS	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	190.08
190.09	19009 CATERING	0	164,899	190.09
190.10	19010 RETAIL PHARMACY	-37,695	5,219,734	190.10
190.11	19011 PUBLIC RELATIONS	-16,738	1,099,083	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	-22,106	515,191	190.12
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	-3,622	92,272	192.01
200.00	TOTAL (SUM OF LINES 118-199)	-23,541,271	240,487,768	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet Non-CMS W
Date/Time Prepared: 5/21/2016 10:02 am				
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	NEW CAP REL COSTS-WHSE	00101		1.01
1.02	NEW CAP REL COSTS-B BLDG	00102		1.02
1.03	NEW CAP REL COSTS-PFD	00103		1.03
1.05	NEW CAP REL COSTS-POB I	00105		1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	00106		1.06
1.07	NEW CAP REL COSTS-NW BUILDING	00107		1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	ADMINISTRATIVE	00570	ADMINISTRATIVE	5.01
5.02	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.02
5.03	MENTAL HEALTH ADMINISTRATION	00590		5.03
5.04	ADMINISTRATIVE AND GENERAL	00591		5.04
7.00	OPERATION OF PLANT	00700		7.00
7.01	OPERATION OF PLANT- POB I	00701		7.01
7.02	OPERATION OF PLANT NW	00702		7.02
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
9.01	HOUSEKEEPING-POB I	00901		9.01
9.02	HOUSEKEEPING NW	00902		9.02
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
17.01	RESEARCH ADMIN	01850		17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.00	PARAMED PRGM PASTORAL CARE	02300		23.00
23.01	PARAMED PRGM PHARMACY	02301		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	G.I. LAB	06001		60.01
60.02	VASCULAR LAB	06002		60.02
60.03	LABORATORY-PATHOLOGY	06003		60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	SHOCK THERAPY	03320	ELECTROSHOCK THERAPY	76.00
76.01	PAIN MANAGEMENT & OP CHEMOTHERAPY	03480	ONCOLOGY	76.01
76.02	DIABETES CARE CENTER	03950		76.02
76.03	OP PSYCH	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.03
76.04	CARDIAC REHAB	03020	ACUPUNCTURE	76.04
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	EMERGENCY	09100		91.00

COST CENTERS USED IN COST REPORT

Provider CCN: 260180

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	09500		95.00
	SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	VISITOR MEALS	19001		190.01
190.02	NON REIMBURSABLE B BLDG	19002		190.02
190.03	NON REIMB NW BUILDING	19003		190.03
190.04	NON REIMBURSABLE CHIP	19004		190.04
190.05	NON REIMBURSABLE PFD	19005		190.05
190.06	NON REIMBURSABLE HOSPITAL	19006		190.06
190.07	NON REIMBURSABLE POB I	19007		190.07
190.08	MEALS ON WHEELS	19008		190.08
190.09	CATERING	19009		190.09
190.10	RETAIL PHARMACY	19010		190.10
190.11	PUBLIC RELATIONS	19011		190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	19012		190.12
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	19201		192.01
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6

Date/Time Prepared:  
5/21/2016 10:02 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
<b>A - RECLASS CHIEF OF GYNECOLOGY</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	15,000	1.00
	O		0	15,000	
<b>B - TO RECLASS PROPERTY INSURANCE</b>					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	278,543	1.00
	O		0	278,543	
<b>C - TO RECLASS PHARMACEUTICALS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,559,225	1.00
	O		0	15,559,225	
<b>D - TO RECLASS MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,112,578	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	O		0	21,112,578	
<b>E - TO RECLASS PROF FEES FOR REHAB DIR</b>					
1.00	SUBPROVIDER - IRF	41.00	45,535	0	1.00
	O		45,535	0	
<b>F - TO RECLASS HYPERBARIC OXYGEN</b>					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	94,240	228,980	1.00
	O		94,240	228,980	
<b>G - TO RECLASS GI MEDICAL DIRECTOR</b>					
1.00	G.I. LAB	60.01	8,679	0	1.00
	O		8,679	0	
<b>H - TO RECLASS CARDIOTHORACIC SURG FEES</b>					
1.00	OPERATING ROOM	50.00	0	47,500	1.00
	O		0	47,500	
<b>I - TO RECLASS POB 1 EXPENSES</b>					
1.00	NEW CAP REL COSTS-POB I	1.05	0	657,155	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	161,435	2.00
3.00	OPERATION OF PLANT	7.00	0	124,523	3.00
	O		0	943,113	
<b>J - TO RECLASS PURCHASING VARIANCE</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	27,865	1.00
	O		0	27,865	
<b>K - TO RECLASS DEPRECIATION EXPENSE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,895,313	1.00
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482	2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292	3.00
4.00	NEW CAP REL COSTS-PFD	1.03	0	97,232	4.00
5.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	58,777	5.00
6.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	565,969	6.00
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,246,120	7.00
	O		0	9,885,185	
<b>L - TO RECLASS PHARMACY RESIDENT PROGRAM</b>					
1.00	PARAMED ED PRGM PHARMACY	23.01	197,069	69,882	1.00
	O		197,069	69,882	
<b>M - TO RECLASS CHIEF OF SURGERY</b>					
1.00	OPERATING ROOM	50.00	0	30,000	1.00
	O		0	30,000	
<b>N - TO RECLASS CARDIOLOGY MEDICAL DIR</b>					
1.00	ELECTROCARDIOLOGY	69.00	8,571	0	1.00
	O		8,571	0	
<b>O - TO RECLASS LAB ADMIN COSTS</b>					
1.00	LABORATORY-PATHOLOGY	60.03	110,038	116,944	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	101,779	270,886	2.00
	O		211,817	387,830	

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6

Date/Time Prepared:  
5/21/2016 10:02 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>P - TO RECLASS REHAB ADMIN FEES</b>						
1.00	OCCUPATIONAL THERAPY	67.00	177,697	42,150	1.00	
2.00	SPEECH PATHOLOGY	68.00	54,227	12,742	2.00	
	0		231,924	54,892		
<b>Q - TO RECLASS ADMISSION KITS</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	22,433	1.00	
2.00	SUBPROVIDER - IRF	41.00	0	483	2.00	
3.00	SUBPROVIDER - IPF	40.00	0	16	3.00	
	0		0	22,932		
<b>R - TO RECLASS DEPARTMENTAL DEPRECIATION</b>						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	6,718,940	1.00	
2.00	DIABETES CARE CENTER	76.02	0	3,278	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
43.00		0.00	0	0	43.00	
	0		0	6,722,218		
<b>S - PASTORAL RESIDENT RECLASS</b>						
1.00	PARAMEDICAL PRGM PASTORAL CARE	23.00	95,005	24,752	1.00	
	0		95,005	24,752		
<b>T - RECLASS GRAHAM MOB</b>						
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	119,568	1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	27,371	2.00	
3.00	OPERATION OF PLANT	7.00	0	100,358	3.00	
	0		0	247,297		
<b>U - TO RECLASS INTERNS &amp; RESIDENTS</b>						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	155,199	0	1.00	
	0		155,199	0		
<b>V - TO RECLASS IMPLANTS</b>						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	12,396,022	1.00	
	0		0	12,396,022		
500.00	Grand Total: Increases		1,048,039	68,053,814	500.00	

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6  
Date/Time Prepared:  
5/21/2016 10:02 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
<b>A - RECLASS CHIEF OF GYNECOLOGY</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	15,000	0	1.00	
	O		0	15,000			
<b>B - TO RECLASS PROPERTY INSURANCE</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	278,543	7	1.00	
	O		0	278,543			
<b>C - TO RECLASS PHARMACEUTICALS</b>							
1.00	PHARMACY	15.00	0	15,559,225	0	1.00	
	O		0	15,559,225			
<b>D - TO RECLASS MEDICAL SUPPLIES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	551,375	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	349,550	0	2.00	
3.00	CORONARY CARE UNIT	32.00	0	92,927	0	3.00	
4.00	SUBPROVIDER - IRF	41.00	0	15,291	0	4.00	
5.00	SUBPROVIDER - IPF	40.00	0	404	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	540,508	0	6.00	
7.00	PHARMACY	15.00	0	386,927	0	7.00	
8.00	OPERATING ROOM	50.00	0	12,374,801	0	8.00	
9.00	RECOVERY ROOM	51.00	0	11,619	0	9.00	
10.00	ANESTHESIOLOGY	53.00	0	304,491	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	444,751	0	11.00	
12.00	CT SCAN	57.00	0	25,150	0	12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	5,041,469	0	13.00	
14.00	RESPIRATORY THERAPY	65.00	0	15,451	0	14.00	
15.00	G.I. LAB	60.01	0	410,744	0	15.00	
16.00	EMERGENCY	91.00	0	547,120	0	16.00	
	O		0	21,112,578			
<b>E - TO RECLASS PROF FEES FOR REHAB DIR</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	45,535	0	0	1.00	
	O		45,535	0			
<b>F - TO RECLASS HYPERBARIC OXYGEN</b>							
1.00	OPERATING ROOM	50.00	94,240	228,980	0	1.00	
	O		94,240	228,980			
<b>G - TO RECLASS GI MEDICAL DIRECTOR</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	8,679	0	0	1.00	
	O		8,679	0			
<b>H - TO RECLASS CARDIOTHORACIC SURG FEES</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	47,500	0	1.00	
	O		0	47,500			
<b>I - TO RECLASS POB 1 EXPENSES</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	943,113	9	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	O		0	943,113			
<b>J - TO RECLASS PURCHASING VARIANCE</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	27,865	0	1.00	
	O		0	27,865			
<b>K - TO RECLASS DEPRECIATION EXPENSE</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	9,885,185	9	1.00	
2.00		0.00	0	0	9	2.00	
3.00		0.00	0	0	9	3.00	
4.00		0.00	0	0	9	4.00	
5.00		0.00	0	0	9	5.00	
6.00		0.00	0	0	9	6.00	
7.00		0.00	0	0	9	7.00	
	O		0	9,885,185			
<b>L - TO RECLASS PHARMACY RESIDENT PROGRAM</b>							
1.00	PHARMACY	15.00	197,069	69,882	0	1.00	
	O		197,069	69,882			
<b>M - TO RECLASS CHIEF OF SURGERY</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	30,000	0	1.00	
	O		0	30,000			
<b>N - TO RECLASS RADIOLOGY MEDICAL DIR</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	8,571	0	0	1.00	
	O		8,571	0			
<b>O - TO RECLASS LAB ADMIN COSTS</b>							
1.00	LABORATORY	60.00	211,817	387,830	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		211,817	387,830			
<b>P - TO RECLASS REHAB ADMIN FEES</b>							
1.00	PHYSICAL THERAPY	66.00	231,924	54,892	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		231,924	54,892			

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6  
Date/Time Prepared:  
5/21/2016 10:02 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
<b>Q - TO RECLASS ADMISSION KITS</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,932	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		0	22,932			
<b>R - TO RECLASS DEPARTMENTAL DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20,273	0		1.00
2.00	ADMINISTRATIVE	5.01	0	18,354	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.02	0	3,383	0		3.00
4.00	OPERATION OF PLANT	7.00	0	95,064	0		4.00
5.00	OPERATION OF PLANT NW	7.02	0	475	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	318	0		6.00
7.00	HOUSEKEEPING	9.00	0	10,347	0		7.00
8.00	DIETARY	10.00	0	144,898	0		8.00
9.00	CAFETERIA	11.00	0	9,693	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	255,848	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	125,481	0		11.00
12.00	PHARMACY	15.00	0	92,184	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	23,460	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	142,013	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	187,259	0		15.00
16.00	CORONARY CARE UNIT	32.00	0	5,559	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	7,904	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	5,325	0		18.00
19.00	OPERATING ROOM	50.00	0	2,082,109	0		19.00
20.00	RECOVERY ROOM	51.00	0	6,998	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	224,553	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	754,838	0		22.00
23.00	CT SCAN	57.00	0	286,175	0		23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	35,625	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	409,693	0		25.00
26.00	LABORATORY	60.00	0	232,227	0		26.00
27.00	G.I. LAB	60.01	0	178,716	0		27.00
28.00	LABORATORY-PATHOLOGY	60.03	0	51,240	0		28.00
29.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	7,714	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	141,562	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	15,099	0		31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	1,306	0		32.00
33.00	SPEECH PATHOLOGY	68.00	0	109	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	220,423	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	42,423	0		35.00
36.00	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	67,148	0		36.00
37.00	OP PSYCH	76.03	0	3,999	0		37.00
38.00	CARDIAC REHAB	76.04	0	7,054	0		38.00
39.00	EMERGENCY	91.00	0	158,834	0		39.00
40.00	AMBULANCE SERVICES	95.00	0	635,223	0		40.00
41.00	CATERING	190.09	0	8,550	0		41.00
42.00	RETAIL PHARMACY	190.10	0	2,519	0		42.00
43.00	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0	243	0		43.00
	0		0	6,722,218			
<b>S - PASTORAL RESIDENT RECLASS</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	95,005	24,752	0		1.00
	0		95,005	24,752			
<b>T - RECLASS GRAHAM MOB</b>							
1.00	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0	247,297	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		0	247,297			
<b>U - TO RECLASS INTERNS &amp; RESIDENTS</b>							
1.00	ADULTS & PEDIATRICS	30.00	155,199	0	0		1.00
	0		155,199	0			
<b>V - TO RECLASS IMPLANTS</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,396,022	0		1.00
	0		0	12,396,022			
500.00	Grand Total: Decreases		1,048,039	68,053,814			500.00

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/21/2016 10:02 am

Increases				Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
<b>A - RECLASS CHIEF OF GYNECOLOGY</b>									
1.00	ADULTS & PEDIATRICS	30.00	0	15,000	ADMINISTRATIVE AND GENERAL	5.04	0	15,000	1.00
	0		0	15,000	0		0	15,000	
<b>B - TO RECLASS PROPERTY INSURANCE</b>									
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	278,543	ADMINISTRATIVE AND GENERAL	5.04	0	278,543	1.00
	0		0	278,543	0		0	278,543	
<b>C - TO RECLASS PHARMACEUTICALS</b>									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,559,225	PHARMACY	15.00	0	15,559,225	1.00
	0		0	15,559,225	0		0	15,559,225	
<b>D - TO RECLASS MEDICAL SUPPLIES</b>									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,112,578	ADULTS & PEDIATRICS	30.00	0	551,375	1.00
2.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	349,550	2.00
3.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	92,927	3.00
4.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	15,291	4.00
5.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	404	5.00
6.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	540,508	6.00
7.00		0.00	0	0	PHARMACY	15.00	0	386,927	7.00
8.00		0.00	0	0	OPERATING ROOM	50.00	0	12,374,801	8.00
9.00		0.00	0	0	RECOVERY ROOM	51.00	0	11,619	9.00
10.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	304,491	10.00
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	444,751	11.00
12.00		0.00	0	0	CT SCAN	57.00	0	25,150	12.00
13.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	5,041,469	13.00
14.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	15,451	14.00
15.00		0.00	0	0	G.I. LAB	60.01	0	410,744	15.00
16.00		0.00	0	0	EMERGENCY	91.00	0	547,120	16.00
	0		0	21,112,578	0		0	21,112,578	
<b>E - TO RECLASS PROF FEES FOR REHAB DIR</b>									
1.00	SUBPROVIDER - IRF	41.00	45,535	0	ADMINISTRATIVE AND GENERAL	5.04	45,535	0	1.00
	0		45,535	0	0		45,535	0	
<b>F - TO RECLASS HYPERBARIC OXYGEN</b>									
1.00	HYPERBARIC OXYGEN THERAPY	76.98	94,240	228,980	OPERATING ROOM	50.00	94,240	228,980	1.00
	0		94,240	228,980	0		94,240	228,980	
<b>G - TO RECLASS GI MEDICAL DIRECTOR</b>									
1.00	G.I. LAB	60.01	8,679	0	ADMINISTRATIVE AND GENERAL	5.04	8,679	0	1.00
	0		8,679	0	0		8,679	0	
<b>H - TO RECLASS CARDIOTHORACIC SURG FEES</b>									
1.00	OPERATING ROOM	50.00	0	47,500	ADMINISTRATIVE AND GENERAL	5.04	0	47,500	1.00
	0		0	47,500	0		0	47,500	
<b>I - TO RECLASS POB 1 EXPENSES</b>									
1.00	NEW CAP REL COSTS-POB I	1.05	0	657,155	PHYSICIANS' PRIVATE OFFICES	192.00	0	943,113	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	161,435		0.00	0	0	2.00
3.00	OPERATION OF PLANT	7.00	0	124,523		0.00	0	0	3.00
	0		0	943,113	0		0	943,113	
<b>J - TO RECLASS PURCHASING VARIANCE</b>									
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	27,865	ADMINISTRATIVE AND GENERAL	5.04	0	27,865	1.00
	0		0	27,865	0		0	27,865	
<b>K - TO RECLASS DEPRECIATION EXPENSE</b>									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,895,313	ADMINISTRATIVE AND GENERAL	5.04	0	9,885,185	1.00
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482		0.00	0	0	2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292		0.00	0	0	3.00
4.00	NEW CAP REL COSTS-PFD	1.03	0	97,232		0.00	0	0	4.00
5.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	58,777		0.00	0	0	5.00
6.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	565,969		0.00	0	0	6.00
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,246,120		0.00	0	0	7.00
	0		0	9,885,185	0		0	9,885,185	

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/21/2016 10:02 am

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
<b>L - TO RECLASS PHARMACY RESIDENT PROGRAM</b>									
1.00	PARAMED ED PRGM PHARMACY	23.01	197,069	69,882	PHARMACY	15.00	197,069	69,882	1.00
	0		197,069	69,882	0		197,069	69,882	
<b>M - TO RECLASS CHIEF OF SURGERY</b>									
1.00	OPERATING ROOM	50.00	0	30,000	ADMINISTRATIVE AND GENERAL	5.04	0	30,000	1.00
	0		0	30,000	0		0	30,000	
<b>N - TO RECLASS CARDIOLOGY MEDICAL DIR</b>									
1.00	ELECTROCARDIOLOGY	69.00	8,571	0	ADMINISTRATIVE AND GENERAL	5.04	8,571	0	1.00
	0		8,571	0	0		8,571	0	
<b>O - TO RECLASS LAB ADMIN COSTS</b>									
1.00	LABORATORY-PATHOLOGY	60.03	110,038	116,944	LABORATORY	60.00	211,817	387,830	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	101,779	270,886		0.00	0	0	2.00
	0		211,817	387,830	0		211,817	387,830	
<b>P - TO RECLASS REHAB ADMIN FEES</b>									
1.00	OCCUPATIONAL THERAPY	67.00	177,697	42,150	PHYSICAL THERAPY	66.00	231,924	54,892	1.00
2.00	SPEECH PATHOLOGY	68.00	54,227	12,742		0.00	0	0	2.00
	0		231,924	54,892	0		231,924	54,892	
<b>Q - TO RECLASS ADMISSION KITS</b>									
1.00	ADULTS & PEDIATRICS	30.00	0	22,433	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,932	1.00
2.00	SUBPROVIDER - IRF	41.00	0	483		0.00	0	0	2.00
3.00	SUBPROVIDER - IPF	40.00	0	16		0.00	0	0	3.00
	0		0	22,932	0		0	22,932	
<b>R - TO RECLASS DEPARTMENTAL DEPRECIATION</b>									
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	6,718,940	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20,273	1.00
2.00	DIABETES CARE CENTER	76.02	0	3,278	ADMINISTRATIVE	5.01	0	18,354	2.00
3.00		0.00	0	0	CASHIERING/ACCOUNTS RECEIVABLE	5.02	0	3,383	3.00
4.00		0.00	0	0	OPERATION OF PLANT	7.00	0	95,064	4.00
5.00		0.00	0	0	OPERATION OF PLANT NW	7.02	0	475	5.00
6.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	318	6.00
7.00		0.00	0	0	HOUSEKEEPING	9.00	0	10,347	7.00
8.00		0.00	0	0	DIETARY	10.00	0	144,898	8.00
9.00		0.00	0	0	CAFETERIA	11.00	0	9,693	9.00
10.00		0.00	0	0	NURSING	13.00	0	255,848	10.00
11.00		0.00	0	0	ADMINISTRATION				
12.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	125,481	11.00
13.00		0.00	0	0	PHARMACY	15.00	0	92,184	12.00
14.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	23,460	13.00
15.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	142,013	14.00
16.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	187,259	15.00
17.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	5,559	16.00
18.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	7,904	17.00
19.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	5,325	18.00
20.00		0.00	0	0	OPERATING ROOM	50.00	0	2,082,109	19.00
21.00		0.00	0	0	RECOVERY ROOM	51.00	0	6,998	20.00
22.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	224,553	21.00
23.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	754,838	22.00
24.00		0.00	0	0	CT SCAN	57.00	0	286,175	23.00
25.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	35,625	24.00
26.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	409,693	25.00
27.00		0.00	0	0	LABORATORY	60.00	0	232,227	26.00
28.00		0.00	0	0	G.I. LAB	60.01	0	178,716	27.00
29.00		0.00	0	0	LABORATORY-PATHOLOGY	60.03	0	51,240	28.00
30.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	7,714	29.00
31.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	141,562	30.00
32.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	15,099	31.00
33.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	1,306	32.00
34.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	109	33.00
35.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	220,423	34.00
		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	42,423	35.00

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/21/2016 10:02 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
36.00		0.00	0	0	0 PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	67,148	36.00
37.00		0.00	0	0	0 OP PSYCH	76.03	0	3,999	37.00
38.00		0.00	0	0	0 CARDIAC REHAB	76.04	0	7,054	38.00
39.00		0.00	0	0	0 EMERGENCY	91.00	0	158,834	39.00
40.00		0.00	0	0	0 AMBULANCE SERVICES	95.00	0	635,223	40.00
41.00		0.00	0	0	0 CATERING	190.09	0	8,550	41.00
42.00		0.00	0	0	0 RETAIL PHARMACY	190.10	0	2,519	42.00
43.00		0.00	0	0	0 PHYSICIAN PRACTICE DEVELOPMENT	190.12	0	243	43.00
0			0	6,722,218	0		0	6,722,218	
S - PASTORAL RESIDENT RECLASS									
1.00	PARAMED ED PRGM PASTORAL CARE	23.00	95,005	24,752	ADMINISTRATIVE AND GENERAL	5.04	95,005	24,752	1.00
0			95,005	24,752	0		95,005	24,752	
T - RECLASS GRAHAM MOB									
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	119,568	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0	247,297	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	27,371		0.00	0	0	2.00
3.00	OPERATION OF PLANT	7.00	0	100,358		0.00	0	0	3.00
0			0	247,297	0		0	247,297	
U - TO RECLASS INTERNS & RESIDENTS									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	155,199	0	ADULTS & PEDIATRICS	30.00	155,199	0	1.00
0			155,199	0	0		155,199	0	
V - TO RECLASS IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	12,396,022	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,396,022	1.00
0			0	12,396,022	0		0	12,396,022	
500.00	Grand Total: Increases		1,048,039	68,053,814	Grand Total: Decreases		1,048,039	68,053,814	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260180

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,240,325	0	0	0	1.00
2.00	Land Improvements	6,719,961	37,811	0	37,811	2.00
3.00	Buildings and Fixtures	41,198,578	0	0	0	3.00
4.00	Building Improvements	56,119,711	364,028	0	364,028	4.00
5.00	Fixed Equipment	78,718,018	41,910	0	41,910	5.00
6.00	Movable Equipment	80,294,743	43,453,815	0	43,453,815	6.00
7.00	HIT designated Assets	8,315,165	2,734,679	0	2,734,679	7.00
8.00	Subtotal (sum of lines 1-7)	273,606,501	46,632,243	0	46,632,243	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	273,606,501	46,632,243	0	46,632,243	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	2,240,325	0			1.00
2.00	Land Improvements	6,757,772	0			2.00
3.00	Buildings and Fixtures	34,427,981	0			3.00
4.00	Building Improvements	47,012,167	0			4.00
5.00	Fixed Equipment	71,737,525	0			5.00
6.00	Movable Equipment	109,226,397	0			6.00
7.00	HIT designated Assets	11,049,844	0			7.00
8.00	Subtotal (sum of lines 1-7)	282,452,011	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	282,452,011	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260180

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	0	0	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-WHSE	0	0				1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0				1.02
1.03	NEW CAP REL COSTS-PFD	0	0				1.03
1.05	NEW CAP REL COSTS-POB I	0	0				1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0				1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0				1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260180

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	142,539,253	0	142,539,253	0.508685	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0.000000	0	1.02
1.03	NEW CAP REL COSTS-PFD	6,937,502	0	6,937,502	0.024758	0	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	0.000000	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0.000000	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	10,456,178	0	10,456,178	0.037315	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	120,278,753	0	120,278,753	0.429242	0	2.00
3.00	Total (sum of lines 1-2)	280,211,686	0	280,211,686	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 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	141,691	141,691	4,067,705	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	5,482	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	16,292	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	6,896	6,896	97,232	0	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	721,507	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	180,461	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	10,394	10,394	958,151	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	119,562	119,562	10,738,606	0	2.00
3.00	Total (sum of lines 1-2)	0	278,543	278,543	16,785,436	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 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	141,691	4,209,396	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	5,482	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	16,292	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	6,896	104,128	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	721,507	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	180,461	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	10,394	968,545	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	119,562	10,858,168	2.00
3.00	Total (sum of lines 1-2)	0	0	0	278,543	17,063,979	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260180

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

Worksheet A-8

Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7	Ref.
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0 1.00
1.01 Investment income - NEW CAP REL COSTS-WHSE (chapter 2)			ONEW CAP REL COSTS-WHSE	1.01		0 1.01
1.02 Investment income - NEW CAP REL COSTS-B BLDG (chapter 2)			ONEW CAP REL COSTS-B BLDG	1.02		0 1.02
1.03 Investment income - NEW CAP REL COSTS-PFD (chapter 2)			ONEW CAP REL COSTS-PFD	1.03		0 1.03
1.05 Investment income - NEW CAP REL COSTS-POB I (chapter 2)			ONEW CAP REL COSTS-POB I	1.05		0 1.05
1.06 Investment income - NEW CAP REL COSTS-GRAHAM MOB (chapter 2)			ONEW CAP REL COSTS-GRAHAM MOB	1.06		0 1.06
1.07 Investment income - NEW CAP REL COSTS-NW BUILDING (chapter 2)			ONEW CAP REL COSTS-NW BUILDING	1.07		0 1.07
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0 2.00
3.00 Investment income - other (chapter 2)		0		0.00		0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-18,398	ADMINISTRATIVE AND GENERAL	5.04		0 7.00
8.00 Television and radio service (chapter 21)		0		0.00		0 8.00
9.00 Parking lot (chapter 21)		0		0.00		0 9.00
10.00 Provider-based physician adjustment	A-8-2	-8,021,070				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-5,685,982				0 12.00
13.00 Laundry and linen service		0		0.00		0 13.00
14.00 Cafeteria-employees and guests	B	-1,072,570	CAFETERIA	11.00		0 14.00
15.00 Rental of quarters to employee and others		0		0.00		0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0 16.00
17.00 Sale of drugs to other than patients		0		0.00		0 17.00
18.00 Sale of medical records and abstracts		0		0.00		0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0 19.00
20.00 Vending machines		0		0.00		0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0 26.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260180

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

Worksheet A-8

Date/Time Prepared:  
5/21/2016 10:02 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
26.01	Depreciation - NEW CAP REL COSTS-WHSE			NEW CAP REL COSTS-WHSE	1.01	0	26.01
26.02	Depreciation - NEW CAP REL COSTS-B BLDG			NEW CAP REL COSTS-B BLDG	1.02	0	26.02
26.03	Depreciation - NEW CAP REL COSTS-PFD			NEW CAP REL COSTS-PFD	1.03	0	26.03
26.05	Depreciation - NEW CAP REL COSTS-POB I			NEW CAP REL COSTS-POB I	1.05	0	26.05
26.06	Depreciation - NEW CAP REL COSTS-GRAHAM MOB			NEW CAP REL COSTS-GRAHAM MOB	1.06	0	26.06
26.07	Depreciation - NEW CAP REL COSTS-NW BUILDING			NEW CAP REL COSTS-NW BUILDING	1.07	0	26.07
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' Assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	PENSION FUNDING	A	-1,819	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	LOSS ON UNNECESSARY BORROWING	A	-602,227	ADMINISTRATIVE AND GENERAL	5.04	0	33.01
33.02	NON ALLOWABLE ASSOC DUES	A	-53,716	ADMINISTRATIVE AND GENERAL	5.04	0	33.02
33.03	OTHER REVENUE EMPLOYEE H&W	B	-46,234	ADMINISTRATIVE AND GENERAL	5.04	0	33.03
33.04	OTHER REVENUE PLANT OPS	B	-3,023	OPERATION OF PLANT	7.00	0	33.04
33.05	GYN PART B PHYSICIAN FEES	A	-113,500	ADMINISTRATIVE AND GENERAL	5.04	0	33.05
33.06	OTHER REVENUE P.T.	B	-17,241	PHYSICAL THERAPY	66.00	0	33.06
33.07	OTHER REVENUE O.T.	B	-415	OCCUPATIONAL THERAPY	67.00	0	33.07
33.08	ASSET IMPAIRMENT DEPRECIATION	A	2,172,392	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.08
33.09	INTEREST ON UNNECESSARY BORROWING	A	-820,679	ADMINISTRATIVE AND GENERAL	5.04	0	33.09
33.10	FIN COST ON UNNECESSARY BORROWING	A	-23,094	ADMINISTRATIVE AND GENERAL	5.04	0	33.10
33.11	OTHER REVENUE NURSING ADMIN	B	-7,000	NURSING ADMINISTRATION	13.00	0	33.11
33.12	OTHER REVENUE RADIOLOGY	B	-287	RADIOLOGY-DIAGNOSTIC	54.00	0	33.12
33.13	ENTERTAINMENT EXPENSE	A	-20	PHYSICAL THERAPY	66.00	0	33.13
33.14	OTHER REVENUE LAB	B	-500	LABORATORY	60.00	0	33.14
33.15	OTHER REVENUE OPERATING ROOM	B	-2,171	OPERATING ROOM	50.00	0	33.15
33.16	OTHER REVENUE OP CHEMO	B	-7,005	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	33.16
33.17			0		0.00	0	33.17
33.18	ADVERTISING EXPENSE	B	-110	ADULTS & PEDIATRICS	30.00	0	33.18
33.19	MALPRACTICE ADJUSTMENT	A	-2,221,996	ADMINISTRATIVE AND GENERAL	5.04	0	33.19
33.20	A&G PHYSICIAN PART B FEES	A	-1,990,046	ADMINISTRATIVE AND GENERAL	5.04	0	33.20
33.21	OTHER REVENUE AMBULANCE	B	-154,866	AMBULANCE SERVICES	95.00	0	33.21
33.22	OTHER REVENUE ADMIN	B	-848,015	ADMINISTRATIVE AND GENERAL	5.04	0	33.22
33.23	OTHER REVENUE MEDICAL RECORDS	B	-110,114	MEDICAL RECORDS & LIBRARY	16.00	0	33.23
33.24	ASBESTOS REMOVAL	A	-147,461	ADMINISTRATIVE AND GENERAL	5.04	0	33.24
33.25	ASBESTOS REMOVAL	A	-11,610	OPERATION OF PLANT	7.00	0	33.25
33.26	ASBESTOS REMOVAL	A	-125	AMBULANCE SERVICES	95.00	0	33.26
33.27	ENTERTAINMENT	A	-79	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.27
33.28	ENTERTAINMENT	A	-8,169	ADMINISTRATIVE AND GENERAL	5.04	0	33.28
33.29	ENTERTAINMENT	A	-119	OP PSYCH	76.03	0	33.29
33.30	NON OPERATING REVENUE ADMIN	B	-6,569	ADMINISTRATIVE AND GENERAL	5.04	0	33.30
33.31	NON OPERATING GRANTS & DONATIONS	B	-17,755	ADMINISTRATIVE AND GENERAL	5.04	0	33.31
33.32	PSYCH PART B FEES	A	-42,625	MENTAL HEALTH ADMINISTRATION	5.03	0	33.32
33.33	ASSETS RELEASED FROM RESTRICTED FUND	B	-2,091	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.33
33.34	ASSETS RELEASED FROM RESTRICTED FUND	B	-777	NURSING ADMINISTRATION	13.00	0	33.34
33.35	ASSETS RELEASED FROM RESTRICTED FUND	B	-6,095	PHARMACY	15.00	0	33.35

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
33.36 ASSETS RELEASED FROM RESTRICTED FUND	B	-19	MEDICAL RECORDS & LIBRARY	16.00		0 33.36
33.37 ASSETS RELEASED FROM RESTRICTED FUND	B	-260	ADULTS & PEDIATRICS	30.00		0 33.37
33.38 ASSETS RELEASED FROM RESTRICTED FUND	B	-30,184	EMERGENCY	91.00		0 33.38
33.39 ASSETS RELEASED FROM RESTRICTED FUND	B	-786	AMBULANCE SERVICES	95.00		0 33.39
33.40 ADVERTISING EXPENSE	B	-270	INTENSIVE CARE UNIT	31.00		0 33.40
33.41 ADVERTISING EXPENSE	B	-440	LABORATORY	60.00		0 33.41
33.42 ACCELERATED DEPRECIATION	A	-698,589	ADMINISTRATIVE AND GENERAL	5.04		0 33.42
33.43 OTHER REVENUE PHARMACY	B	-22,500	PHARMACY	15.00		0 33.43
33.44 ALCOHOLIC BEVERAGES	A	-24	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.44
34.00 OTHER CONTRIBUTIONS	A	-1,849	ADMINISTRATIVE AND GENERAL	5.04		0 34.00
35.00 CHARITABLE CONTRIBUTIONS	A	-4,650	ADMINISTRATIVE AND GENERAL	5.04		0 35.00
36.00 ADVERTISING EXPENSE	A	-346	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 36.00
37.00 ADVERTISING EXPENSE	A	-508	ADMINISTRATIVE AND GENERAL	5.04		0 37.00
38.00 ADVERTISING EXPENSE	A	-1,738	RADIOLOGY-DIAGNOSTIC	54.00		0 38.00
38.01 ADVERTISING EXPENSE	A	-2,914	PHYSICAL THERAPY	66.00		0 38.01
38.02 SELF FUNDED INSURANCE	A	-85,403	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 38.02
38.04 SELF FUNDED INSURANCE	A	-145,511	ADMINISTRATIVE AND GENERAL	5.01		0 38.04
38.05 SELF FUNDED INSURANCE	A	-2,797	MENTAL HEALTH ADMINISTRATION	5.03		0 38.05
38.06 SELF FUNDED INSURANCE	A	-448,150	ADMINISTRATIVE AND GENERAL	5.04		0 38.06
38.07 SELF FUNDED INSURANCE	A	-166,857	OPERATION OF PLANT	7.00		0 38.07
38.08 SELF FUNDED INSURANCE	A	-152	OPERATION OF PLANT- POB I	7.01		0 38.08
38.09 SELF FUNDED INSURANCE	A	-19,469	OPERATION OF PLANT NW	7.02		0 38.09
38.10 SELF FUNDED INSURANCE	A	-139,763	HOUSEKEEPING	9.00		0 38.10
38.11 SELF FUNDED INSURANCE	A	-7,778	HOUSEKEEPING-POB I	9.01		0 38.11
38.12 SELF FUNDED INSURANCE	A	-18,305	HOUSEKEEPING NW	9.02		0 38.12
38.13 SELF FUNDED INSURANCE	A	-227,565	NURSING ADMINISTRATION	13.00		0 38.13
38.14 SELF FUNDED INSURANCE	A	-25,621	CENTRAL SERVICES & SUPPLY	14.00		0 38.14
38.15 SELF FUNDED INSURANCE	A	-227,230	PHARMACY	15.00		0 38.15
38.16 SELF FUNDED INSURANCE	A	-259,411	MEDICAL RECORDS & LIBRARY	16.00		0 38.16
38.17 SELF FUNDED INSURANCE	A	-5,639	SOCIAL SERVICE	17.00		0 38.17
38.18 SELF FUNDED INSURANCE	A	-7,036	PARAMEDICAL PRGM PASTORAL CARE	23.00		0 38.18
38.19 SELF FUNDED INSURANCE	A	-14,595	PARAMEDICAL PRGM PHARMACY	23.01		0 38.19
38.20 SELF FUNDED INSURANCE	A	-1,275,428	ADULTS & PEDIATRICS	30.00		0 38.20
38.21 SELF FUNDED INSURANCE	A	-342,505	INTENSIVE CARE UNIT	31.00		0 38.21
38.22 SELF FUNDED INSURANCE	A	-177,061	CORONARY CARE UNIT	32.00		0 38.22
38.23 SELF FUNDED INSURANCE	A	-4,202	SUBPROVIDER - IPF	40.00		0 38.23
38.24 SELF FUNDED INSURANCE	A	-76,196	SUBPROVIDER - IRF	41.00		0 38.24
38.25 SELF FUNDED INSURANCE	A	-393,277	OPERATING ROOM	50.00		0 38.25
38.26 SELF FUNDED INSURANCE	A	-48,746	RECOVERY ROOM	51.00		0 38.26
38.27 SELF FUNDED INSURANCE	A	-299,747	RADIOLOGY-DIAGNOSTIC	54.00		0 38.27
38.28 SELF FUNDED INSURANCE	A	-53,460	CT SCAN	57.00		0 38.28
38.29 SELF FUNDED INSURANCE	A	-20,723	MAGNETIC RESONANCE IMAGING (MRI)	58.00		0 38.29
38.30 SELF FUNDED INSURANCE	A	-74,097	CARDIAC CATHETERIZATION	59.00		0 38.30
38.31 SELF FUNDED INSURANCE	A	-345,875	LABORATORY	60.00		0 38.31
38.32 SELF FUNDED INSURANCE	A	-49,800	G. I. LAB	60.01		0 38.32
38.33 SELF FUNDED INSURANCE	A	-18,869	VASCULAR LAB	60.02		0 38.33
38.34 SELF FUNDED INSURANCE	A	-39,349	LABORATORY-PATHOLOGY	60.03		0 38.34
38.35 SELF FUNDED INSURANCE	A	-36,396	BLOOD STORING, PROCESSING & TRANS.	63.00		0 38.35
38.36 SELF FUNDED INSURANCE	A	-242,931	RESPIRATORY THERAPY	65.00		0 38.36
38.37 SELF FUNDED INSURANCE	A	-143,232	PHYSICAL THERAPY	66.00		0 38.37
38.38 SELF FUNDED INSURANCE	A	-70,163	OCCUPATIONAL THERAPY	67.00		0 38.38
38.39 SELF FUNDED INSURANCE	A	-21,411	SPEECH PATHOLOGY	68.00		0 38.39
38.40 SELF FUNDED INSURANCE	A	-45,094	ELECTROCARDIOLOGY	69.00		0 38.40
38.41 SELF FUNDED INSURANCE	A	-21,628	ELECTROENCEPHALOGRAPHY	70.00		0 38.41
38.42 SELF FUNDED INSURANCE	A	-83,532	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01		0 38.42
38.43 SELF FUNDED INSURANCE	A	-64	DIABETES CARE CENTER	76.02		0 38.43
38.44 SELF FUNDED INSURANCE	A	-36,880	OP PSYCH	76.03		0 38.44
38.45 SELF FUNDED INSURANCE	A	-11,058	CARDIAC REHAB	76.04		0 38.45
38.46 SELF FUNDED INSURANCE	A	-6,979	HYPERBARIC OXYGEN THERAPY	76.98		0 38.46
38.47 SELF FUNDED INSURANCE	A	-621,444	EMERGENCY	91.00		0 38.47
38.48 SELF FUNDED INSURANCE	A	-387,604	AMBULANCE SERVICES	95.00		0 38.48

Provider CCN: 260180  
 Period: From 01/01/2015 To 12/31/2015  
 Worksheet A-8  
 Date/Time Prepared: 5/21/2016 10:02 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
38.49 SELF FUNDED INSURANCE	A	-4,955	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 38.49
38.50 SELF FUNDED INSURANCE	A	-37,695	RETAIL PHARMACY	190.10	0 38.50
39.00 SELF FUNDED INSURANCE	B	-16,738	PUBLIC RELATIONS	190.11	13 39.00
40.00 SELF FUNDED INSURANCE	B	-22,106	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0 40.00
41.00 SELF FUNDED INSURANCE	B	-3,622	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0 41.00
42.00 ASSET IMPAIRMENT DEPRECIATION	A	64,352	NEW CAP REL COSTS-POB I	1.05	9 42.00
43.00 ASSET IMPAIRMENT DEPRECIATION	A	2,116	NEW CAP REL COSTS-GRAHAM MOB	1.06	9 43.00
44.00 ASSET IMPAIRMENT DEPRECIATION	A	392,182	NEW CAP REL COSTS-NW BUILDING	1.07	9 44.00
45.00 ASSET IMPAIRMENT DEPRECIATION	A	3,492,486	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,541,271			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: 260180

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

Worksheet A-8-1

Date/Time Prepared:  
5/21/2016 10:02 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.04	ADMINISTRATIVE AND GENERAL	BJC HEALTH SYSTEM	26,998,390	32,687,822 1.00
2.00	5.04	ADMINISTRATIVE AND GENERAL	CHRISTIAN HEALTH SERVICES	16,752	0 2.00
3.00	5.04	ADMINISTRATIVE AND GENERAL	TELEPHONE FACILITIES CORP	190,429	197,053 3.00
4.00	60.00	LABORATORY	BARNES JEWISH LAB	72,167	51,616 4.00
4.01	60.00	LABORATORY	CHILDREN'S HOSPITAL LAB	29,112	55,488 4.01
4.02	50.00	OPERATING ROOM	MIDWEST SURGICAL TECHNOLOGIE	2,272	3,125 4.02
5.00	0		0	27,309,122	32,995,104 5.00

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

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

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

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

6.00	G	BJC HEALTH CARE	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	HOME OFFICE		0.00	100.00

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

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

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

Provider CCN: 260180

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

Worksheet A-8-1

Date/Time Prepared:  
5/21/2016 10:02 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-5,689,432	0		1.00
2.00	16,752	0		2.00
3.00	-6,624	0		3.00
4.00	20,551	0		4.00
4.01	-26,376	0		4.01
4.02	-853	0		4.02
5.00	-5,685,982			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260180

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

Worksheet A-8-2

Date/Time Prepared:  
5/21/2016 10:02 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,047,500	1,047,500	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,755,923	1,755,923	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	279,549	279,549	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	2,424,000	2,424,000	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	593,750	593,750	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	178,445	178,445	0	0	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	37,626	37,626	0	0	0	7.00
8.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	1,621,277	1,621,277	0	0	0	8.00
9.00	95.00	AGGREGATE-AMBULANCE SERVICES	83,000	83,000	0	0	0	9.00
10.00	5.04	DR. A	27,000	0	27,000	211,500	331	10.00
11.00	5.04	DR. B	66,857	0	66,857	211,500	669	11.00
200.00			8,114,927	8,021,070	93,857		1,000	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	7.00
8.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	8.00
9.00	95.00	AGGREGATE-AMBULANCE SERVICES	0	0	0	0	0	9.00
10.00	5.04	DR. A	33,657	1,683	0	0	0	10.00
11.00	5.04	DR. B	68,026	3,401	0	0	0	11.00
200.00			101,683	5,084	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,047,500		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,755,923		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	279,549		3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	2,424,000		4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	593,750		5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	178,445		6.00
7.00	60.00	AGGREGATE-LABORATORY	0	0	0	37,626		7.00
8.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	0	0	1,621,277		8.00
9.00	95.00	AGGREGATE-AMBULANCE SERVICES	0	0	0	83,000		9.00
10.00	5.04	DR. A	0	33,657	0	0		10.00
11.00	5.04	DR. B	0	68,026	0	0		11.00
200.00			0	101,683	0	8,021,070		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
		0	1.00	1.01	1.02	1.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	4,209,396	4,209,396			1.00
1.01	00101	NEW CAP REL COSTS-WHSE	5,482	0	5,482		1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	16,292	0	0	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD	104,128	0	0	0	104,128
1.05	00105	NEW CAP REL COSTS-POB I	721,507	0	0	0	0
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	180,461	0	0	0	0
1.07	00107	NEW CAP REL COSTS-NW BUILDING	968,545	0	0	0	0
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	10,858,168				
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,324,874	7,571	0	964	9,639
5.01	00570	ADMINISTRATIVE	2,655,313	36,563	0	0	9,499
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	68,221	0	0	46	0
5.03	00590	MENTAL HEALTH ADMINISTRATION	-302	0	0	139	0
5.04	00591	ADMINISTRATIVE AND GENERAL	36,635,740	351,268	3,093	1,595	60,416
7.00	00700	OPERATION OF PLANT	6,892,463	583,085	334	1,064	12,822
7.01	00701	OPERATION OF PLANT- POB I	2,840	0	0	0	0
7.02	00702	OPERATION OF PLANT NW	687,657	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	1,044,139	44,951	0	0	0
9.00	00900	HOUSEKEEPING	3,531,047	48,960	0	102	483
9.01	00901	HOUSEKEEPING-POB I	199,601	0	0	0	0
9.02	00902	HOUSEKEEPING NW	457,932	0	0	0	0
10.00	01000	DIETARY	4,938,716	27,639	2,055	0	452
11.00	01100	CAFETERIA	-973,700	32,245	0	1,297	1,240
13.00	01300	NURSING ADMINISTRATION	5,450,596	0	0	297	0
14.00	01400	CENTRAL SERVICES & SUPPLY	616,201	49,448	0	0	0
15.00	01500	PHARMACY	4,056,576	27,609	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,911,069	43,399	0	0	0
17.00	01700	SOCIAL SERVICE	100,104	0	0	0	0
17.01	01850	RESEARCH ADMIN	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	155,199	0	0	0	0
23.00	02300	PARAMED ED PRGM PASTORAL CARE	112,721	0	0	0	0
23.01	02301	PARAMED ED PRGM PHARMACY	252,356	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	23,065,571	1,150,890	0	274	0
31.00	03100	INTENSIVE CARE UNIT	6,319,282	78,370	0	159	0
32.00	03200	CORONARY CARE UNIT	3,177,894	68,869	0	0	0
40.00	04000	SUBPROVIDER - IPF	94,387	10,407	0	0	0
41.00	04100	SUBPROVIDER - IRF	1,384,500	64,382	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	9,954,862	497,462	0	58	0
51.00	05100	RECOVERY ROOM	864,762	24,505	0	0	0
53.00	05300	ANESTHESIOLOGY	410,048	3,940	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,343,999	374,738	0	145	0
57.00	05700	CT SCAN	1,245,833	16,536	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	427,171	10,248	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	1,397,559	66,391	0	0	0
60.00	06000	LABORATORY	10,310,383	46,284	0	3,781	0
60.01	06001	G.I. LAB	1,049,641	15,252	0	946	0
60.02	06002	VASCULAR LAB	322,829	0	0	383	0
60.03	06003	LABORATORY-PATHOLOGY	1,226,705	0	0	336	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,267,967	0	0	372	0
65.00	06500	RESPIRATORY THERAPY	4,744,576	21,461	0	53	0
66.00	06600	PHYSICAL THERAPY	2,727,665	32,554	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,139,800	17,938	0	0	0
68.00	06800	SPEECH PATHOLOGY	347,488	12,228	0	0	0
69.00	06900	ELECTROCARDIOLOGY	844,168	0	0	796	0
70.00	07000	ELECTROENCEPHALOGRAPHY	392,748	0	0	439	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,693,624	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,396,022	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	15,559,225	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,572,712	13,471	0	0	0
76.00	03320	SHOCK THERAPY	0	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,737,742	3,015	0	0	0
76.02	03950	DIABETES CARE CENTER	17,626	0	0	0	0
76.03	03550	OP PSYCH	696,360	0	0	0	0
76.04	03020	CARDIAC REHAB	196,996	22,356	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	316,241	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	11,818,651	164,560	0	1,595	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
	0	1.00	1.01	1.02	1.03	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	7,596,366	0	0	218	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	232,844,745	3,968,595	5,482	15,059	94,551	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	551,844	12,536	0	0	0	190.00
190.01 19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02 19002 NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03 19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04 19004 NON REIMBURSABLE CHIP	0	104,775	0	0	0	190.04
190.05 19005 NON REIMBURSABLE PFD	0	0	0	0	4,275	190.05
190.06 19006 NON REIMBURSABLE HOSPITAL	0	119,938	0	0	0	190.06
190.07 19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08 19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 19009 CATERING	164,899	0	0	0	191	190.09
190.10 19010 RETAIL PHARMACY	5,219,734	0	0	0	0	190.10
190.11 19011 PUBLIC RELATIONS	1,099,083	3,552	0	0	2,385	190.11
190.12 19012 PHYSICIAN PRACTICE DEVELOPMENT	515,191	0	0	0	2,726	190.12
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	92,272	0	0	0	0	192.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	240,487,768	4,209,396	5,482	16,292	104,128	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT		
		NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP			
		1.05	1.06	1.07	2.00			4.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-WHSE					1.01	
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02	
1.03	00103	NEW CAP REL COSTS-PFD					1.03	
1.05	00105	NEW CAP REL COSTS-POB I	721,507				1.05	
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	180,461			1.06	
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	968,545		1.07	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				10,858,168	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	19,481	0	0	20,492	3,383,021	4.00
5.01	00570	ADMITTING	0	0	26,359	18,553	72,941	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	3,420	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	1,402	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	108,510	8,383	193,065	4,096,281	224,647	5.04
7.00	00700	OPERATION OF PLANT	56,705	831	0	96,093	83,642	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	480	76	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	22,351	0	9,776	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	10,104	321	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	8,085	70,060	9.00
9.01	00901	HOUSEKEEPING-POB I	804	0	0	0	3,899	9.01
9.02	00902	HOUSEKEEPING NW	0	0	13,820	2,374	9,176	9.02
10.00	01000	DIETARY	0	0	0	146,467	0	10.00
11.00	01100	CAFETERIA	0	0	24,932	9,798	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,944	0	0	258,618	114,073	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	125,692	12,843	14.00
15.00	01500	PHARMACY	0	0	0	93,182	113,905	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,970	0	13,088	23,714	130,037	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	2,827	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	3,527	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	7,316	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	143,550	639,352	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	183,225	171,690	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	5,619	88,757	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	5,383	2,106	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	7,990	38,195	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	2,095,240	197,141	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,074	24,435	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	226,984	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,896	0	74,703	756,955	150,257	54.00
57.00	05700	CT SCAN	0	0	52,371	278,840	26,798	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	24,675	36,011	10,388	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	414,128	37,143	59.00
60.00	06000	LABORATORY	2,432	0	22,259	234,741	173,380	60.00
60.01	06001	G.I. LAB	0	0	0	180,651	24,964	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	9,459	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	51,795	19,725	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,798	18,244	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	58,650	143,095	121,776	65.00
66.00	06600	PHYSICAL THERAPY	0	40,253	0	15,262	71,799	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,912	0	1,320	35,171	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,223	0	110	10,733	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	222,809	22,605	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	60,993	42,882	10,842	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	7,587	0	0	67,875	41,873	76.01
76.02	03950	DIABETES CARE CENTER	13,146	0	0	0	32	76.02
76.03	03550	OP PSYCH	0	0	0	4,042	18,487	76.03
76.04	03020	CARDIAC REHAB	0	0	0	7,130	5,543	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	3,499	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	328,121	160,554	311,516	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT			
	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP				
	1.05	1.06	1.07	2.00			4.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	642,100	194,297	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	269,475	59,602	925,491	10,846,733	3,340,354	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2,484	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	43,054	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	33,888	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	8,643	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	2,546	18,896	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	8,391	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	246	11,081	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	418,144	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	120,859	0	0	1,815	192.01
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)	721,507	180,461	968,545	10,858,168	3,383,021	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/21/2016 10:02 am	
Cost Center Description			ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	Subtotal	ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5A.03	5.04	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING	2,819,228					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	71,687				5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	1,239			5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	0	0	0	41,682,998	41,682,998	5.04
7.00	00700	OPERATION OF PLANT	0	0	0	7,727,039	1,612,780	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	3,396	709	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	719,784	150,233	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,099,515	229,490	8.00
9.00	00900	HOUSEKEEPING	0	0	0	3,658,737	763,648	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	204,304	42,642	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	483,302	100,874	9.02
10.00	01000	DIETARY	0	0	0	5,115,329	1,067,666	10.00
11.00	01100	CAFETERIA	0	0	0	-904,188	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	5,826,528	1,216,107	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	804,184	167,848	14.00
15.00	01500	PHARMACY	0	0	0	4,291,272	895,670	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,132,277	1,071,204	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	102,931	21,484	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	155,199	32,393	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	116,248	24,263	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	259,672	54,198	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	242,939	6,155	1,188	25,249,919	5,270,085	30.00
31.00	03100	INTENSIVE CARE UNIT	61,278	1,552	0	6,815,556	1,422,536	31.00
32.00	03200	CORONARY CARE UNIT	39,943	1,012	0	3,382,094	705,907	32.00
40.00	04000	SUBPROVIDER - I PF	218	6	51	112,558	23,493	40.00
41.00	04100	SUBPROVIDER - I RF	13,109	332	0	1,508,508	314,854	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	147,180	3,729	0	12,895,672	2,691,572	50.00
51.00	05100	RECOVERY ROOM	28,983	734	0	950,493	198,386	51.00
53.00	05300	ANESTHESIOLOGY	47,413	1,201	0	689,586	143,930	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	174,186	4,413	0	7,926,292	1,654,368	54.00
57.00	05700	CT SCAN	201,906	5,115	0	1,827,399	381,413	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	38,384	972	0	547,849	114,346	58.00
59.00	05900	CARDIAC CATHETERIZATION	82,745	2,096	0	2,000,062	417,451	59.00
60.00	06000	LABORATORY	424,806	11,027	0	11,229,093	2,343,725	60.00
60.01	06001	G. I. LAB	27,352	693	0	1,299,499	271,230	60.01
60.02	06002	VASCULAR LAB	17,498	443	0	350,612	73,179	60.02
60.03	06003	LABORATORY-PATHOLOGY	22,305	565	0	1,321,431	275,808	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24,305	616	0	2,319,302	484,082	63.00
65.00	06500	RESPIRATORY THERAPY	71,759	1,818	0	5,163,188	1,077,655	65.00
66.00	06600	PHYSICAL THERAPY	51,011	1,292	0	2,939,836	613,600	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,333	490	0	1,218,964	254,421	67.00
68.00	06800	SPEECH PATHOLOGY	5,292	134	0	381,208	79,565	68.00
69.00	06900	ELECTROCARDIOLOGY	84,200	2,133	0	1,176,711	245,602	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,224	335	0	521,463	108,839	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	75,521	1,913	0	8,771,058	1,830,686	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	120,975	3,065	0	12,520,062	2,613,175	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	244,132	6,185	0	15,809,542	3,299,752	73.00
74.00	07400	RENAL DIALYSIS	13,779	349	0	1,600,311	334,015	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	21,157	536	0	1,879,785	392,347	76.01
76.02	03950	DIABETES CARE CENTER	135	3	0	30,942	6,458	76.02
76.03	03550	OP PSYCH	10,767	273	0	729,929	152,350	76.03
76.04	03020	CARDIAC REHAB	1,560	40	0	233,625	48,762	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	8,822	97	0	323,659	67,554	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	393,876	9,978	0	13,188,851	2,752,764	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	94,135	2,385	0	8,529,501	1,780,269	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	Subtotal	ADMINISTRATIVE AND GENERAL	
		5.01	5.02	5.03	5A.03	5.04	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,819,228	71,687	1,239	231,923,087	39,895,388	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	566,864	118,315	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	1,233	257	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	43,054	8,986	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	104,775	21,869	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	4,275	892	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	119,938	25,033	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	33,888	7,073	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	173,733	36,261	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	5,241,176	1,093,933	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	1,113,411	232,390	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	529,244	110,463	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	418,144	87,275	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	214,946	44,863	192.01
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,819,228	71,687	1,239	240,487,768	41,682,998	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT	9,339,819					7.00
7.01	00701	OPERATION OF PLANT- POB I	0	4,105				7.01
7.02	00702	OPERATION OF PLANT NW	0	0	870,017			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	108,206	0	12,096	1,449,307		8.00
9.00	00900	HOUSEKEEPING	136,683	0	0	0	4,559,068	9.00
9.01	00901	HOUSEKEEPING-POB I	0	6	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	16,544	0	0	9.02
10.00	01000	DIETARY	251,739	0	0	0	129,103	10.00
11.00	01100	CAFETERIA	222,017	0	29,846	0	113,861	11.00
13.00	01300	NURSING ADMINISTRATION	27,519	23	0	0	14,113	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	119,032	0	0	16,111	61,045	14.00
15.00	01500	PHARMACY	66,461	0	0	0	34,084	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	104,470	84	15,668	0	53,577	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,795,900	0	0	718,356	1,433,870	30.00
31.00	03100	INTENSIVE CARE UNIT	203,384	0	0	86,193	104,305	31.00
32.00	03200	CORONARY CARE UNIT	165,782	0	0	68,881	85,021	32.00
40.00	04000	SUBPROVIDER - IPF	25,052	0	0	195	12,848	40.00
41.00	04100	SUBPROVIDER - IRF	154,981	0	0	50,127	79,481	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,202,914	0	0	90,084	616,911	50.00
51.00	05100	RECOVERY ROOM	58,989	0	0	711	30,252	51.00
53.00	05300	ANESTHESIOLOGY	9,484	0	0	0	4,864	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	915,538	359	89,427	61,342	469,531	54.00
57.00	05700	CT SCAN	39,805	0	62,693	29,191	20,414	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	24,669	0	29,539	0	12,651	58.00
59.00	05900	CARDIAC CATHETERIZATION	159,819	0	0	15,552	81,962	59.00
60.00	06000	LABORATORY	462,044	19	26,646	0	236,958	60.00
60.01	06001	G. I. LAB	124,420	0	0	16,494	63,809	60.01
60.02	06002	VASCULAR LAB	35,542	0	0	0	18,228	60.02
60.03	06003	LABORATORY-PATHOLOGY	31,159	0	0	0	15,980	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	34,488	0	0	0	17,687	63.00
65.00	06500	RESPIRATORY THERAPY	56,594	0	70,210	0	29,024	65.00
66.00	06600	PHYSICAL THERAPY	78,365	0	0	1,435	40,189	66.00
67.00	06700	OCCUPATIONAL THERAPY	43,182	0	0	0	22,146	67.00
68.00	06800	SPEECH PATHOLOGY	29,435	0	0	0	15,095	68.00
69.00	06900	ELECTROCARDIOLOGY	73,814	0	0	787	37,855	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40,715	0	73,015	440	20,881	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	32,428	0	0	1,316	16,631	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	7,257	58	0	1,701	3,722	76.01
76.02	03950	DIABETES CARE CENTER	0	101	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	53,816	0	0	0	27,599	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	544,097	0	392,793	263,473	279,038	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	20,190	0	0	26,918	10,354	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,459,990	650	818,477	1,449,307	4,213,089	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		7.00	7.01	7.02	8.00	9.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,177	0	0	0	15,476	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	114,361	0	0	0	58,650	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	51,540	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	252,218	0	0	0	129,349	190.04
190.05	19005	NON REIMBURSABLE PFD	82,939	0	0	0	42,535	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	288,718	0	0	0	42,830	190.06
190.07	19007	NON REIMBURSABLE POB I	0	259	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	3,712	0	0	0	1,904	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	52,882	0	0	0	27,120	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	54,822	3,196	0	0	28,115	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	9,339,819	4,105	870,017	1,449,307	4,559,068	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B  
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5/21/2016 10:02 am

Cost Center Description			HOUSEKEEPING-POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I	246,952					9.01
9.02	00902	HOUSEKEEPING NW	0	600,720				9.02
10.00	01000	DIETARY	0	0	6,563,837			10.00
11.00	01100	CAFETERIA	0	21,309	4,072,388	3,555,233		11.00
13.00	01300	NURSING ADMINISTRATION	1,356	0	0	107,502	7,193,148	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	21,720	0	14.00
15.00	01500	PHARMACY	0	0	0	79,576	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,054	11,186	0	137,872	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	3,103	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	5,094	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	6,206	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,692,848	779,098	3,504,210	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	219,209	142,966	648,065	31.00
32.00	03200	CORONARY CARE UNIT	0	0	167,197	87,553	396,928	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,279	1,991	9,280	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	132,045	40,338	182,709	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	182,864	742,032	50.00
51.00	05100	RECOVERY ROOM	0	0	0	21,281	96,714	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,606	63,849	0	135,868	0	54.00
57.00	05700	CT SCAN	0	44,761	0	26,595	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	21,090	0	8,417	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	29,258	0	59.00
60.00	06000	LABORATORY	1,120	19,025	0	214,333	0	60.00
60.01	06001	G. I. LAB	0	0	0	24,603	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	7,757	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	24,603	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	19,949	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	50,128	0	115,699	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	77,353	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	39,006	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	9,089	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	25,495	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	52,130	0	12,412	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	3,496	0	0	50,538	228,091	76.01
76.02	03950	DIABETES CARE CENTER	6,057	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	22,160	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	4,874	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	3,995	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	280,444	0	305,428	1,385,119	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	262,208	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,689	563,922	6,285,966	3,036,804	7,193,148	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		HOUSEKEEPING-P	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING	
		OB I	NW			ADMINISTRATION	
		9.01	9.02	10.00	11.00	13.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	4,434	0 190.00
190.01	19001	VISITOR MEALS	0	0	0	481,634	0 190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0 190.02
190.03	19003	NON REIMB NW BUILDING	0	36,798	0	0	0 190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0 190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0 190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0 190.06
190.07	19007	NON REIMBURSABLE POB I	15,613	0	0	0	0 190.07
190.08	19008	MEALS ON WHEELS	0	0	277,871	0	0 190.08
190.09	19009	CATERING	0	0	0	0	0 190.09
190.10	19010	RETAIL PHARMACY	0	0	0	14,635	0 190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	6,865	0 190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	6,646	0 190.12
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192,650	0	0	0	0 192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	4,215	0 192.01
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)	246,952	600,720	6,563,837	3,555,233	7,193,148 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN	
			14.00	15.00	16.00	17.00	17.01	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
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	1,189,940					14.00
15.00	01500	PHARMACY	0	5,367,063				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,921	6,545,313			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	127,518		17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	729	564,058	122,264	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	152	142,276	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	115	92,741	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	507	5,254	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	46	30,437	0	0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	5,223	341,724	0	0	50.00
51.00	05100	RECOVERY ROOM	0	20	67,292	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	22,485	110,083	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3	404,426	0	0	54.00
57.00	05700	CT SCAN	0	6	468,788	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	89,119	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18	192,119	0	0	59.00
60.00	06000	LABORATORY	0	0	985,924	0	0	60.00
60.01	06001	G.I. LAB	0	24	63,505	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	40,626	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	51,788	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	56,431	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	501	166,611	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	118,437	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	44,888	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	12,287	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	195,495	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	30,704	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	535,236	0	175,346	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	654,704	0	280,880	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,299,438	566,828	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	8	31,993	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	472	49,123	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	314	0	0	76.02
76.03	03550	OP PSYCH	0	0	24,999	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	3,621	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	8,875	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	2,696	914,504	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	21,206	218,564	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN	
		14.00	15.00	16.00	17.00	17.01	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,189,940	5,367,063	6,545,313	127,518	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,189,940	5,367,063	6,545,313	127,518	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES					
		21.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINISTRATIVE					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I					7.01
7.02	00702	OPERATION OF PLANT NW					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-POB I					9.01
9.02	00902	HOUSEKEEPING NW					9.02
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
17.01	01850	RESEARCH ADMIN					17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	187,592				21.00
23.00	02300	PARAMED PRGM PASTORAL CARE		145,605			23.00
23.01	02301	PARAMED PRGM PHARMACY			320,076		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	111,352	0	42,242,689	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,419	0	9,799,061	31.00
32.00	03200	CORONARY CARE UNIT	0	10,998	0	5,163,217	32.00
40.00	04000	SUBPROVIDER - IPF	0	150	0	193,607	40.00
41.00	04100	SUBPROVIDER - IRF	0	8,686	0	2,502,212	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	187,592	0	0	18,956,588	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,424,138	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	980,432	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	11,742,609	54.00
57.00	05700	CT SCAN	0	0	0	2,901,065	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	847,680	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,896,241	59.00
60.00	06000	LABORATORY	0	0	0	15,518,887	60.00
60.01	06001	G.I. LAB	0	0	0	1,863,584	60.01
60.02	06002	VASCULAR LAB	0	0	0	525,944	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	1,720,769	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,931,939	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,729,610	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,869,215	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,622,607	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	526,679	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,755,759	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	860,599	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,312,326	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,068,821	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	320,076	25,295,636	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,016,702	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	2,616,590	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	43,872	76.02
76.03	03550	OP PSYCH	0	0	0	929,438	76.03
76.04	03020	CARDIAC REHAB	0	0	0	372,297	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	404,083	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	20,309,207	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES					
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	21.00	23.00	23.01	24.00	25.00	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	10,869,210	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	187,592	145,605	320,076	227,813,313	-187,592	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	735,266	0	190.00
190.01 19001 VISITOR MEALS	0	0	0	481,634	0	190.01
190.02 19002 NON REIMBURSABLE B BLDG	0	0	0	174,501	0	190.02
190.03 19003 NON REIMB NW BUILDING	0	0	0	140,378	0	190.03
190.04 19004 NON REIMBURSABLE CHIP	0	0	0	508,211	0	190.04
190.05 19005 NON REIMBURSABLE PFD	0	0	0	130,641	0	190.05
190.06 19006 NON REIMBURSABLE HOSPITAL	0	0	0	476,519	0	190.06
190.07 19007 NON REIMBURSABLE POB I	0	0	0	56,833	0	190.07
190.08 19008 MEALS ON WHEELS	0	0	0	277,871	0	190.08
190.09 19009 CATERING	0	0	0	215,610	0	190.09
190.10 19010 RETAIL PHARMACY	0	0	0	6,349,744	0	190.10
190.11 19011 PUBLIC RELATIONS	0	0	0	1,352,666	0	190.11
190.12 19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	726,355	0	190.12
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	784,202	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	264,024	0	192.01
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)	187,592	145,605	320,076	240,487,768	-187,592	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-WHSE		1.01
1.02	00102 NEW CAP REL COSTS-B BLDG		1.02
1.03	00103 NEW CAP REL COSTS-PFD		1.03
1.05	00105 NEW CAP REL COSTS-POB I		1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570 ADMINITTING		5.01
5.02	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.02
5.03	00590 MENTAL HEALTH ADMINISTRATION		5.03
5.04	00591 ADMINISTRATIVE AND GENERAL		5.04
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OPERATION OF PLANT- POB I		7.01
7.02	00702 OPERATION OF PLANT NW		7.02
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-POB I		9.01
9.02	00902 HOUSEKEEPING NW		9.02
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
17.01	01850 RESEARCH ADMIN		17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300 PARAMED ED PRGM PASTORAL CARE		23.00
23.01	02301 PARAMED ED PRGM PHARMACY		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	42,242,689	30.00
31.00	03100 INTENSIVE CARE UNIT	9,799,061	31.00
32.00	03200 CORONARY CARE UNIT	5,163,217	32.00
40.00	04000 SUBPROVIDER - IPF	193,607	40.00
41.00	04100 SUBPROVIDER - IRF	2,502,212	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	18,768,996	50.00
51.00	05100 RECOVERY ROOM	1,424,138	51.00
53.00	05300 ANESTHESIOLOGY	980,432	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,742,609	54.00
57.00	05700 CT SCAN	2,901,065	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	847,680	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,896,241	59.00
60.00	06000 LABORATORY	15,518,887	60.00
60.01	06001 G.I. LAB	1,863,584	60.01
60.02	06002 VASCULAR LAB	525,944	60.02
60.03	06003 LABORATORY-PATHOLOGY	1,720,769	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,931,939	63.00
65.00	06500 RESPIRATORY THERAPY	6,729,610	65.00
66.00	06600 PHYSICAL THERAPY	3,869,215	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,622,607	67.00
68.00	06800 SPEECH PATHOLOGY	526,679	68.00
69.00	06900 ELECTROCARDIOLOGY	1,755,759	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	860,599	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,312,326	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	16,068,821	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	25,295,636	73.00
74.00	07400 RENAL DIALYSIS	2,016,702	74.00
76.00	03320 SHOCK THERAPY	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	2,616,590	76.01
76.02	03950 DIABETES CARE CENTER	43,872	76.02
76.03	03550 OP PSYCH	929,438	76.03
76.04	03020 CARDIAC REHAB	372,297	76.04
76.98	07698 HYPERBARIIC OXYGEN THERAPY	404,083	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	09100 EMERGENCY	20,309,207	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	10,869,210	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1-117)	227,625,721	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		Total	
		26.00	
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	735,266	190.00
190.01	19001 VISITOR MEALS	481,634	190.01
190.02	19002 NON REIMBURSABLE B BLDG	174,501	190.02
190.03	19003 NON REIMB NW BUILDING	140,378	190.03
190.04	19004 NON REIMBURSABLE CHIP	508,211	190.04
190.05	19005 NON REIMBURSABLE PFD	130,641	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	476,519	190.06
190.07	19007 NON REIMBURSABLE POB I	56,833	190.07
190.08	19008 MEALS ON WHEELS	277,871	190.08
190.09	19009 CATERING	215,610	190.09
190.10	19010 RETAIL PHARMACY	6,349,744	190.10
190.11	19011 PUBLIC RELATIONS	1,352,666	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	726,355	190.12
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	784,202	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	264,024	192.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	240,300,176	202.00

COST ALLOCATION STATISTICS

Provider CCN: 260180

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	1.00
1.01	NEW CAP REL COSTS-WHSE	21	SQUARE	FEET	1.01
1.02	NEW CAP REL COSTS-B BLDG	22	SQUARE	FEET	1.02
1.03	NEW CAP REL COSTS-PFD	23	SQUARE	FEET	1.03
1.05	NEW CAP REL COSTS-POB I	25	SQUARE	FEET	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	35	SQUARE	FEET	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	30	SQUARE	FEET	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS	SALARIES	4.00
5.01	ADMINISTRATIVE	27	GROSS	REVENUE	5.01
5.02	CASHIERING/ACCOUNTS RECEIVABLE	27	GROSS	REVENUE	5.02
5.03	MENTAL HEALTH ADMINISTRATION	40	PSYCH PATIENT	DAYS	5.03
5.04	ADMINISTRATIVE AND GENERAL	-41	ACCUM.	COST	5.04
7.00	OPERATION OF PLANT	28	SQUARE	FEET	7.00
7.01	OPERATION OF PLANT- POB I	25	SQUARE	FEET	7.01
7.02	OPERATION OF PLANT NW	30	SQUARE	FEET	7.02
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	29	SQUARE	FEET	9.00
9.01	HOUSEKEEPING-POB I	25	SQUARE	FEET	9.01
9.02	HOUSEKEEPING NW	30	SQUARE	FEET	9.02
10.00	DIETARY	8	MEALS	SERVED	10.00
11.00	CAFETERIA	9	MEALS	SERVED	11.00
13.00	NURSING ADMINISTRATION	11	HOURS OF	SERVICE	13.00
14.00	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUISITIONS	14.00
15.00	PHARMACY	14	COSTED	REQUISITIONS	15.00
16.00	MEDICAL RECORDS & LIBRARY	27	GROSS	REVENUE	16.00
17.00	SOCIAL SERVICE	16	TIME	SPENT	17.00
17.01	RESEARCH ADMIN	17	TIME	SPENT	17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	21.00
23.00	PARAMED PRGM PASTORAL CARE	34	PATIENT	DAYS	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
			1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS		0	1.00	1.01	1.02	1.03	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-WHSE						1.01
1.02	00102 NEW CAP REL COSTS-B BLDG						1.02
1.03	00103 NEW CAP REL COSTS-PFD						1.03
1.05	00105 NEW CAP REL COSTS-POB I						1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	18,098	7,571	0	964	9,639	4.00
5.01	00570 ADMIN TTING	12,499	36,563	0	0	9,499	5.01
5.02	00580 CASHIERING/ACCOUNTS RECEIVABLE	186	0	0	46	0	5.02
5.03	00590 MENTAL HEALTH ADMINISTRATION	0	0	0	139	0	5.03
5.04	00591 ADMINISTRATIVE AND GENERAL	1,605,936	351,268	3,093	1,595	60,416	5.04
7.00	00700 OPERATION OF PLANT	14,192	583,085	334	1,064	12,822	7.00
7.01	00701 OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702 OPERATION OF PLANT NW	7,868	0	0	0	0	7.02
8.00	00800 LAUNDRY & LINEN SERVICE	0	44,951	0	0	0	8.00
9.00	00900 HOUSEKEEPING	0	48,960	0	102	483	9.00
9.01	00901 HOUSEKEEPING-POB I	0	0	0	0	0	9.01
9.02	00902 HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000 DIETARY	25,766	27,639	2,055	0	452	10.00
11.00	01100 CAFETERIA	0	32,245	0	1,297	1,240	11.00
13.00	01300 NURSING ADMINISTRATION	1,435,556	0	0	297	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	49,448	0	0	0	14.00
15.00	01500 PHARMACY	399,232	27,609	0	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	3,751	43,399	0	0	0	16.00
17.00	01700 SOCIAL SERVICE	2,610	0	0	0	0	17.00
17.01	01850 RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300 PARAMED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301 PARAMED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	39,466	1,150,890	0	274	0	30.00
31.00	03100 INTENSIVE CARE UNIT	2,735	78,370	0	159	0	31.00
32.00	03200 CORONARY CARE UNIT	529	68,869	0	0	0	32.00
40.00	04000 SUBPROVIDER - I PF	2,375	10,407	0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	412	64,382	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	172,822	497,462	0	58	0	50.00
51.00	05100 RECOVERY ROOM	0	24,505	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	3,940	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,636	374,738	0	145	0	54.00
57.00	05700 CT SCAN	0	16,536	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	10,248	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,353	66,391	0	0	0	59.00
60.00	06000 LABORATORY	10,274	46,284	0	3,781	0	60.00
60.01	06001 G. I. LAB	0	15,252	0	946	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	383	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	46,894	0	0	336	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	372	0	63.00
65.00	06500 RESPIRATORY THERAPY	13,837	21,461	0	53	0	65.00
66.00	06600 PHYSICAL THERAPY	10,331	32,554	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	17,938	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	12,228	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,783	0	0	796	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,621	0	0	439	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	3,111	13,471	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	7,620	3,015	0	0	0	76.01
76.02	03950 DIABETES CARE CENTER	3,019	0	0	0	0	76.02
76.03	03550 OP PSYCH	4,594	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	366	22,356	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	28,397	164,560	0	1,595	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
		1.00	1.01	1.02	1.03	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	3,396	0	0	218	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,892,265	3,968,595	5,482	15,059	94,551	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,536	0	0	0	190.00
190.01 19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02 19002 NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03 19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04 19004 NON REIMBURSABLE CHIP	0	104,775	0	0	0	190.04
190.05 19005 NON REIMBURSABLE PFD	0	0	0	0	4,275	190.05
190.06 19006 NON REIMBURSABLE HOSPITAL	0	119,938	0	0	0	190.06
190.07 19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08 19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 19009 CATERING	0	0	0	0	191	190.09
190.10 19010 RETAIL PHARMACY	868	0	0	0	0	190.10
190.11 19011 PUBLIC RELATIONS	3,608	3,552	0	0	2,385	190.11
190.12 19012 PHYSICIAN PRACTICE DEVELOPMENT	2,028	0	0	0	2,726	190.12
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	3,898,769	4,209,396	5,482	16,292	104,128	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/21/2016 10:02 am	
Cost Center Description		CAPITAL RELATED COSTS				Subtotal	2A
		NEW POB I	NEW GRAHAM MOB	NEW NW BUI LDING	NEW MVBLE EQUI P		
		1.05	1.06	1.07	2.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUI LDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUI P					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	19,481	0	0	20,492	76,245 4.00
5.01	00570	ADMINISTRATIVE	0	0	26,359	18,553	103,473 5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	3,420	3,652 5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	139 5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	108,510	8,383	193,065	4,096,281	6,428,547 5.04
7.00	00700	OPERATION OF PLANT	56,705	831	0	96,093	765,126 7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	480	480 7.01
7.02	00702	OPERATION OF PLANT NW	0	0	22,351	0	30,219 7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	10,104	321	55,376 8.00
9.00	00900	HOUSEKEEPING	0	0	0	8,085	57,630 9.00
9.01	00901	HOUSEKEEPING-POB I	804	0	0	0	804 9.01
9.02	00902	HOUSEKEEPING NW	0	0	13,820	2,374	16,194 9.02
10.00	01000	DIETARY	0	0	0	146,467	202,379 10.00
11.00	01100	CAFETERIA	0	0	24,932	9,798	69,512 11.00
13.00	01300	NURSING ADMINISTRATION	2,944	0	0	258,618	1,697,415 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	125,692	175,140 14.00
15.00	01500	PHARMACY	0	0	0	93,182	520,023 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,970	0	13,088	23,714	94,922 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	2,610 17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0 17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0 23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	143,550	1,334,180 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	183,225	264,489 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	5,619	75,017 32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	5,383	18,165 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	7,990	72,784 41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	2,095,240	2,765,582 50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,074	31,579 51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	226,984	230,924 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,896	0	74,703	756,955	1,262,073 54.00
57.00	05700	CT SCAN	0	0	52,371	278,840	347,747 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	24,675	36,011	70,934 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	414,128	482,872 59.00
60.00	06000	LABORATORY	2,432	0	22,259	234,741	319,771 60.00
60.01	06001	G.I. LAB	0	0	0	180,651	196,849 60.01
60.02	06002	VASCULAR LAB	0	0	0	0	383 60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	51,795	99,025 60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,798	8,170 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	58,650	143,095	237,096 65.00
66.00	06600	PHYSICAL THERAPY	0	40,253	0	15,262	98,400 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,912	0	1,320	24,170 67.00
68.00	06800	SPEECH PATHOLOGY	0	5,223	0	110	17,561 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	222,809	227,388 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	60,993	42,882	105,935 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	16,582 74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0 76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	7,587	0	0	67,875	86,097 76.01
76.02	03950	DIABETES CARE CENTER	13,146	0	0	0	16,165 76.02
76.03	03550	OP PSYCH	0	0	0	4,042	8,636 76.03
76.04	03020	CARDIAC REHAB	0	0	0	7,130	29,852 76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	328,121	160,554	683,227 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	642,100	645,714 95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description	CAPITAL RELATED COSTS				Subtotal			
	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP				
	1.05	1.06	1.07	2.00				
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00	SUBTOTALS (SUM OF LINES 1-117)				20,077,253	118.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	12,536	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	1,233	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	43,054	0	43,054	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	104,775	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	4,275	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	119,938	190.06
190.07	19007	NON REIMBURSABLE POB I	33,888	0	0	0	33,888	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	8,643	8,834	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	2,546	3,414	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	9,545	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	246	5,000	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	418,144	0	0	0	418,144	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	120,859	0	0	120,859	192.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	721,507	180,461	968,545	10,858,168	20,962,748	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/21/2016 10:02 am		
Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINITTING 5.01	CASHIERING/ACCOUNTS RECEIVABLE 5.02	MENTAL HEALTH ADMINISTRATION 5.03	ADMINISTRATIVE AND GENERAL 5.04
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-WHSE				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG				1.02
1.03	00103	NEW CAP REL COSTS-PFD				1.03
1.05	00105	NEW CAP REL COSTS-POB I				1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB				1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING				1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	76,245			4.00
5.01	00570	ADMINITTING	1,644	105,117		5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	3,652	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	32	0	0	137
5.04	00591	ADMINISTRATIVE AND GENERAL	5,065	0	0	0
7.00	00700	OPERATION OF PLANT	1,886	0	0	0
7.01	00701	OPERATION OF PLANT- POB I	2	0	0	0
7.02	00702	OPERATION OF PLANT NW	220	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0
9.00	00900	HOUSEKEEPING	1,580	0	0	0
9.01	00901	HOUSEKEEPING-POB I	88	0	0	0
9.02	00902	HOUSEKEEPING NW	207	0	0	0
10.00	01000	DIETARY	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,572	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	290	0	0	0
15.00	01500	PHARMACY	2,568	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,932	0	0	0
17.00	01700	SOCIAL SERVICE	64	0	0	0
17.01	01850	RESEARCH ADMIN	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0
23.00	02300	PARAMED PRGM PASTORAL CARE	80	0	0	0
23.01	02301	PARAMED PRGM PHARMACY	165	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	14,385	9,066	333	131
31.00	03100	INTENSIVE CARE UNIT	3,871	2,287	84	0
32.00	03200	CORONARY CARE UNIT	2,001	1,491	55	0
40.00	04000	SUBPROVIDER - I PF	47	8	0	6
41.00	04100	SUBPROVIDER - I RF	861	489	18	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	4,445	5,492	202	0
51.00	05100	RECOVERY ROOM	551	1,082	40	0
53.00	05300	ANESTHESIOLOGY	0	1,769	65	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,388	6,500	239	0
57.00	05700	CT SCAN	604	7,534	276	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	234	1,432	53	0
59.00	05900	CARDIAC CATHETERIZATION	837	3,088	113	0
60.00	06000	LABORATORY	3,909	15,767	374	0
60.01	06001	G. I. LAB	563	1,021	37	0
60.02	06002	VASCULAR LAB	213	653	24	0
60.03	06003	LABORATORY-PATHOLOGY	445	832	31	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	411	907	33	0
65.00	06500	RESPIRATORY THERAPY	2,745	2,678	98	0
66.00	06600	PHYSICAL THERAPY	1,619	1,904	70	0
67.00	06700	OCCUPATIONAL THERAPY	793	721	26	0
68.00	06800	SPEECH PATHOLOGY	242	197	7	0
69.00	06900	ELECTROCARDIOLOGY	510	3,142	115	0
70.00	07000	ELECTROENCEPHALOGRAPHY	244	493	18	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,818	103	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,514	166	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,110	334	0
74.00	07400	RENAL DIALYSIS	0	514	19	0
76.00	03320	SHOCK THERAPY	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	944	789	29	0
76.02	03950	DIABETES CARE CENTER	1	5	0	0
76.03	03550	OP PSYCH	417	402	15	0
76.04	03020	CARDIAC REHAB	125	58	2	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	79	143	5	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY	7,023	14,698	539	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	4,381	3,513	129	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	ADMINISTRATIVE AND GENERAL		
		4.00	5.01	5.02	5.03	5.04		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		75,283	105,117	3,652	137	6,157,699	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	56	0	0	0	18,262	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	40	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	1,387	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	3,375	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	138	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	3,864	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	1,092	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	5,597	190.09
190.10	19010	RETAIL PHARMACY	426	0	0	0	168,844	190.10
190.11	19011	PUBLIC RELATIONS	189	0	0	0	35,869	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	250	0	0	0	17,050	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	13,471	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	41	0	0	0	6,924	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	34	0	201.00
202.00		TOTAL (sum lines 118-201)	76,245	105,117	3,652	171	6,433,612	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/21/2016 10:02 am	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT	1,015,939					7.00
7.01	00701	OPERATION OF PLANT- POB I	0	591				7.01
7.02	00702	OPERATION OF PLANT NW	0	0	53,627			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	11,770	0	746	103,313		8.00
9.00	00900	HOUSEKEEPING	14,868	0	0	0	191,944	9.00
9.01	00901	HOUSEKEEPING-POB I	0	1	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	1,020	0	0	9.02
10.00	01000	DIETARY	27,383	0	0	0	5,435	10.00
11.00	01100	CAFETERIA	24,150	0	1,840	0	4,794	11.00
13.00	01300	NURSING ADMINISTRATION	2,993	3	0	0	594	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,948	0	0	1,148	2,570	14.00
15.00	01500	PHARMACY	7,229	0	0	0	1,435	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,364	12	966	0	2,256	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	304,124	0	0	51,208	60,367	30.00
31.00	03100	INTENSIVE CARE UNIT	22,123	0	0	6,144	4,391	31.00
32.00	03200	CORONARY CARE UNIT	18,033	0	0	4,910	3,580	32.00
40.00	04000	SUBPROVIDER - IPF	2,725	0	0	14	541	40.00
41.00	04100	SUBPROVIDER - IRF	16,858	0	0	3,573	3,346	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	130,847	0	0	6,422	25,973	50.00
51.00	05100	RECOVERY ROOM	6,417	0	0	51	1,274	51.00
53.00	05300	ANESTHESIOLOGY	1,032	0	0	0	205	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	99,588	52	5,512	4,373	19,768	54.00
57.00	05700	CT SCAN	4,330	0	3,864	2,081	859	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,683	0	1,821	0	533	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,384	0	0	1,109	3,451	59.00
60.00	06000	LABORATORY	50,259	3	1,642	0	9,976	60.00
60.01	06001	G. I. LAB	13,534	0	0	1,176	2,686	60.01
60.02	06002	VASCULAR LAB	3,866	0	0	0	767	60.02
60.03	06003	LABORATORY-PATHOLOGY	3,389	0	0	0	673	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,751	0	0	0	745	63.00
65.00	06500	RESPIRATORY THERAPY	6,156	0	4,328	0	1,222	65.00
66.00	06600	PHYSICAL THERAPY	8,524	0	0	102	1,692	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,697	0	0	0	932	67.00
68.00	06800	SPEECH PATHOLOGY	3,202	0	0	0	636	68.00
69.00	06900	ELECTROCARDIOLOGY	8,029	0	0	56	1,594	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,429	0	4,501	31	879	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,527	0	0	94	700	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	789	8	0	121	157	76.01
76.02	03950	DIABETES CARE CENTER	0	14	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	5,854	0	0	0	1,162	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	59,184	0	24,210	18,781	11,748	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	2,196	0	0	1,919	436	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	920,235	93	50,450	103,313	177,377	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		7.00	7.01	7.02	8.00	9.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,283	0	0	0	652	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	12,440	0	0	0	2,469	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	3,177	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	27,435	0	0	0	5,446	190.04
190.05	19005	NON REIMBURSABLE PFD	9,022	0	0	0	1,791	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	31,405	0	0	0	1,803	190.06
190.07	19007	NON REIMBURSABLE POB I	0	37	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	404	0	0	0	80	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	5,752	0	0	0	1,142	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,963	461	0	0	1,184	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,015,939	591	53,627	103,313	191,944	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/21/2016 10:02 am	
Cost Center Description			HOUSEKEEPING- POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I	7,475					9.01
9.02	00902	HOUSEKEEPING NW	0	32,991				9.02
10.00	01000	DIETARY	0	0	399,987			10.00
11.00	01100	CAFETERIA	0	1,170	248,162	274,460		11.00
13.00	01300	NURSING ADMINISTRATION	41	0	0	8,299	1,899,619	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,677	0	14.00
15.00	01500	PHARMACY	0	0	0	6,143	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	153	614	0	10,644	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	240	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	393	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	479	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	103,159	60,145	925,417	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	13,358	11,037	171,146	31.00
32.00	03200	CORONARY CARE UNIT	0	0	10,189	6,759	104,824	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	139	154	2,451	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	8,047	3,114	48,251	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	14,117	195,961	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,643	25,541	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	654	3,507	0	10,489	0	54.00
57.00	05700	CT SCAN	0	2,458	0	2,053	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,158	0	650	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,259	0	59.00
60.00	06000	LABORATORY	34	1,045	0	16,546	0	60.00
60.01	06001	G.I. LAB	0	0	0	1,899	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	599	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	1,899	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,540	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,753	0	8,932	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,972	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,011	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	702	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,968	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,863	0	958	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	106	0	0	3,901	60,236	76.01
76.02	03950	DIABETES CARE CENTER	183	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	1,711	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	376	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	308	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	15,402	0	23,579	365,792	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	20,242	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,171	30,970	383,054	234,438	1,899,619	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		HOUSEKEEPING-P	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING	
		OB I	NW			ADMINISTRATION	
		9.01	9.02	10.00	11.00	13.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	342	0 190.00
190.01	19001	VISITOR MEALS	0	0	0	37,182	0 190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0 190.02
190.03	19003	NON REIMB NW BUILDING	0	2,021	0	0	0 190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0 190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0 190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0 190.06
190.07	19007	NON REIMBURSABLE POB I	473	0	0	0	0 190.07
190.08	19008	MEALS ON WHEELS	0	0	16,933	0	0 190.08
190.09	19009	CATERING	0	0	0	0	0 190.09
190.10	19010	RETAIL PHARMACY	0	0	0	1,130	0 190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	530	0 190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	513	0 190.12
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,831	0	0	0	0 192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	325	0 192.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	75,168	0 201.00
202.00		TOTAL (sum lines 118-201)	7,475	32,991	399,987	349,628	1,899,619 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/21/2016 10:02 am				
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN		
		14.00	15.00	16.00	17.00	17.01		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	NEW CAP REL COSTS-WHSE				1.01		
1.02	00102	NEW CAP REL COSTS-B BLDG				1.02		
1.03	00103	NEW CAP REL COSTS-PFD				1.03		
1.05	00105	NEW CAP REL COSTS-POB I				1.05		
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB				1.06		
1.07	00107	NEW CAP REL COSTS-NW BUILDING				1.07		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00570	ADMINITTING				5.01		
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.02		
5.03	00590	MENTAL HEALTH ADMINISTRATION				5.03		
5.04	00591	ADMINISTRATIVE AND GENERAL				5.04		
7.00	00700	OPERATION OF PLANT				7.00		
7.01	00701	OPERATION OF PLANT- POB I				7.01		
7.02	00702	OPERATION OF PLANT NW				7.02		
8.00	00800	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING				9.00		
9.01	00901	HOUSEKEEPING-POB I				9.01		
9.02	00902	HOUSEKEEPING NW				9.02		
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	219,680			14.00		
15.00	01500	PHARMACY	0	675,641		15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,752	290,951	16.00		
17.00	01700	SOCIAL SERVICE	0	0	6,230	17.00		
17.01	01850	RESEARCH ADMIN	0	0	0	17.01		
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00		
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	23.00		
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	23.01		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	92	25,034	5,973	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	19	6,314	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	14	4,116	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	22	257	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	6	1,351	0	0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	657	15,166	0	0	50.00
51.00	05100	RECOVERY ROOM	0	2	2,987	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	2,831	4,886	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	17,949	0	0	54.00
57.00	05700	CT SCAN	0	1	20,806	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,955	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2	8,527	0	0	59.00
60.00	06000	LABORATORY	0	0	44,214	0	0	60.00
60.01	06001	G.I. LAB	0	3	2,818	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	1,803	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	2,298	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	2,505	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	63	7,395	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	5,256	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,992	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	545	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	8,677	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,363	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	98,808	0	7,782	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	120,872	0	12,466	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	667,130	25,157	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1	1,420	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	59	2,180	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	14	0	0	76.02
76.03	03550	OP PSYCH	0	0	1,110	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	161	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	394	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	339	40,588	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	2,670	9,700	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN	
		14.00	15.00	16.00	17.00	17.01	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)		219,680	675,641	290,951	6,230	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01	19001	VISITOR MEALS	0	0	0	0	0
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0
190.08	19008	MEALS ON WHEELS	0	0	0	0	0
190.09	19009	CATERING	0	0	0	0	0
190.10	19010	RETAIL PHARMACY	0	0	0	0	0
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	0
202.00	TOTAL (sum lines 118-201)		219,680	675,641	290,951	6,230	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES					
	21.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-WHSE						1.01
1.02 00102 NEW CAP REL COSTS-B BLDG						1.02
1.03 00103 NEW CAP REL COSTS-PFD						1.03
1.05 00105 NEW CAP REL COSTS-POB I						1.05
1.06 00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00570 ADMITTING						5.01
5.02 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03 00590 MENTAL HEALTH ADMINISTRATION						5.03
5.04 00591 ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT- POB I						7.01
7.02 00702 OPERATION OF PLANT NW						7.02
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-POB I						9.01
9.02 00902 HOUSEKEEPING NW						9.02
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
17.01 01850 RESEARCH ADMIN						17.01
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	5,000					21.00
23.00 02300 PARAMED PRGM PASTORAL CARE		4,218				23.00
23.01 02301 PARAMED PRGM PHARMACY			9,009			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS				3,707,025		0 30.00
31.00 03100 INTENSIVE CARE UNIT				724,826		0 31.00
32.00 03200 CORONARY CARE UNIT				339,943		0 32.00
40.00 04000 SUBPROVIDER - IPF				28,155		0 40.00
41.00 04100 SUBPROVIDER - IRF				207,295		0 41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM				3,580,298		0 50.00
51.00 05100 RECOVERY ROOM				101,787		0 51.00
53.00 05300 ANESTHESIOLOGY				263,927		0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				1,689,437		0 54.00
57.00 05700 CT SCAN				451,483		0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)				101,102		0 58.00
59.00 05900 CARDIAC CATHETERIZATION				584,074		0 59.00
60.00 06000 LABORATORY				825,285		0 60.00
60.01 06001 G.I. LAB				262,449		0 60.01
60.02 06002 VASCULAR LAB				19,603		0 60.02
60.03 06003 LABORATORY-PATHOLOGY				151,162		0 60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.				92,778		0 63.00
65.00 06500 RESPIRATORY THERAPY				439,798		0 65.00
66.00 06600 PHYSICAL THERAPY				218,246		0 66.00
67.00 06700 OCCUPATIONAL THERAPY				75,611		0 67.00
68.00 06800 SPEECH PATHOLOGY				35,373		0 68.00
69.00 06900 ELECTROCARDIOLOGY				289,387		0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY				138,513		0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				392,071		0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT				541,352		0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				1,211,035		0 73.00
74.00 07400 RENAL DIALYSIS				74,411		0 74.00
76.00 03320 SHOCK THERAPY				0		0 76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY				215,973		0 76.01
76.02 03950 DIABETES CARE CENTER				17,379		0 76.02
76.03 03550 OP PSYCH				35,806		0 76.03
76.04 03020 CARDIAC REHAB				45,116		0 76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY				11,356		0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY				1,689,989		0 91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	21.00	23.00	23.01			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES				965,678	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	19,527,723	0
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				35,131	0	190.00
190.01 19001 VISITOR MEALS				37,182	0	190.01
190.02 19002 NON REIMBURSABLE B BLDG				16,182	0	190.02
190.03 19003 NON REIMB NW BUILDING				49,639	0	190.03
190.04 19004 NON REIMBURSABLE CHIP				141,031	0	190.04
190.05 19005 NON REIMBURSABLE PFD				15,226	0	190.05
190.06 19006 NON REIMBURSABLE HOSPITAL				157,010	0	190.06
190.07 19007 NON REIMBURSABLE POB I				35,490	0	190.07
190.08 19008 MEALS ON WHEELS				16,933	0	190.08
190.09 19009 CATERING				14,915	0	190.09
190.10 19010 RETAIL PHARMACY				173,814	0	190.10
190.11 19011 PUBLIC RELATIONS				46,133	0	190.11
190.12 19012 PHYSICIAN PRACTICE DEVELOPMENT				29,707	0	190.12
191.00 19100 RESEARCH				0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES				445,054	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES GRAHAM				128,149	0	192.01
200.00	Cross Foot Adjustments	5,000	4,218	9,009	18,227	0
201.00	Negative Cost Centers	0	0	0	75,202	0
202.00	TOTAL (sum lines 118-201)	5,000	4,218	9,009	20,962,748	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-WHSE		1.01
1.02	00102 NEW CAP REL COSTS-B BLDG		1.02
1.03	00103 NEW CAP REL COSTS-PFD		1.03
1.05	00105 NEW CAP REL COSTS-POB I		1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570 ADMIN TTING		5.01
5.02	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.02
5.03	00590 MENTAL HEALTH ADMINISTRATION		5.03
5.04	00591 ADMINISTRATIVE AND GENERAL		5.04
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OPERATION OF PLANT- POB I		7.01
7.02	00702 OPERATION OF PLANT NW		7.02
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-POB I		9.01
9.02	00902 HOUSEKEEPING NW		9.02
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
17.01	01850 RESEARCH ADMIN		17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300 PARAMED ED PRGM PASTORAL CARE		23.00
23.01	02301 PARAMED ED PRGM PHARMACY		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	3,707,025	30.00
31.00	03100 INTENSIVE CARE UNIT	724,826	31.00
32.00	03200 CORONARY CARE UNIT	339,943	32.00
40.00	04000 SUBPROVIDER - IPF	28,155	40.00
41.00	04100 SUBPROVIDER - IRF	207,295	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	3,580,298	50.00
51.00	05100 RECOVERY ROOM	101,787	51.00
53.00	05300 ANESTHESIOLOGY	263,927	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,689,437	54.00
57.00	05700 CT SCAN	451,483	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	101,102	58.00
59.00	05900 CARDIAC CATHETERIZATION	584,074	59.00
60.00	06000 LABORATORY	825,285	60.00
60.01	06001 G.I. LAB	262,449	60.01
60.02	06002 VASCULAR LAB	19,603	60.02
60.03	06003 LABORATORY-PATHOLOGY	151,162	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	92,778	63.00
65.00	06500 RESPIRATORY THERAPY	439,798	65.00
66.00	06600 PHYSICAL THERAPY	218,246	66.00
67.00	06700 OCCUPATIONAL THERAPY	75,611	67.00
68.00	06800 SPEECH PATHOLOGY	35,373	68.00
69.00	06900 ELECTROCARDIOLOGY	289,387	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	138,513	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	392,071	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	541,352	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,211,035	73.00
74.00	07400 RENAL DIALYSIS	74,411	74.00
76.00	03320 SHOCK THERAPY	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	215,973	76.01
76.02	03950 DIABETES CARE CENTER	17,379	76.02
76.03	03550 OP PSYCH	35,806	76.03
76.04	03020 CARDIAC REHAB	45,116	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	11,356	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	09100 EMERGENCY	1,689,989	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	965,678	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1-117)	19,527,723	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/21/2016 10:02 am
Cost Center Description		Total		
		26.00		
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,131	190.00
190.01	19001	VISITOR MEALS	37,182	190.01
190.02	19002	NON REIMBURSABLE B BLDG	16,182	190.02
190.03	19003	NON REIMB NW BUILDING	49,639	190.03
190.04	19004	NON REIMBURSABLE CHIP	141,031	190.04
190.05	19005	NON REIMBURSABLE PFD	15,226	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	157,010	190.06
190.07	19007	NON REIMBURSABLE POB I	35,490	190.07
190.08	19008	MEALS ON WHEELS	16,933	190.08
190.09	19009	CATERING	14,915	190.09
190.10	19010	RETAIL PHARMACY	173,814	190.10
190.11	19011	PUBLIC RELATIONS	46,133	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	29,707	190.12
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	445,054	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	128,149	192.01
200.00		Cross Foot Adjustments	18,227	200.00
201.00		Negative Cost Centers	75,202	201.00
202.00		TOTAL (sum lines 118-201)	20,962,748	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	NEW POB I (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.05		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	423,087					1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	19,654				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	0	63,100			1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	0	0	84,340		1.03
1.05	00105	NEW CAP REL COSTS-POB I	0	0	0	0	78,926	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	761	0	3,734	7,807	2,131	4.00
5.01	00570	ADMINISTRATIVE	3,675	0	0	7,694	0	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	180	0	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	540	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	35,306	11,091	6,178	48,935	11,870	5.04
7.00	00700	OPERATION OF PLANT	58,606	1,196	4,122	10,385	6,203	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	4,518	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,921	0	395	391	0	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	88	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000	DIETARY	2,778	7,367	0	366	0	10.00
11.00	01100	CAFETERIA	3,241	0	5,025	1,004	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,149	0	322	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,970	0	0	0	0	14.00
15.00	01500	PHARMACY	2,775	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,362	0	0	0	1,200	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	115,676	0	1,063	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,877	0	615	0	0	31.00
32.00	03200	CORONARY CARE UNIT	6,922	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	1,046	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	6,471	0	0	0	0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	50,000	0	226	0	0	50.00
51.00	05100	RECOVERY ROOM	2,463	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	396	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,665	0	562	0	5,130	54.00
57.00	05700	CT SCAN	1,662	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,030	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,673	0	0	0	0	59.00
60.00	06000	LABORATORY	4,652	0	14,640	0	266	60.00
60.01	06001	G. I. LAB	1,533	0	3,662	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	1,484	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	1,301	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,440	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,157	0	206	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,272	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,803	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,229	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,082	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,700	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,354	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	303	0	0	0	830	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	0	1,438	76.02
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	2,247	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	16,540	0	6,178	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	NEW POB I (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.05		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	843	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	398,884	19,654	58,325	76,582	29,478	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	4,775	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	10,531	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	3,463	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	12,055	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	3,707	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	155	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	357	0	0	1,932	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	45,741	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	4,209,396	5,482	16,292	104,128	721,507	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.949244	0.278925	0.258193	1.234622	9.141563	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS REVENUE)	
	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.06	1.07	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-WHSE					1.01
1.02 00102	NEW CAP REL COSTS-B BLDG					1.02
1.03 00103	NEW CAP REL COSTS-PFD					1.03
1.05 00105	NEW CAP REL COSTS-POB I					1.05
1.06 00106	NEW CAP REL COSTS-GRAHAM MOB	40,600				1.06
1.07 00107	NEW CAP REL COSTS-NW BUILDING	0	52,911			1.07
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			10,741,879		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	20,273	91,124,430	4.00
5.01 00570	ADMITTING	0	1,440	18,354	1,964,745	965,031,094
5.02 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	3,383	0	0
5.03 00590	MENTAL HEALTH ADMINISTRATION	0	0	0	37,773	0
5.04 00591	ADMINISTRATIVE AND GENERAL	1,886	10,547	4,052,412	6,051,108	0
7.00 00700	OPERATION OF PLANT	187	0	95,064	2,252,972	0
7.01 00701	OPERATION OF PLANT- POB I	0	0	475	2,049	0
7.02 00702	OPERATION OF PLANT NW	0	1,221	0	263,319	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	552	318	0	0
9.00 00900	HOUSEKEEPING	0	0	7,998	1,887,138	0
9.01 00901	HOUSEKEEPING-POB I	0	0	0	105,022	0
9.02 00902	HOUSEKEEPING NW	0	755	2,349	247,156	0
10.00 01000	DIETARY	0	0	144,898	0	0
11.00 01100	CAFETERIA	0	1,362	9,693	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	255,848	3,072,679	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	124,346	345,952	0
15.00 01500	PHARMACY	0	0	92,184	3,068,155	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	715	23,460	3,502,675	0
17.00 01700	SOCIAL SERVICE	0	0	0	76,145	0
17.01 01850	RESEARCH ADMIN	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00 02300	PARAMED PRGM PASTORAL CARE	0	0	0	95,005	0
23.01 02301	PARAMED PRGM PHARMACY	0	0	0	197,069	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	142,013	17,220,925	83,169,818
31.00 03100	INTENSIVE CARE UNIT	0	0	181,263	4,624,653	20,978,403
32.00 03200	CORONARY CARE UNIT	0	0	5,559	2,390,748	13,674,576
40.00 04000	SUBPROVIDER - IPF	0	0	5,325	56,737	74,732
41.00 04100	SUBPROVIDER - IRF	0	0	7,904	1,028,826	4,487,956
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	2,072,800	5,310,188	50,386,849
51.00 05100	RECOVERY ROOM	0	0	6,998	658,185	9,922,143
53.00 05300	ANESTHESIOLOGY	0	0	224,553	0	16,231,679
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	4,081	748,848	4,047,314	59,632,299
57.00 05700	CT SCAN	0	2,861	275,854	721,833	69,122,314
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,348	35,625	279,809	13,140,586
59.00 05900	CARDIAC CATHETERIZATION	0	0	409,693	1,000,488	28,327,793
60.00 06000	LABORATORY	0	1,216	232,227	4,670,155	145,304,221
60.01 06001	G.I. LAB	0	0	178,716	672,422	9,363,761
60.02 06002	VASCULAR LAB	0	0	0	254,781	5,990,295
60.03 06003	LABORATORY-PATHOLOGY	0	0	51,240	531,307	7,636,030
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	7,714	491,431	8,320,742
65.00 06500	RESPIRATORY THERAPY	0	3,204	141,562	3,280,160	24,566,676
66.00 06600	PHYSICAL THERAPY	9,056	0	15,099	1,933,985	17,463,402
67.00 06700	OCCUPATIONAL THERAPY	1,105	0	1,306	947,365	6,618,630
68.00 06800	SPEECH PATHOLOGY	1,175	0	109	289,104	1,811,760
69.00 06900	ELECTROCARDIOLOGY	0	0	220,423	608,884	28,825,606
70.00 07000	ELECTROENCEPHALOGRAPHY	0	3,332	42,423	292,032	4,527,277
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	25,854,588
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	41,415,443
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	83,578,321
74.00 07400	RENAL DIALYSIS	0	0	0	0	4,717,314
76.00 03320	SHOCK THERAPY	0	0	0	0	0
76.01 03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	67,148	1,127,889	7,243,091
76.02 03950	DIABETES CARE CENTER	0	0	0	862	46,290
76.03 03550	OP PSYCH	0	0	3,999	497,974	3,686,073
76.04 03020	CARDIAC REHAB	0	0	7,054	149,306	533,910
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	94,240	1,308,608
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	0	17,925	158,834	8,391,001	134,842,858

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS REVENUE)	
	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.06	1.07	2.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				4.00	5.01	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	635,223	5,233,587	32,227,050	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	13,409	50,559	10,730,567	89,975,153	965,031,094
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	66,909	0	190.00
190.01 19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02 19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03 19003 NON REIMB NW BUILDING	0	2,352	0	0	0	190.03
190.04 19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05 19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06 19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07 19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08 19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 19009 CATERING	0	0	8,550	0	0	190.09
190.10 19010 RETAIL PHARMACY	0	0	2,519	508,976	0	190.10
190.11 19011 PUBLIC RELATIONS	0	0	0	226,007	0	190.11
190.12 19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	243	298,483	0	190.12
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	27,191	0	0	48,902	0	192.01
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)	180,461	968,545	10,858,168	3,383,021	2,819,228
203.00	Unit cost multiplier (Wkst. B, Part I)	4.444852	18.305173	1.010826	0.037125	0.002921
204.00	Cost to be allocated (per Wkst. B, Part II)				76,245	105,117
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000837	0.000109

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIENT DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.02	5.03	5A.04	5.04	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	965,031,094					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	1,649				5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	0	0	-41,682,998	199,708,958		5.04
7.00	00700	OPERATION OF PLANT	0	0	0	7,727,039	389,971	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	3,396	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	719,784	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,099,515	4,518	8.00
9.00	00900	HOUSEKEEPING	0	0	0	3,658,737	5,707	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	204,304	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	483,302	0	9.02
10.00	01000	DIETARY	0	0	0	5,115,329	10,511	10.00
11.00	01100	CAFETERIA	0	0	904,188	0	9,270	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	5,826,528	1,149	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	804,184	4,970	14.00
15.00	01500	PHARMACY	0	0	0	4,291,272	2,775	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,132,277	4,362	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	102,931	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	155,199	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	116,248	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	259,672	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	83,169,818	1,581	0	25,249,919	116,739	30.00
31.00	03100	INTENSIVE CARE UNIT	20,978,403	0	0	6,815,556	8,492	31.00
32.00	03200	CORONARY CARE UNIT	13,674,576	0	0	3,382,094	6,922	32.00
40.00	04000	SUBPROVIDER - I PF	74,732	68	0	112,558	1,046	40.00
41.00	04100	SUBPROVIDER - I RF	4,487,956	0	0	1,508,508	6,471	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,386,849	0	0	12,895,672	50,226	50.00
51.00	05100	RECOVERY ROOM	9,922,143	0	0	950,493	2,463	51.00
53.00	05300	ANESTHESIOLOGY	16,231,679	0	0	689,586	396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,632,299	0	0	7,926,292	38,227	54.00
57.00	05700	CT SCAN	69,122,314	0	0	1,827,399	1,662	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,140,586	0	0	547,849	1,030	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,327,793	0	0	2,000,062	6,673	59.00
60.00	06000	LABORATORY	145,304,221	0	0	11,229,093	19,292	60.00
60.01	06001	G.I. LAB	9,363,761	0	0	1,299,499	5,195	60.01
60.02	06002	VASCULAR LAB	5,990,295	0	0	350,612	1,484	60.02
60.03	06003	LABORATORY-PATHOLOGY	7,636,030	0	0	1,321,431	1,301	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,320,742	0	0	2,319,302	1,440	63.00
65.00	06500	RESPIRATORY THERAPY	24,566,676	0	0	5,163,188	2,363	65.00
66.00	06600	PHYSICAL THERAPY	17,463,402	0	0	2,939,836	3,272	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,618,630	0	0	1,218,964	1,803	67.00
68.00	06800	SPEECH PATHOLOGY	1,811,760	0	0	381,208	1,229	68.00
69.00	06900	ELECTROCARDIOLOGY	28,825,606	0	0	1,176,711	3,082	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,527,277	0	0	521,463	1,700	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,854,588	0	0	8,771,058	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	41,415,443	0	0	12,520,062	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,578,321	0	0	15,809,542	0	73.00
74.00	07400	RENAL DIALYSIS	4,717,314	0	0	1,600,311	1,354	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	7,243,091	0	0	1,879,785	303	76.01
76.02	03950	DIABETES CARE CENTER	46,290	0	0	30,942	0	76.02
76.03	03550	OP PSYCH	3,686,073	0	0	729,929	0	76.03
76.04	03020	CARDIAC REHAB	533,910	0	0	233,625	2,247	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,308,608	0	0	323,659	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	134,842,858	0	0	13,188,851	22,718	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIENT DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.02	5.03	5A.04	5.04	7.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	32,227,050	0	0	8,529,501	843	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	965,031,094	1,649	-40,778,810	191,144,277	353,235	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	566,864	1,260	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	1,233	4,775	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	43,054	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	104,775	10,531	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	4,275	3,463	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	119,938	12,055	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	33,888	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	173,733	155	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	5,241,176	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	1,113,411	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	529,244	2,208	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	418,144	2,289	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	214,946	0	192.01
200.00	Cross Foot Adjustments						
201.00	Negative Cost Centers						
202.00	Cost to be allocated (per Wkst. B, Part I)	71,687	1,239		41,682,998	9,339,819	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000074	0.751364		0.208719	23.950035	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,652	171		6,433,612	1,015,939	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000004	0.083081		0.032215	2.605166	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-POB I (SQUARE FEET)	
		7.01	7.02	8.00	9.00	9.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINISTRATIVE					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I	58,722				7.01
7.02	00702	OPERATION OF PLANT NW	0	39,703			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	552	1,973,089		8.00
9.00	00900	HOUSEKEEPING	0	0	0	371,178	9.00
9.01	00901	HOUSEKEEPING-POB I	88	0	0	0	58,634
9.02	00902	HOUSEKEEPING NW	0	755	0	0	0
10.00	01000	DIETARY	0	0	0	10,511	0
11.00	01100	CAFETERIA	0	1,362	0	9,270	0
13.00	01300	NURSING ADMINISTRATION	322	0	0	1,149	322
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	21,933	4,970	0
15.00	01500	PHARMACY	0	0	0	2,775	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,200	715	0	4,362	1,200
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01850	RESEARCH ADMIN	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	977,973	116,739	0
31.00	03100	INTENSIVE CARE UNIT	0	0	117,343	8,492	0
32.00	03200	CORONARY CARE UNIT	0	0	93,775	6,922	0
40.00	04000	SUBPROVIDER - IPF	0	0	265	1,046	0
41.00	04100	SUBPROVIDER - IRF	0	0	68,243	6,471	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	122,640	50,226	0
51.00	05100	RECOVERY ROOM	0	0	968	2,463	0
53.00	05300	ANESTHESIOLOGY	0	0	0	396	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,130	4,081	83,511	38,227	5,130
57.00	05700	CT SCAN	0	2,861	39,740	1,662	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,348	0	1,030	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	21,173	6,673	0
60.00	06000	LABORATORY	266	1,216	0	19,292	266
60.01	06001	G.I. LAB	0	0	22,455	5,195	0
60.02	06002	VASCULAR LAB	0	0	0	1,484	0
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	1,301	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,440	0
65.00	06500	RESPIRATORY THERAPY	0	3,204	0	2,363	0
66.00	06600	PHYSICAL THERAPY	0	0	1,954	3,272	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,803	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,229	0
69.00	06900	ELECTROCARDIOLOGY	0	0	1,072	3,082	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,332	599	1,700	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	1,791	1,354	0
76.00	03320	SHOCK THERAPY	0	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	830	0	2,316	303	830
76.02	03950	DIABETES CARE CENTER	1,438	0	0	0	1,438
76.03	03550	OP PSYCH	0	0	0	0	0
76.04	03020	CARDIAC REHAB	0	0	0	2,247	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	17,925	358,692	22,718	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	36,646	843	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-POB I (SQUARE FEET)	
		7.01	7.02	8.00	9.00	9.01	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,274	37,351	1,973,089	343,010	9,186	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,260	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	4,775	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	2,352	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	10,531	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	3,463	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	3,487	0	190.06
190.07	19007 NON REIMBURSABLE POB I	3,707	0	0	0	3,707	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	155	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	45,741	0	0	2,289	45,741	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	4,105	870,017	1,449,307	4,559,068	246,952	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.069906	21.913130	0.734537	12.282700	4.211754	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	591	53,627	103,313	191,944	7,475	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.010064	1.350704	0.052361	0.517121	0.127486	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
		9.02	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
2.00	00200						2.00
4.00	00400						4.00
5.01	00570						5.01
5.02	00580						5.02
5.03	00590						5.03
5.04	00591						5.04
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
10.00	01000	38,396	0	558,682			10.00
11.00	01100	1,362	346,622	291,027			11.00
13.00	01300	0	0	8,800	1,489,742		13.00
14.00	01400	0	0	1,778	0	22,530,192	14.00
15.00	01500	0	0	6,514	0	0	15.00
16.00	01600	715	0	11,286	0	0	16.00
17.00	01700	0	0	254	0	0	17.00
17.01	01850	0	0	0	0	0	17.01
21.00	02100	0	0	0	0	0	21.00
23.00	02300	0	0	417	0	0	23.00
23.01	02301	0	0	508	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	144,087	63,776	725,742	0	30.00
31.00	03100	0	18,658	11,703	134,218	0	31.00
32.00	03200	0	14,231	7,167	82,206	0	32.00
40.00	04000	0	194	163	1,922	0	40.00
41.00	04100	0	11,239	3,302	37,840	0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	14,969	153,679	0	50.00
51.00	05100	0	0	1,742	20,030	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	4,081	0	11,122	0	0	54.00
57.00	05700	2,861	0	2,177	0	0	57.00
58.00	05800	1,348	0	689	0	0	58.00
59.00	05900	0	0	2,395	0	0	59.00
60.00	06000	1,216	0	17,545	0	0	60.00
60.01	06001	0	0	2,014	0	0	60.01
60.02	06002	0	0	635	0	0	60.02
60.03	06003	0	0	2,014	0	0	60.03
63.00	06300	0	0	1,633	0	0	63.00
65.00	06500	3,204	0	9,471	0	0	65.00
66.00	06600	0	0	6,332	0	0	66.00
67.00	06700	0	0	3,193	0	0	67.00
68.00	06800	0	0	744	0	0	68.00
69.00	06900	0	0	2,087	0	0	69.00
70.00	07000	3,332	0	1,016	0	0	70.00
71.00	07100	0	0	0	0	10,134,170	71.00
72.00	07200	0	0	0	0	12,396,022	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03320	0	0	0	0	0	76.00
76.01	03480	0	0	4,137	47,239	0	76.01
76.02	03950	0	0	0	0	0	76.02
76.03	03550	0	0	1,814	0	0	76.03
76.04	03020	0	0	399	0	0	76.04
76.98	07698	0	0	327	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	17,925	0	25,002	286,866	0	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)		
		9.02	10.00	11.00	13.00	14.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	21,464	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		36,044	535,031	248,589	1,489,742	22,530,192	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	363	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	39,426	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	2,352	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	23,651	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	1,198	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	562	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	544	0	0	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	345	0	0	192.01
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)	600,720	6,563,837	3,555,233	7,193,148	1,189,940	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.645380	11.748789	12.216162	4.828452	0.052815	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	32,991	399,987	349,628	1,899,619	219,680	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.859230	0.715948	0.943074	1.275133	0.009750	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	RESEARCH ADMIN (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
	15.00	16.00	17.00	17.01	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-WHSE						1.01
1.02 00102 NEW CAP REL COSTS-B BLDG						1.02
1.03 00103 NEW CAP REL COSTS-PFD						1.03
1.05 00105 NEW CAP REL COSTS-POB I						1.05
1.06 00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00570 ADMITTING						5.01
5.02 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03 00590 MENTAL HEALTH ADMINISTRATION						5.03
5.04 00591 ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT- POB I						7.01
7.02 00702 OPERATION OF PLANT NW						7.02
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-POB I						9.01
9.02 00902 HOUSEKEEPING NW						9.02
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	15,757,768					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	40,871	965,031,094				16.00
17.00 01700 SOCIAL SERVICE	0	0	10,000			17.00
17.01 01850 RESEARCH ADMIN	0	0	0	0		17.01
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	100	21.00
23.00 02300 PARAMED ED PRGM PASTORAL CARE	0	0	0	0		23.00
23.01 02301 PARAMED ED PRGM PHARMACY	0	0	0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	2,139	83,169,818	9,588	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	447	20,978,403	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	337	13,674,576	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	1	74,732	412	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	136	4,487,956	0	0	0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	15,334	50,386,849	0	0	100	50.00
51.00 05100 RECOVERY ROOM	58	9,922,143	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	66,016	16,231,679	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	9	59,632,299	0	0	0	54.00
57.00 05700 CT SCAN	18	69,122,314	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,140,586	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	53	28,327,793	0	0	0	59.00
60.00 06000 LABORATORY	0	145,304,221	0	0	0	60.00
60.01 06001 G.I. LAB	70	9,363,761	0	0	0	60.01
60.02 06002 VASCULAR LAB	0	5,990,295	0	0	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	7,636,030	0	0	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	8,320,742	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	1,470	24,566,676	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	17,463,402	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	6,618,630	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,811,760	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	28,825,606	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	4,527,277	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,854,588	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	41,415,443	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	15,559,225	83,578,321	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	24	4,717,314	0	0	0	74.00
76.00 03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	1,385	7,243,091	0	0	0	76.01
76.02 03950 DIABETES CARE CENTER	0	46,290	0	0	0	76.02
76.03 03550 OP PSYCH	0	3,686,073	0	0	0	76.03
76.04 03020 CARDIAC REHAB	0	533,910	0	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	1,308,608	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	7,915	134,842,858	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	RESEARCH ADMIN (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR & FRINGES (ASSIGNED TIME)	
	15.00	16.00	17.00	17.01	21.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	62,260	32,227,050	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	15,757,768	965,031,094	10,000	0	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02 19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03 19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04 19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05 19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06 19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07 19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08 19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 19009 CATERING	0	0	0	0	0	190.09
190.10 19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11 19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12 19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	5,367,063	6,545,313	127,518	0	187,592	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.340598	0.006782	12.751800	0.000000	1,875.920000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	675,641	290,951	6,230	0	5,000	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.042877	0.000301	0.623000	0.000000	50.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		PARAMED PRGM PASTORAL CARE (PATIENT DAYS)	PARAMED PRGM PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-WHSE		1.01
1.02	00102	NEW CAP REL COSTS-B BLDG		1.02
1.03	00103	NEW CAP REL COSTS-PFD		1.03
1.05	00105	NEW CAP REL COSTS-POB I		1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570	ADMITTING		5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION		5.03
5.04	00591	ADMINISTRATIVE AND GENERAL		5.04
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT- POB I		7.01
7.02	00702	OPERATION OF PLANT NW		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING-POB I		9.01
9.02	00902	HOUSEKEEPING NW		9.02
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
17.01	01850	RESEARCH ADMIN		17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	65,880	23.00
23.01	02301	PARAMED PRGM PHARMACY		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	50,382	30.00
31.00	03100	INTENSIVE CARE UNIT	6,524	31.00
32.00	03200	CORONARY CARE UNIT	4,976	32.00
40.00	04000	SUBPROVIDER - IPF	68	40.00
41.00	04100	SUBPROVIDER - IRF	3,930	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	G.I. LAB	0	60.01
60.02	06002	VASCULAR LAB	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03320	SHOCK THERAPY	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	76.01
76.02	03950	DIABETES CARE CENTER	0	76.02
76.03	03550	OP PSYCH	0	76.03
76.04	03020	CARDIAC REHAB	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		PARAMED ED PRGM PASTORAL CARE (PATIENT DAYS)	PARAMED ED PRGM PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1-117)	65,880	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	190.08
190.09	19009 CATERING	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	190.12
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	192.01
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)	145,605	320,076	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.210155	3,200.760000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,218	9,009	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.064026	90.090000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/21/2016 10:02 am	
			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		42,242,689	0	42,242,689	30.00
31.00	03100 INTENSIVE CARE UNIT		9,799,061	0	9,799,061	31.00
32.00	03200 CORONARY CARE UNIT		5,163,217	0	5,163,217	32.00
40.00	04000 SUBPROVIDER - I PF		193,607	0	193,607	40.00
41.00	04100 SUBPROVIDER - I RF		2,502,212	0	2,502,212	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		18,768,996	0	18,768,996	50.00
51.00	05100 RECOVERY ROOM		1,424,138	0	1,424,138	51.00
53.00	05300 ANESTHESIOLOGY		980,432	0	980,432	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,742,609	0	11,742,609	54.00
57.00	05700 CT SCAN		2,901,065	0	2,901,065	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		847,680	0	847,680	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,896,241	0	2,896,241	59.00
60.00	06000 LABORATORY		15,518,887	0	15,518,887	60.00
60.01	06001 G. I. LAB		1,863,584	0	1,863,584	60.01
60.02	06002 VASCULAR LAB		525,944	0	525,944	60.02
60.03	06003 LABORATORY-PATHOLOGY		1,720,769	0	1,720,769	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		2,931,939	0	2,931,939	63.00
65.00	06500 RESPIRATORY THERAPY	0	6,729,610	0	6,729,610	65.00
66.00	06600 PHYSICAL THERAPY	0	3,869,215	0	3,869,215	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,622,607	0	1,622,607	67.00
68.00	06800 SPEECH PATHOLOGY	0	526,679	0	526,679	68.00
69.00	06900 ELECTROCARDIOLOGY		1,755,759	0	1,755,759	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		860,599	0	860,599	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,312,326	0	11,312,326	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		16,068,821	0	16,068,821	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		25,295,636	0	25,295,636	73.00
74.00	07400 RENAL DIALYSIS		2,016,702	0	2,016,702	74.00
76.00	03320 SHOCK THERAPY		0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY		2,616,590	0	2,616,590	76.01
76.02	03950 DIABETES CARE CENTER		43,872	0	43,872	76.02
76.03	03550 OP PSYCH		929,438	0	929,438	76.03
76.04	03020 CARDIAC REHAB		372,297	0	372,297	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY		404,083	0	404,083	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY		20,309,207	0	20,309,207	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,648,764	0	1,648,764	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		10,869,210	0	10,869,210	95.00
200.00	Subtotal (see instructions)	0	229,274,485	0	229,274,485	200.00
201.00	Less Observation Beds		1,648,764	0	1,648,764	201.00
202.00	Total (see instructions)	0	227,625,721	0	227,625,721	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/21/2016 10:02 am	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	79,505,285		79,505,285			30.00
31.00	03100	INTENSIVE CARE UNIT	20,978,403		20,978,403			31.00
32.00	03200	CORONARY CARE UNIT	13,674,576		13,674,576			32.00
40.00	04000	SUBPROVIDER - I PF	74,732		74,732			40.00
41.00	04100	SUBPROVIDER - I RF	4,487,956		4,487,956			41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	27,302,661	23,084,188	50,386,849	0.372498	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,194,248	6,727,895	9,922,143	0.143531	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	8,291,922	7,939,757	16,231,679	0.060402	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,854,721	40,777,578	59,632,299	0.196917	0.000000	54.00
57.00	05700	CT SCAN	20,695,295	48,427,019	69,122,314	0.041970	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,351,414	7,789,172	13,140,586	0.064509	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,140,773	13,187,020	28,327,793	0.102240	0.000000	59.00
60.00	06000	LABORATORY	55,529,102	89,775,118	145,304,220	0.106803	0.000000	60.00
60.01	06001	G.I. LAB	3,505,594	5,858,166	9,363,760	0.199021	0.000000	60.01
60.02	06002	VASCULAR LAB	3,367,236	2,623,058	5,990,294	0.087799	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,615,248	6,020,782	7,636,030	0.225349	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,175,617	1,145,125	8,320,742	0.352365	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	20,252,297	4,314,379	24,566,676	0.273932	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,728,360	9,735,042	17,463,402	0.221561	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,635,133	983,498	6,618,631	0.245157	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,543,733	268,027	1,811,760	0.290700	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,020,790	12,804,816	28,825,606	0.060910	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	864,909	3,662,367	4,527,276	0.190092	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,013,170	11,841,419	25,854,589	0.437536	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,642,708	18,772,736	41,415,444	0.387991	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,715,087	38,863,234	83,578,321	0.302658	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,439,151	278,162	4,717,313	0.427511	0.000000	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0.000000	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	84,569	7,158,521	7,243,090	0.361253	0.000000	76.01
76.02	03950	DIABETES CARE CENTER	0	46,290	46,290	0.947764	0.000000	76.02
76.03	03550	OP PSYCH	7,783	3,678,290	3,686,073	0.252149	0.000000	76.03
76.04	03020	CARDIAC REHAB	0	533,910	533,910	0.697303	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	25,897	1,282,711	1,308,608	0.308788	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	20,242,150	114,600,707	134,842,857	0.150614	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	445,279	3,219,254	3,664,533	0.449925	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	120,151	32,106,899	32,227,050	0.337270	0.000000	95.00
200.00		Subtotal (see instructions)	447,525,950	517,505,140	965,031,090			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	447,525,950	517,505,140	965,031,090			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/21/2016 10:02 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.372498		50.00
51.00	05100 RECOVERY ROOM	0.143531		51.00
53.00	05300 ANESTHESIOLOGY	0.060402		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.196917		54.00
57.00	05700 CT SCAN	0.041970		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.064509		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.102240		59.00
60.00	06000 LABORATORY	0.106803		60.00
60.01	06001 G.I. LAB	0.199021		60.01
60.02	06002 VASCULAR LAB	0.087799		60.02
60.03	06003 LABORATORY-PATHOLOGY	0.225349		60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.352365		63.00
65.00	06500 RESPIRATORY THERAPY	0.273932		65.00
66.00	06600 PHYSICAL THERAPY	0.221561		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.245157		67.00
68.00	06800 SPEECH PATHOLOGY	0.290700		68.00
69.00	06900 ELECTROCARDIOLOGY	0.060910		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.190092		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.437536		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.387991		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.302658		73.00
74.00	07400 RENAL DIALYSIS	0.427511		74.00
76.00	03320 SHOCK THERAPY	0.000000		76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.361253		76.01
76.02	03950 DIABETES CARE CENTER	0.947764		76.02
76.03	03550 OP PSYCH	0.252149		76.03
76.04	03020 CARDIAC REHAB	0.697303		76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.308788		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.150614		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.449925		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.337270		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/21/2016 10:02 am
		Title XIX	Hospital	Cost

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		42,242,689	0	42,242,689	30.00
31.00	03100 INTENSIVE CARE UNIT		9,799,061	0	9,799,061	31.00
32.00	03200 CORONARY CARE UNIT		5,163,217	0	5,163,217	32.00
40.00	04000 SUBPROVIDER - I PF		193,607	0	193,607	40.00
41.00	04100 SUBPROVIDER - I RF		2,502,212	0	2,502,212	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		18,768,996	0	18,768,996	50.00
51.00	05100 RECOVERY ROOM		1,424,138	0	1,424,138	51.00
53.00	05300 ANESTHESIOLOGY		980,432	0	980,432	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,742,609	0	11,742,609	54.00
57.00	05700 CT SCAN		2,901,065	0	2,901,065	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		847,680	0	847,680	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,896,241	0	2,896,241	59.00
60.00	06000 LABORATORY		15,518,887	0	15,518,887	60.00
60.01	06001 G. I. LAB		1,863,584	0	1,863,584	60.01
60.02	06002 VASCULAR LAB		525,944	0	525,944	60.02
60.03	06003 LABORATORY-PATHOLOGY		1,720,769	0	1,720,769	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		2,931,939	0	2,931,939	63.00
65.00	06500 RESPIRATORY THERAPY	0	6,729,610	0	6,729,610	65.00
66.00	06600 PHYSICAL THERAPY	0	3,869,215	0	3,869,215	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,622,607	0	1,622,607	67.00
68.00	06800 SPEECH PATHOLOGY	0	526,679	0	526,679	68.00
69.00	06900 ELECTROCARDIOLOGY		1,755,759	0	1,755,759	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		860,599	0	860,599	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,312,326	0	11,312,326	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		16,068,821	0	16,068,821	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		25,295,636	0	25,295,636	73.00
74.00	07400 RENAL DIALYSIS		2,016,702	0	2,016,702	74.00
76.00	03320 SHOCK THERAPY		0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY		2,616,590	0	2,616,590	76.01
76.02	03950 DIABETES CARE CENTER		43,872	0	43,872	76.02
76.03	03550 OP PSYCH		929,438	0	929,438	76.03
76.04	03020 CARDIAC REHAB		372,297	0	372,297	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY		404,083	0	404,083	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY		20,309,207	0	20,309,207	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,648,764	0	1,648,764	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		10,869,210	0	10,869,210	95.00
200.00	Subtotal (see instructions)	0	229,274,485	0	229,274,485	200.00
201.00	Less Observation Beds		1,648,764	0	1,648,764	201.00
202.00	Total (see instructions)	0	227,625,721	0	227,625,721	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/21/2016 10:02 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	79,505,285		79,505,285			30.00
31.00	03100	INTENSIVE CARE UNIT	20,978,403		20,978,403			31.00
32.00	03200	CORONARY CARE UNIT	13,674,576		13,674,576			32.00
40.00	04000	SUBPROVIDER - I/PF	74,732		74,732			40.00
41.00	04100	SUBPROVIDER - I/RF	4,487,956		4,487,956			41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	27,302,661	23,084,188	50,386,849	0.372498	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,194,248	6,727,895	9,922,143	0.143531	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	8,291,922	7,939,757	16,231,679	0.060402	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,854,721	40,777,578	59,632,299	0.196917	0.000000	54.00
57.00	05700	CT SCAN	20,695,295	48,427,019	69,122,314	0.041970	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,351,414	7,789,172	13,140,586	0.064509	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,140,773	13,187,020	28,327,793	0.102240	0.000000	59.00
60.00	06000	LABORATORY	55,529,102	89,775,118	145,304,220	0.106803	0.000000	60.00
60.01	06001	G.I. LAB	3,505,594	5,858,166	9,363,760	0.199021	0.000000	60.01
60.02	06002	VASCULAR LAB	3,367,236	2,623,058	5,990,294	0.087799	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,615,248	6,020,782	7,636,030	0.225349	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,175,617	1,145,125	8,320,742	0.352365	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	20,252,297	4,314,379	24,566,676	0.273932	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,728,360	9,735,042	17,463,402	0.221561	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,635,133	983,498	6,618,631	0.245157	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,543,733	268,027	1,811,760	0.290700	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,020,790	12,804,816	28,825,606	0.060910	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	864,909	3,662,367	4,527,276	0.190092	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,013,170	11,841,419	25,854,589	0.437536	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,642,708	18,772,736	41,415,444	0.387991	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,715,087	38,863,234	83,578,321	0.302658	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,439,151	278,162	4,717,313	0.427511	0.000000	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0.000000	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	84,569	7,158,521	7,243,090	0.361253	0.000000	76.01
76.02	03950	DIABETES CARE CENTER	0	46,290	46,290	0.947764	0.000000	76.02
76.03	03550	OP PSYCH	7,783	3,678,290	3,686,073	0.252149	0.000000	76.03
76.04	03020	CARDIAC REHAB	0	533,910	533,910	0.697303	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	25,897	1,282,711	1,308,608	0.308788	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	20,242,150	114,600,707	134,842,857	0.150614	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	445,279	3,219,254	3,664,533	0.449925	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	120,151	32,106,899	32,227,050	0.337270	0.000000	95.00
200.00		Subtotal (see instructions)	447,525,950	517,505,140	965,031,090			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	447,525,950	517,505,140	965,031,090			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/21/2016 10:02 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 G. I. LAB	0.000000		60.01
60.02	06002 VASCULAR LAB	0.000000		60.02
60.03	06003 LABORATORY-PATHOLOGY	0.000000		60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03320 SHOCK THERAPY	0.000000		76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000		76.01
76.02	03950 DIABETES CARE CENTER	0.000000		76.02
76.03	03550 OP PSYCH	0.000000		76.03
76.04	03020 CARDIAC REHAB	0.000000		76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part II Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description		Title XIX Hospital Cost				
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
		1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	18,768,996	3,580,298	15,188,698	0	0
51.00	05100 RECOVERY ROOM	1,424,138	101,787	1,322,351	0	0
53.00	05300 ANESTHESIOLOGY	980,432	263,927	716,505	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,742,609	1,689,437	10,053,172	0	0
57.00	05700 CT SCAN	2,901,065	451,483	2,449,582	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	847,680	101,102	746,578	0	0
59.00	05900 CARDIAC CATHETERIZATION	2,896,241	584,074	2,312,167	0	0
60.00	06000 LABORATORY	15,518,887	825,285	14,693,602	0	0
60.01	06001 G.I. LAB	1,863,584	262,449	1,601,135	0	0
60.02	06002 VASCULAR LAB	525,944	19,603	506,341	0	0
60.03	06003 LABORATORY-PATHOLOGY	1,720,769	151,162	1,569,607	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,931,939	92,778	2,839,161	0	0
65.00	06500 RESPIRATORY THERAPY	6,729,610	439,798	6,289,812	0	0
66.00	06600 PHYSICAL THERAPY	3,869,215	218,246	3,650,969	0	0
67.00	06700 OCCUPATIONAL THERAPY	1,622,607	75,611	1,546,996	0	0
68.00	06800 SPEECH PATHOLOGY	526,679	35,373	491,306	0	0
69.00	06900 ELECTROCARDIOLOGY	1,755,759	289,387	1,466,372	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	860,599	138,513	722,086	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,312,326	392,071	10,920,255	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	16,068,821	541,352	15,527,469	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	25,295,636	1,211,035	24,084,601	0	0
74.00	07400 RENAL DIALYSIS	2,016,702	74,411	1,942,291	0	0
76.00	03320 SHOCK THERAPY	0	0	0	0	0
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	2,616,590	215,973	2,400,617	0	0
76.02	03950 DIABETES CARE CENTER	43,872	17,379	26,493	0	0
76.03	03550 OP PSYCH	929,438	35,806	893,632	0	0
76.04	03020 CARDIAC REHAB	372,297	45,116	327,181	0	0
76.98	07698 HYPERBARIC OXYGEN THERAPY	404,083	11,356	392,727	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY	20,309,207	1,689,989	18,619,218	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,648,764	144,687	1,504,077	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	10,869,210	965,678	9,903,532	0	0
200.00	Subtotal (sum of lines 50 thru 199)	169,373,699	14,665,166	154,708,533	0	0
201.00	Less Observation Beds	1,648,764	144,687	1,504,077	0	0
202.00	Total (line 200 minus line 201)	167,724,935	14,520,479	153,204,456	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part II Date/Time Prepared: 5/21/2016 10:02 am
		Title XIX		Hospital
				Cost

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	18,768,996	50,386,849	0.372498	50.00
51.00 05100 RECOVERY ROOM	1,424,138	9,922,143	0.143531	51.00
53.00 05300 ANESTHESIOLOGY	980,432	16,231,679	0.060402	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	11,742,609	59,632,299	0.196917	54.00
57.00 05700 CT SCAN	2,901,065	69,122,314	0.041970	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	847,680	13,140,586	0.064509	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,896,241	28,327,793	0.102240	59.00
60.00 06000 LABORATORY	15,518,887	145,304,220	0.106803	60.00
60.01 06001 G.I. LAB	1,863,584	9,363,760	0.199021	60.01
60.02 06002 VASCULAR LAB	525,944	5,990,294	0.087799	60.02
60.03 06003 LABORATORY-PATHOLOGY	1,720,769	7,636,030	0.225349	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,931,939	8,320,742	0.352365	63.00
65.00 06500 RESPIRATORY THERAPY	6,729,610	24,566,676	0.273932	65.00
66.00 06600 PHYSICAL THERAPY	3,869,215	17,463,402	0.221561	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,622,607	6,618,631	0.245157	67.00
68.00 06800 SPEECH PATHOLOGY	526,679	1,811,760	0.290700	68.00
69.00 06900 ELECTROCARDIOLOGY	1,755,759	28,825,606	0.060910	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	860,599	4,527,276	0.190092	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,312,326	25,854,589	0.437536	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	16,068,821	41,415,444	0.387991	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	25,295,636	83,578,321	0.302658	73.00
74.00 07400 RENAL DIALYSIS	2,016,702	4,717,313	0.427511	74.00
76.00 03320 SHOCK THERAPY	0	0	0.000000	76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	2,616,590	7,243,090	0.361253	76.01
76.02 03950 DIABETES CARE CENTER	43,872	46,290	0.947764	76.02
76.03 03550 OP PSYCH	929,438	3,686,073	0.252149	76.03
76.04 03020 CARDIAC REHAB	372,297	533,910	0.697303	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	404,083	1,308,608	0.308788	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	20,309,207	134,842,857	0.150614	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,648,764	3,664,533	0.449925	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	10,869,210	32,227,050	0.337270	95.00
200.00	Subtotal (sum of lines 50 thru 199)	169,373,699	846,310,138	200.00
201.00	Less Observation Beds	1,648,764	0	201.00
202.00	Total (line 200 minus line 201)	167,724,935	846,310,138	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/21/2016 10:02 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS 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	3,707,025	0	3,707,025	51,959	71.35	30.00
31.00	INTENSIVE CARE UNIT	724,826		724,826	6,524	111.10	31.00
32.00	CORONARY CARE UNIT	339,943		339,943	4,976	68.32	32.00
40.00	SUBPROVIDER - IPF	28,155	0	28,155	68	414.04	40.00
41.00	SUBPROVIDER - IRF	207,295	0	207,295	3,930	52.75	41.00
200.00	Total (lines 30-199)	5,007,244		5,007,244	67,457		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	21,157	1,509,552				
31.00	INTENSIVE CARE UNIT	3,183	353,631				
32.00	CORONARY CARE UNIT	2,580	176,266				
40.00	SUBPROVIDER - IPF	28	11,593				
41.00	SUBPROVIDER - IRF	2,028	106,977				
200.00	Total (lines 30-199)	28,976	2,158,019				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,580,298	50,386,849	0.071056	14,334,052	1,018,520	50.00
51.00	05100	RECOVERY ROOM	101,787	9,922,143	0.010259	1,188,107	12,189	51.00
53.00	05300	ANESTHESIOLOGY	263,927	16,231,679	0.016260	4,450,021	72,357	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,689,437	59,632,299	0.028331	6,207,401	175,862	54.00
57.00	05700	CT SCAN	451,483	69,122,314	0.006532	8,010,824	52,327	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	101,102	13,140,586	0.007694	1,875,143	14,427	58.00
59.00	05900	CARDIAC CATHETERIZATION	584,074	28,327,793	0.020618	3,919,651	80,815	59.00
60.00	06000	LABORATORY	825,285	145,304,220	0.005680	25,490,839	144,788	60.00
60.01	06001	G.I. LAB	262,449	9,363,760	0.028028	1,090,605	30,567	60.01
60.02	06002	VASCULAR LAB	19,603	5,990,294	0.003272	1,609,667	5,267	60.02
60.03	06003	LABORATORY-PATHOLOGY	151,162	7,636,030	0.019796	758,162	15,009	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	92,778	8,320,742	0.011150	2,855,631	31,840	63.00
65.00	06500	RESPIRATORY THERAPY	439,798	24,566,676	0.017902	9,363,475	167,625	65.00
66.00	06600	PHYSICAL THERAPY	218,246	17,463,402	0.012497	2,491,877	31,141	66.00
67.00	06700	OCCUPATIONAL THERAPY	75,611	6,618,631	0.011424	1,743,517	19,918	67.00
68.00	06800	SPEECH PATHOLOGY	35,373	1,811,760	0.019524	471,964	9,215	68.00
69.00	06900	ELECTROCARDIOLOGY	289,387	28,825,606	0.010039	7,497,397	75,266	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,513	4,527,276	0.030595	415,142	12,701	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	392,071	25,854,589	0.015164	8,109,770	122,977	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	541,352	41,415,444	0.013071	9,960,550	130,194	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,211,035	83,578,321	0.014490	23,696,633	343,364	73.00
74.00	07400	RENAL DIALYSIS	74,411	4,717,313	0.015774	2,815,779	44,416	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	215,973	7,243,090	0.029818	4,430	132	76.01
76.02	03950	DIABETES CARE CENTER	17,379	46,290	0.375437	0	0	76.02
76.03	03550	OP PSYCH	35,806	3,686,073	0.009714	6,421	62	76.03
76.04	03020	CARDIAC REHAB	45,116	533,910	0.084501	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,356	1,308,608	0.008678	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	1,689,989	134,842,857	0.012533	6,475,197	81,154	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	144,687	3,664,533	0.039483	178,010	7,028	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	13,699,488	814,083,088		145,020,265	2,699,161	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description	Title XVIII					Hospital	
	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)	PPS	
	1.00	2.00	3.00	4.00	5.00		

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	111,352	0	0	111,352	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,419	0	0	14,419	31.00
32.00	03200	CORONARY CARE UNIT	0	10,998	0	0	10,998	32.00
40.00	04000	SUBPROVIDER - IPF	0	150	0	0	150	40.00
41.00	04100	SUBPROVIDER - IRF	0	8,686	0	0	8,686	41.00
200.00		Total (lines 30-199)	0	145,605	0	0	145,605	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,959	2.14	21,157	45,276	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,524	2.21	3,183	7,034	0	31.00
32.00	03200	CORONARY CARE UNIT	4,976	2.21	2,580	5,702	0	32.00
40.00	04000	SUBPROVIDER - IPF	68	2.21	28	62	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,930	2.21	2,028	4,482	0	41.00
200.00		Total (lines 30-199)	67,457		28,976	62,556	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
32.00	03200	CORONARY CARE UNIT	0	0			32.00
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
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	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	320,076	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	4,346	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	324,422	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	50,386,849	0.000000	0.000000	14,334,052	50.00
51.00	05100	RECOVERY ROOM	0	9,922,143	0.000000	0.000000	1,188,107	51.00
53.00	05300	ANESTHESIOLOGY	0	16,231,679	0.000000	0.000000	4,450,021	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	59,632,299	0.000000	0.000000	6,207,401	54.00
57.00	05700	CT SCAN	0	69,122,314	0.000000	0.000000	8,010,824	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,140,586	0.000000	0.000000	1,875,143	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	28,327,793	0.000000	0.000000	3,919,651	59.00
60.00	06000	LABORATORY	0	145,304,220	0.000000	0.000000	25,490,839	60.00
60.01	06001	G.I. LAB	0	9,363,760	0.000000	0.000000	1,090,605	60.01
60.02	06002	VASCULAR LAB	0	5,990,294	0.000000	0.000000	1,609,667	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	7,636,030	0.000000	0.000000	758,162	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,320,742	0.000000	0.000000	2,855,631	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,566,676	0.000000	0.000000	9,363,475	65.00
66.00	06600	PHYSICAL THERAPY	0	17,463,402	0.000000	0.000000	2,491,877	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,618,631	0.000000	0.000000	1,743,517	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,811,760	0.000000	0.000000	471,964	68.00
69.00	06900	ELECTROCARDIOLOGY	0	28,825,606	0.000000	0.000000	7,497,397	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,527,276	0.000000	0.000000	415,142	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,854,589	0.000000	0.000000	8,109,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	41,415,444	0.000000	0.000000	9,960,550	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	320,076	83,578,321	0.003830	0.003830	23,696,633	73.00
74.00	07400	RENAL DIALYSIS	0	4,717,313	0.000000	0.000000	2,815,779	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	7,243,090	0.000000	0.000000	4,430	76.01
76.02	03950	DIABETES CARE CENTER	0	46,290	0.000000	0.000000	0	76.02
76.03	03550	OP PSYCH	0	3,686,073	0.000000	0.000000	6,421	76.03
76.04	03020	CARDIAC REHAB	0	533,910	0.000000	0.000000	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,308,608	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	134,842,857	0.000000	0.000000	6,475,197	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,346	3,664,533	0.001186	0.001186	178,010	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	324,422	814,083,088			145,020,265	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	21.00	22.00	
50.00	05000 OPERATING ROOM	0	9,954,716	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	1,879,289	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	3,033,288	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	9,120,768	0	0	0	54.00
57.00	05700 CT SCAN	0	10,520,107	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,027,966	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,790,031	0	0	0	59.00
60.00	06000 LABORATORY	0	6,758,844	0	0	0	60.00
60.01	06001 G.I. LAB	0	1,293,845	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	900,694	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	1,074,334	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	182,946	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,482,874	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	2,211	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	991	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,773,658	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,098,696	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,655,687	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,591,684	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	90,758	18,093,108	69,297	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	707,063	0	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03550 OP PSYCH	0	1,829,289	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0	238,952	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	532,847	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	10,762,354	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	211	604,349	717	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	90,969	99,910,591	70,014	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 G. I. LAB	0	0	60.01
60.02 06002 VASCULAR LAB	0	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03320 SHOCK THERAPY	0	0	76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	76.01
76.02 03950 DIABETES CARE CENTER	0	0	76.02
76.03 03550 OP PSYCH	0	0	76.03
76.04 03020 CARDIAC REHAB	0	0	76.04
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/21/2016 10:02 am			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.372498	9,954,716	0	0	3,708,112	50.00
51.00	05100 RECOVERY ROOM	0.143531	1,879,289	0	0	269,736	51.00
53.00	05300 ANESTHESIOLOGY	0.060402	3,033,288	0	0	183,217	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.196917	9,120,768	0	0	1,796,034	54.00
57.00	05700 CT SCAN	0.041970	10,520,107	0	0	441,529	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.064509	2,027,966	0	0	130,822	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.102240	2,790,031	0	0	285,253	59.00
60.00	06000 LABORATORY	0.106803	6,758,844	0	2,246	721,865	60.00
60.01	06001 G.I. LAB	0.199021	1,293,845	0	0	257,502	60.01
60.02	06002 VASCULAR LAB	0.087799	900,694	0	0	79,080	60.02
60.03	06003 LABORATORY-PATHOLOGY	0.225349	1,074,334	0	0	242,100	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.352365	182,946	0	0	64,464	63.00
65.00	06500 RESPIRATORY THERAPY	0.273932	1,482,874	0	0	406,207	65.00
66.00	06600 PHYSICAL THERAPY	0.221561	2,211	0	0	490	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.245157	991	0	0	243	67.00
68.00	06800 SPEECH PATHOLOGY	0.290700	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.060910	3,773,658	0	0	229,854	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.190092	1,098,696	0	0	208,853	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.437536	3,655,687	0	0	1,599,495	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.387991	7,591,684	0	0	2,945,505	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.302658	18,093,108	0	56,320	5,476,024	73.00
74.00	07400 RENAL DIALYSIS	0.427511	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0.000000	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.361253	707,063	0	0	255,429	76.01
76.02	03950 DIABETES CARE CENTER	0.947764	0	0	0	0	76.02
76.03	03550 OP PSYCH	0.252149	1,829,289	0	0	461,253	76.03
76.04	03020 CARDIAC REHAB	0.697303	238,952	0	0	166,622	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.308788	532,847	0	0	164,537	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0.150614	10,762,354	0	0	1,620,961	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.449925	604,349	0	0	271,912	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0.337270		0			95.00
200.00	Subtotal (see instructions)		99,910,591	0	58,566	21,987,099	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		99,910,591	0	58,566	21,987,099	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/21/2016 10:02 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	240		60.00
60.01 06001 G.I. LAB	0	0		60.01
60.02 06002 VASCULAR LAB	0	0		60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0		60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	17,046		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03320 SHOCK THERAPY	0	0		76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0		76.01
76.02 03950 DIABETES CARE CENTER	0	0		76.02
76.03 03550 OP PSYCH	0	0		76.03
76.04 03020 CARDIAC REHAB	0	0		76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00	Subtotal (see instructions)	0	17,286	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	17,286	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180 Component CCN: 26S180		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/21/2016 10:02 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	3,580,298	50,386,849	0.071056	0	50.00
51.00	05100	RECOVERY ROOM	101,787	9,922,143	0.010259	0	51.00
53.00	05300	ANESTHESIOLOGY	263,927	16,231,679	0.016260	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,689,437	59,632,299	0.028331	1,147	32 54.00
57.00	05700	CT SCAN	451,483	69,122,314	0.006532	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	101,102	13,140,586	0.007694	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	584,074	28,327,793	0.020618	0	59.00
60.00	06000	LABORATORY	825,285	145,304,220	0.005680	6,328	36 60.00
60.01	06001	G.I. LAB	262,449	9,363,760	0.028028	0	60.01
60.02	06002	VASCULAR LAB	19,603	5,990,294	0.003272	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	151,162	7,636,030	0.019796	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	92,778	8,320,742	0.011150	0	63.00
65.00	06500	RESPIRATORY THERAPY	439,798	24,566,676	0.017902	0	65.00
66.00	06600	PHYSICAL THERAPY	218,246	17,463,402	0.012497	2,488	31 66.00
67.00	06700	OCCUPATIONAL THERAPY	75,611	6,618,631	0.011424	810	9 67.00
68.00	06800	SPEECH PATHOLOGY	35,373	1,811,760	0.019524	0	68.00
69.00	06900	ELECTROCARDIOLOGY	289,387	28,825,606	0.010039	257	3 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,513	4,527,276	0.030595	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	392,071	25,854,589	0.015164	155	2 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	541,352	41,415,444	0.013071	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,211,035	83,578,321	0.014490	5,392	78 73.00
74.00	07400	RENAL DIALYSIS	74,411	4,717,313	0.015774	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	215,973	7,243,090	0.029818	0	76.01
76.02	03950	DIABETES CARE CENTER	17,379	46,290	0.375437	0	76.02
76.03	03550	OP PSYCH	35,806	3,686,073	0.009714	0	76.03
76.04	03020	CARDIAC REHAB	45,116	533,910	0.084501	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,356	1,308,608	0.008678	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	1,689,989	134,842,857	0.012533	4,473	56 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,664,533	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	13,554,801	814,083,088		21,050	247 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
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	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	320,076	320,076	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (Lines 50-199)	0	0	320,076	320,076	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	50,386,849	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	9,922,143	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	16,231,679	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	59,632,299	0.000000	0.000000	1,147	54.00
57.00	05700 CT SCAN	0	69,122,314	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,140,586	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	28,327,793	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	145,304,220	0.000000	0.000000	6,328	60.00
60.01	06001 G.I. LAB	0	9,363,760	0.000000	0.000000	0	60.01
60.02	06002 VASCULAR LAB	0	5,990,294	0.000000	0.000000	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	7,636,030	0.000000	0.000000	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	8,320,742	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	24,566,676	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	17,463,402	0.000000	0.000000	2,488	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,618,631	0.000000	0.000000	810	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,811,760	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	28,825,606	0.000000	0.000000	257	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,527,276	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,854,589	0.000000	0.000000	155	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	41,415,444	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	320,076	83,578,321	0.003830	0.003830	5,392	73.00
74.00	07400 RENAL DIALYSIS	0	4,717,313	0.000000	0.000000	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0.000000	0.000000	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	7,243,090	0.000000	0.000000	0	76.01
76.02	03950 DIABETES CARE CENTER	0	46,290	0.000000	0.000000	0	76.02
76.03	03550 OP PSYCH	0	3,686,073	0.000000	0.000000	0	76.03
76.04	03020 CARDIAC REHAB	0	533,910	0.000000	0.000000	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	1,308,608	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	134,842,857	0.000000	0.000000	4,473	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,664,533	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	320,076	814,083,088			21,050	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 G.I. LAB	0	0	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	21	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03550 OP PSYCH	0	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	21	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 G. I. LAB	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	76.02
76.03	03550 OP PSYCH	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180 Component CCN: 26T180		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/21/2016 10:02 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	3,580,298	50,386,849	0.071056	65,218	4,634	50.00
51.00	05100 RECOVERY ROOM	101,787	9,922,143	0.010259	7,414	76	51.00
53.00	05300 ANESTHESIOLOGY	263,927	16,231,679	0.016260	25,074	408	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,689,437	59,632,299	0.028331	50,697	1,436	54.00
57.00	05700 CT SCAN	451,483	69,122,314	0.006532	50,829	332	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	101,102	13,140,586	0.007694	16,872	130	58.00
59.00	05900 CARDIAC CATHETERIZATION	584,074	28,327,793	0.020618	0	0	59.00
60.00	06000 LABORATORY	825,285	145,304,220	0.005680	435,024	2,471	60.00
60.01	06001 G.I. LAB	262,449	9,363,760	0.028028	8,696	244	60.01
60.02	06002 VASCULAR LAB	19,603	5,990,294	0.003272	16,436	54	60.02
60.03	06003 LABORATORY-PATHOLOGY	151,162	7,636,030	0.019796	2,533	50	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	92,778	8,320,742	0.011150	20,762	231	63.00
65.00	06500 RESPIRATORY THERAPY	439,798	24,566,676	0.017902	205,803	3,684	65.00
66.00	06600 PHYSICAL THERAPY	218,246	17,463,402	0.012497	1,366,420	17,076	66.00
67.00	06700 OCCUPATIONAL THERAPY	75,611	6,618,631	0.011424	1,174,890	13,422	67.00
68.00	06800 SPEECH PATHOLOGY	35,373	1,811,760	0.019524	286,871	5,601	68.00
69.00	06900 ELECTROCARDIOLOGY	289,387	28,825,606	0.010039	26,728	268	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	138,513	4,527,276	0.030595	10,864	332	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	392,071	25,854,589	0.015164	62,703	951	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	541,352	41,415,444	0.013071	40,539	530	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,211,035	83,578,321	0.014490	512,164	7,421	73.00
74.00	07400 RENAL DIALYSIS	74,411	4,717,313	0.015774	201,196	3,174	74.00
76.00	03320 SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	215,973	7,243,090	0.029818	346	10	76.01
76.02	03950 DIABETES CARE CENTER	17,379	46,290	0.375437	0	0	76.02
76.03	03550 OP PSYCH	35,806	3,686,073	0.009714	0	0	76.03
76.04	03020 CARDIAC REHAB	45,116	533,910	0.084501	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	11,356	1,308,608	0.008678	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	1,689,989	134,842,857	0.012533	5,964	75	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,664,533	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	13,554,801	814,083,088		4,594,043	62,610	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<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
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
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	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	320,076	320,076	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	320,076	320,076	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	50,386,849	0.000000	0.000000	65,218	50.00
51.00	05100 RECOVERY ROOM	0	9,922,143	0.000000	0.000000	7,414	51.00
53.00	05300 ANESTHESIOLOGY	0	16,231,679	0.000000	0.000000	25,074	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	59,632,299	0.000000	0.000000	50,697	54.00
57.00	05700 CT SCAN	0	69,122,314	0.000000	0.000000	50,829	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,140,586	0.000000	0.000000	16,872	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	28,327,793	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	145,304,220	0.000000	0.000000	435,024	60.00
60.01	06001 G.I. LAB	0	9,363,760	0.000000	0.000000	8,696	60.01
60.02	06002 VASCULAR LAB	0	5,990,294	0.000000	0.000000	16,436	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	7,636,030	0.000000	0.000000	2,533	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	8,320,742	0.000000	0.000000	20,762	63.00
65.00	06500 RESPIRATORY THERAPY	0	24,566,676	0.000000	0.000000	205,803	65.00
66.00	06600 PHYSICAL THERAPY	0	17,463,402	0.000000	0.000000	1,366,420	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,618,631	0.000000	0.000000	1,174,890	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,811,760	0.000000	0.000000	286,871	68.00
69.00	06900 ELECTROCARDIOLOGY	0	28,825,606	0.000000	0.000000	26,728	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,527,276	0.000000	0.000000	10,864	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,854,589	0.000000	0.000000	62,703	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	41,415,444	0.000000	0.000000	40,539	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	320,076	83,578,321	0.003830	0.003830	512,164	73.00
74.00	07400 RENAL DIALYSIS	0	4,717,313	0.000000	0.000000	201,196	74.00
76.00	03320 SHOCK THERAPY	0	0	0.000000	0.000000	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	7,243,090	0.000000	0.000000	346	76.01
76.02	03950 DIABETES CARE CENTER	0	46,290	0.000000	0.000000	0	76.02
76.03	03550 OP PSYCH	0	3,686,073	0.000000	0.000000	0	76.03
76.04	03020 CARDIAC REHAB	0	533,910	0.000000	0.000000	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	1,308,608	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	134,842,857	0.000000	0.000000	5,964	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,664,533	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	320,076	814,083,088			4,594,043	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 G.I. LAB	0	0	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	1,962	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03550 OP PSYCH	0	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	1,962	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 G.I. LAB	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	76.02
76.03	03550 OP PSYCH	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/21/2016 10:02 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,707,025	0	3,707,025	51,959	71.35	30.00
31.00	INTENSIVE CARE UNIT	724,826		724,826	6,524	111.10	31.00
32.00	CORONARY CARE UNIT	339,943		339,943	4,976	68.32	32.00
40.00	SUBPROVIDER - IPF	28,155	0	28,155	68	414.04	40.00
41.00	SUBPROVIDER - IRF	207,295	0	207,295	3,930	52.75	41.00
200.00	Total (Lines 30-199)	5,007,244		5,007,244	67,457		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	6,636	473,479				
31.00	INTENSIVE CARE UNIT	572	63,549				
32.00	CORONARY CARE UNIT	731	49,942				
40.00	SUBPROVIDER - IPF	9	3,726				
41.00	SUBPROVIDER - IRF	214	11,289				
200.00	Total (Lines 30-199)	8,162	601,985				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	3,580,298	50,386,849	0.071056	3,527,149	250,625	50.00
51.00	05100 RECOVERY ROOM	101,787	9,922,143	0.010259	334,507	3,432	51.00
53.00	05300 ANESTHESIOLOGY	263,927	16,231,679	0.016260	984,511	16,008	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,689,437	59,632,299	0.028331	2,190,927	62,071	54.00
57.00	05700 CT SCAN	451,483	69,122,314	0.006532	2,630,337	17,181	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	101,102	13,140,586	0.007694	573,433	4,412	58.00
59.00	05900 CARDIAC CATHETERIZATION	584,074	28,327,793	0.020618	1,424,552	29,371	59.00
60.00	06000 LABORATORY	825,285	145,304,220	0.005680	6,723,022	38,187	60.00
60.01	06001 G.I. LAB	262,449	9,363,760	0.028028	408,283	11,443	60.01
60.02	06002 VASCULAR LAB	19,603	5,990,294	0.003272	415,819	1,361	60.02
60.03	06003 LABORATORY-PATHOLOGY	151,162	7,636,030	0.019796	165,030	3,267	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	92,778	8,320,742	0.011150	636,197	7,094	63.00
65.00	06500 RESPIRATORY THERAPY	439,798	24,566,676	0.017902	2,486,210	44,508	65.00
66.00	06600 PHYSICAL THERAPY	218,246	17,463,402	0.012497	578,898	7,234	66.00
67.00	06700 OCCUPATIONAL THERAPY	75,611	6,618,631	0.011424	412,276	4,710	67.00
68.00	06800 SPEECH PATHOLOGY	35,373	1,811,760	0.019524	110,433	2,156	68.00
69.00	06900 ELECTROCARDIOLOGY	289,387	28,825,606	0.010039	1,672,826	16,794	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	138,513	4,527,276	0.030595	120,623	3,690	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	392,071	25,854,589	0.015164	258,168	3,915	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	541,352	41,415,444	0.013071	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,211,035	83,578,321	0.014490	5,234,647	75,850	73.00
74.00	07400 RENAL DIALYSIS	74,411	4,717,313	0.015774	456,344	7,198	74.00
76.00	03320 SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	215,973	7,243,090	0.029818	2,658	79	76.01
76.02	03950 DIABETES CARE CENTER	17,379	46,290	0.375437	0	0	76.02
76.03	03550 OP PSYCH	35,806	3,686,073	0.009714	0	0	76.03
76.04	03020 CARDIAC REHAB	45,116	533,910	0.084501	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	11,356	1,308,608	0.008678	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	1,689,989	134,842,857	0.012533	3,322,300	41,638	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	144,687	3,664,533	0.039483	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	13,699,488	814,083,088		34,669,150	652,224	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description	Title XIX			Hospital	Cost
	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	111,352	0	0	111,352	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,419	0	0	14,419	31.00
32.00	03200	CORONARY CARE UNIT	0	10,998	0	0	10,998	32.00
40.00	04000	SUBPROVIDER - IPF	0	150	0	0	150	40.00
41.00	04100	SUBPROVIDER - IRF	0	8,686	0	0	8,686	41.00
200.00		Total (lines 30-199)	0	145,605	0	0	145,605	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,959	2.14	6,636	14,201	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,524	2.21	572	1,264	0	31.00
32.00	03200	CORONARY CARE UNIT	4,976	2.21	731	1,616	0	32.00
40.00	04000	SUBPROVIDER - IPF	68	2.21	9	20	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,930	2.21	214	473	0	41.00
200.00		Total (lines 30-199)	67,457		8,162	17,574	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
32.00	03200	CORONARY CARE UNIT	0	0				32.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description		Title XIX				Hospital		Total Cost (sum of col 1 through col. 4)
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	320,076	0	320,076	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	320,076	0	320,076	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	50,386,849	0.000000	0.000000	3,527,149	50.00
51.00	05100	RECOVERY ROOM	0	9,922,143	0.000000	0.000000	334,507	51.00
53.00	05300	ANESTHESIOLOGY	0	16,231,679	0.000000	0.000000	984,511	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	59,632,299	0.000000	0.000000	2,190,927	54.00
57.00	05700	CT SCAN	0	69,122,314	0.000000	0.000000	2,630,337	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,140,586	0.000000	0.000000	573,433	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	28,327,793	0.000000	0.000000	1,424,552	59.00
60.00	06000	LABORATORY	0	145,304,220	0.000000	0.000000	6,723,022	60.00
60.01	06001	G.I. LAB	0	9,363,760	0.000000	0.000000	408,283	60.01
60.02	06002	VASCULAR LAB	0	5,990,294	0.000000	0.000000	415,819	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	7,636,030	0.000000	0.000000	165,030	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,320,742	0.000000	0.000000	636,197	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,566,676	0.000000	0.000000	2,486,210	65.00
66.00	06600	PHYSICAL THERAPY	0	17,463,402	0.000000	0.000000	578,898	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,618,631	0.000000	0.000000	412,276	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,811,760	0.000000	0.000000	110,433	68.00
69.00	06900	ELECTROCARDIOLOGY	0	28,825,606	0.000000	0.000000	1,672,826	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,527,276	0.000000	0.000000	120,623	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,854,589	0.000000	0.000000	258,168	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	41,415,444	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	320,076	83,578,321	0.003830	0.003830	5,234,647	73.00
74.00	07400	RENAL DIALYSIS	0	4,717,313	0.000000	0.000000	456,344	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	7,243,090	0.000000	0.000000	2,658	76.01
76.02	03950	DIABETES CARE CENTER	0	46,290	0.000000	0.000000	0	76.02
76.03	03550	OP PSYCH	0	3,686,073	0.000000	0.000000	0	76.03
76.04	03020	CARDIAC REHAB	0	533,910	0.000000	0.000000	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,308,608	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	134,842,857	0.000000	0.000000	3,322,300	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,664,533	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	320,076	814,083,088			34,669,150	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description	Title XIX			Hospital	Cost	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 G.I. LAB	0	0	0	0	0	60.01
60.02 06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	20,049	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.02 03950 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03 03550 OP PSYCH	0	0	0	0	0	76.03
76.04 03020 CARDIAC REHAB	0	0	0	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	20,049	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XIX	Hospital	Cost
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	G.I. LAB	0	0		60.01
60.02	06002	VASCULAR LAB	0	0		60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03320	SHOCK THERAPY	0	0		76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0		76.01
76.02	03950	DIABETES CARE CENTER	0	0		76.02
76.03	03550	OP PSYCH	0	0		76.03
76.04	03020	CARDIAC REHAB	0	0		76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/21/2016 10:02 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.372498	0	0	3,129,892	0
51.00 05100 RECOVERY ROOM	0.143531	0	0	389,974	0
53.00 05300 ANESTHESIOLOGY	0.060402	0	0	624,019	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.196917	0	0	0	0
57.00 05700 CT SCAN	0.041970	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.064509	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.102240	0	0	1,017,401	0
60.00 06000 LABORATORY	0.106803	0	0	0	0
60.01 06001 G.I. LAB	0.199021	0	0	376,646	0
60.02 06002 VASCULAR LAB	0.087799	0	0	174,673	0
60.03 06003 LABORATORY-PATHOLOGY	0.225349	0	0	277,329	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.352365	0	0	106,568	0
65.00 06500 RESPIRATORY THERAPY	0.273932	0	0	329,664	0
66.00 06600 PHYSICAL THERAPY	0.221561	0	0	770,574	0
67.00 06700 OCCUPATIONAL THERAPY	0.245157	0	0	118,288	0
68.00 06800 SPEECH PATHOLOGY	0.290700	0	0	43,434	0
69.00 06900 ELECTROCARDIOLOGY	0.060910	0	0	955,540	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.190092	0	0	388,340	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.437536	0	0	8,845	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.387991	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.302658	0	0	4,420,724	0
74.00 07400 RENAL DIALYSIS	0.427511	0	0	0	0
76.00 03320 SHOCK THERAPY	0.000000	0	0	0	0
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.361253	0	0	916,823	0
76.02 03950 DIABETES CARE CENTER	0.947764	0	0	4,069	0
76.03 03550 OP PSYCH	0.252149	0	0	6,100	0
76.04 03020 CARDIAC REHAB	0.697303	0	0	28,780	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.308788	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 09100 EMERGENCY	0.150614	0	0	10,549,286	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.449925	0	0	286,659	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES	0.337270	0	0		95.00
200.00	Subtotal (see instructions)	0	0	24,923,628	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 +/- line 201)			24,923,628	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/21/2016 10:02 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	1,165,879		50.00
51.00 05100 RECOVERY ROOM	0	55,973		51.00
53.00 05300 ANESTHESIOLOGY	0	37,692		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	104,019		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 G.I. LAB	0	74,960		60.01
60.02 06002 VASCULAR LAB	0	15,336		60.02
60.03 06003 LABORATORY-PATHOLOGY	0	62,496		60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	37,551		63.00
65.00 06500 RESPIRATORY THERAPY	0	90,306		65.00
66.00 06600 PHYSICAL THERAPY	0	170,729		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	28,999		67.00
68.00 06800 SPEECH PATHOLOGY	0	12,626		68.00
69.00 06900 ELECTROCARDIOLOGY	0	58,202		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	73,820		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,870		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,337,967		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03320 SHOCK THERAPY	0	0		76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	331,205		76.01
76.02 03950 DIABETES CARE CENTER	0	3,856		76.02
76.03 03550 OP PSYCH	0	1,538		76.03
76.04 03020 CARDIAC REHAB	0	20,068		76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	1,588,870		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	128,975		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00	Subtotal (see instructions)	0	5,404,937	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	5,404,937	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180 Component CCN: 26S180		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/21/2016 10:02 am	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	3,580,298	50,386,849	0.071056	0	50.00
51.00	05100	RECOVERY ROOM	101,787	9,922,143	0.010259	0	51.00
53.00	05300	ANESTHESIOLOGY	263,927	16,231,679	0.016260	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,689,437	59,632,299	0.028331	0	54.00
57.00	05700	CT SCAN	451,483	69,122,314	0.006532	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	101,102	13,140,586	0.007694	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	584,074	28,327,793	0.020618	0	59.00
60.00	06000	LABORATORY	825,285	145,304,220	0.005680	1,022	60.00
60.01	06001	G.I. LAB	262,449	9,363,760	0.028028	0	60.01
60.02	06002	VASCULAR LAB	19,603	5,990,294	0.003272	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	151,162	7,636,030	0.019796	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	92,778	8,320,742	0.011150	0	63.00
65.00	06500	RESPIRATORY THERAPY	439,798	24,566,676	0.017902	0	65.00
66.00	06600	PHYSICAL THERAPY	218,246	17,463,402	0.012497	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	75,611	6,618,631	0.011424	0	67.00
68.00	06800	SPEECH PATHOLOGY	35,373	1,811,760	0.019524	0	68.00
69.00	06900	ELECTROCARDIOLOGY	289,387	28,825,606	0.010039	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,513	4,527,276	0.030595	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	392,071	25,854,589	0.015164	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	541,352	41,415,444	0.013071	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,211,035	83,578,321	0.014490	848	73.00
74.00	07400	RENAL DIALYSIS	74,411	4,717,313	0.015774	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	215,973	7,243,090	0.029818	0	76.01
76.02	03950	DIABETES CARE CENTER	17,379	46,290	0.375437	0	76.02
76.03	03550	OP PSYCH	35,806	3,686,073	0.009714	0	76.03
76.04	03020	CARDIAC REHAB	45,116	533,910	0.084501	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,356	1,308,608	0.008678	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	1,689,989	134,842,857	0.012533	1,501	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,664,533	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	13,554,801	814,083,088		3,371	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
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	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	320,076	320,076	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	320,076	320,076	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260180 Component CCN: 26S180		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am		
				Title XIX		Subprovider - IPF	Cost	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	50,386,849	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	9,922,143	0.000000	0.000000	0	51.00
53.00	05300	ANESTHESIOLOGY	0	16,231,679	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	59,632,299	0.000000	0.000000	0	54.00
57.00	05700	CT SCAN	0	69,122,314	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,140,586	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	28,327,793	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	145,304,220	0.000000	0.000000	1,022	60.00
60.01	06001	G.I. LAB	0	9,363,760	0.000000	0.000000	0	60.01
60.02	06002	VASCULAR LAB	0	5,990,294	0.000000	0.000000	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	7,636,030	0.000000	0.000000	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,320,742	0.000000	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,566,676	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	17,463,402	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,618,631	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,811,760	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	28,825,606	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,527,276	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,854,589	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	41,415,444	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	320,076	83,578,321	0.003830	0.003830	848	73.00
74.00	07400	RENAL DIALYSIS	0	4,717,313	0.000000	0.000000	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	7,243,090	0.000000	0.000000	0	76.01
76.02	03950	DIABETES CARE CENTER	0	46,290	0.000000	0.000000	0	76.02
76.03	03550	OP PSYCH	0	3,686,073	0.000000	0.000000	0	76.03
76.04	03020	CARDIAC REHAB	0	533,910	0.000000	0.000000	0	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	1,308,608	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	134,842,857	0.000000	0.000000	1,501	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,664,533	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	320,076	814,083,088			3,371	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
Title XIX		Subprovider - IPF	Cost

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 G.I. LAB	0	0	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	3	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03550 OP PSYCH	0	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	3	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
	Title XIX	Subprovider - IPF	Cost

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 G. I. LAB	0	0	60.01
60.02 06002 VASCULAR LAB	0	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03320 SHOCK THERAPY	0	0	76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	76.01
76.02 03950 DIABETES CARE CENTER	0	0	76.02
76.03 03550 OP PSYCH	0	0	76.03
76.04 03020 CARDIAC REHAB	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180 Component CCN: 26T180		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/21/2016 10:02 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	3,580,298	50,386,849	0.071056	12,436	884	50.00
51.00	05100 RECOVERY ROOM	101,787	9,922,143	0.010259	1,989	20	51.00
53.00	05300 ANESTHESIOLOGY	263,927	16,231,679	0.016260	5,572	91	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,689,437	59,632,299	0.028331	41,055	1,163	54.00
57.00	05700 CT SCAN	451,483	69,122,314	0.006532	37,733	246	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	101,102	13,140,586	0.007694	28,471	219	58.00
59.00	05900 CARDIAC CATHETERIZATION	584,074	28,327,793	0.020618	211	4	59.00
60.00	06000 LABORATORY	825,285	145,304,220	0.005680	154,014	875	60.00
60.01	06001 G.I. LAB	262,449	9,363,760	0.028028	1,597	45	60.01
60.02	06002 VASCULAR LAB	19,603	5,990,294	0.003272	11,266	37	60.02
60.03	06003 LABORATORY-PATHOLOGY	151,162	7,636,030	0.019796	1,342	27	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	92,778	8,320,742	0.011150	9,549	106	63.00
65.00	06500 RESPIRATORY THERAPY	439,798	24,566,676	0.017902	76,675	1,373	65.00
66.00	06600 PHYSICAL THERAPY	218,246	17,463,402	0.012497	158,382	1,979	66.00
67.00	06700 OCCUPATIONAL THERAPY	75,611	6,618,631	0.011424	136,224	1,556	67.00
68.00	06800 SPEECH PATHOLOGY	35,373	1,811,760	0.019524	39,758	776	68.00
69.00	06900 ELECTROCARDIOLOGY	289,387	28,825,606	0.010039	37,515	377	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	138,513	4,527,276	0.030595	4,605	141	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	392,071	25,854,589	0.015164	13,362	203	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	541,352	41,415,444	0.013071	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,211,035	83,578,321	0.014490	137,697	1,995	73.00
74.00	07400 RENAL DIALYSIS	74,411	4,717,313	0.015774	16,860	266	74.00
76.00	03320 SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	215,973	7,243,090	0.029818	0	0	76.01
76.02	03950 DIABETES CARE CENTER	17,379	46,290	0.375437	0	0	76.02
76.03	03550 OP PSYCH	35,806	3,686,073	0.009714	0	0	76.03
76.04	03020 CARDIAC REHAB	45,116	533,910	0.084501	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	11,356	1,308,608	0.008678	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	1,689,989	134,842,857	0.012533	27,927	350	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,664,533	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	13,554,801	814,083,088		954,240	12,733	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
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	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	320,076	320,076	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	320,076	320,076	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
Title XIX		Subprovider - IRF	Cost

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)	
	6.00	7.00	8.00	9.00	10.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	50,386,849	0.000000	0.000000	12,436 50.00
51.00 05100 RECOVERY ROOM	0	9,922,143	0.000000	0.000000	1,989 51.00
53.00 05300 ANESTHESIOLOGY	0	16,231,679	0.000000	0.000000	5,572 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	59,632,299	0.000000	0.000000	41,055 54.00
57.00 05700 CT SCAN	0	69,122,314	0.000000	0.000000	37,733 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,140,586	0.000000	0.000000	28,471 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	28,327,793	0.000000	0.000000	211 59.00
60.00 06000 LABORATORY	0	145,304,220	0.000000	0.000000	154,014 60.00
60.01 06001 G.I. LAB	0	9,363,760	0.000000	0.000000	1,597 60.01
60.02 06002 VASCULAR LAB	0	5,990,294	0.000000	0.000000	11,266 60.02
60.03 06003 LABORATORY-PATHOLOGY	0	7,636,030	0.000000	0.000000	1,342 60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	8,320,742	0.000000	0.000000	9,549 63.00
65.00 06500 RESPIRATORY THERAPY	0	24,566,676	0.000000	0.000000	76,675 65.00
66.00 06600 PHYSICAL THERAPY	0	17,463,402	0.000000	0.000000	158,382 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	6,618,631	0.000000	0.000000	136,224 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,811,760	0.000000	0.000000	39,758 68.00
69.00 06900 ELECTROCARDIOLOGY	0	28,825,606	0.000000	0.000000	37,515 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	4,527,276	0.000000	0.000000	4,605 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,854,589	0.000000	0.000000	13,362 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	41,415,444	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	320,076	83,578,321	0.003830	0.003830	137,697 73.00
74.00 07400 RENAL DIALYSIS	0	4,717,313	0.000000	0.000000	16,860 74.00
76.00 03320 SHOCK THERAPY	0	0	0.000000	0.000000	0 76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	7,243,090	0.000000	0.000000	0 76.01
76.02 03950 DIABETES CARE CENTER	0	46,290	0.000000	0.000000	0 76.02
76.03 03550 OP PSYCH	0	3,686,073	0.000000	0.000000	0 76.03
76.04 03020 CARDIAC REHAB	0	533,910	0.000000	0.000000	0 76.04
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	1,308,608	0.000000	0.000000	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 09100 EMERGENCY	0	134,842,857	0.000000	0.000000	27,927 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,664,533	0.000000	0.000000	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES					
200.00	Total (lines 50-199)	320,076	814,083,088		954,240 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
Title XIX		Subprovider - IRF	Cost

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 G.I. LAB	0	0	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	527	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03550 OP PSYCH	0	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	527	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/21/2016 10:02 am
	Title XIX	Subprovider - IRF	Cost

Cost Center Description		PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 G. I. LAB	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	76.02
76.03	03550 OP PSYCH	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/21/2016 10:02 am
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		51,959	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		51,959	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		49,931	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		21,157	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)		42,242,689	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		42,242,689	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		42,242,689	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)		813.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,200,641	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		17,200,641	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/21/2016 10:02 am			
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XVIII			Hospital		PPS			
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units						42.00	
43.00	INTENSIVE CARE UNIT	9,799,061	6,524	1,502.00	3,183	4,780,866	43.00	
44.00	CORONARY CARE UNIT	5,163,217	4,976	1,037.62	2,580	2,677,060	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						33,181,456	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						57,840,023	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)						2,097,461	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						2,790,130	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						4,887,591	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						52,952,432	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00	Total observation bed days (see instructions)						2,028	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						813.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						1,648,764	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/21/2016 10:02 am	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,707,025	42,242,689	0.087755	1,648,764	144,687	90.00
91.00	Nursing School cost	0	42,242,689	0.000000	1,648,764	0	91.00
92.00	Allied health cost	111,352	42,242,689	0.002636	1,648,764	4,346	92.00
93.00	All other Medical Education	0	42,242,689	0.000000	1,648,764	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 26S180		Date/Time Prepared: 5/21/2016 10:02 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		68	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		68	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		68	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)		28	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)		193,607	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)		193,607	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		193,607	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)		2,847.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		79,720	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)		79,720	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1		
		Component CCN: 26S180				Date/Time Prepared: 5/21/2016 10:02 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00	
44.00	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	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,042		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					83,762		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)					11,655		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					268		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					11,923		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					71,839		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26S180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/21/2016 10:02 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	28,155	193,607	0.145423	0	0	90.00
91.00	Nursing School cost	0	193,607	0.000000	0	0	91.00
92.00	Allied health cost	150	193,607	0.000775	0	0	92.00
93.00	All other Medical Education	0	193,607	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/21/2016 10:02 am
		Title XVIII	Subprovider - IRF	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)			3,930 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,930 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,930 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			2,028 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)			2,502,212 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)			2,502,212 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,502,212 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)			636.70 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,291,228 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,291,228 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1		
		Component CCN: 26T180				Date/Time Prepared: 5/21/2016 10:02 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT						0	43.00
44.00	CORONARY CARE UNIT						0	44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,117,052		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,408,280		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)					111,459		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					64,572		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					176,031		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,232,249		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26T180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/21/2016 10:02 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	207,295	2,502,212	0.082845	0	0	90.00
91.00	Nursing School cost	0	2,502,212	0.000000	0	0	91.00
92.00	Allied health cost	8,686	2,502,212	0.003471	0	0	92.00
93.00	All other Medical Education	0	2,502,212	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/21/2016 10:02 am
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		51,959	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		51,959	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		49,931	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,636	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)		42,242,689	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		42,242,689	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		42,242,689	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)		813.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,395,068	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)		5,395,068	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/21/2016 10:02 am			
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units						42.00	
43.00	INTENSIVE CARE UNIT	9,799,061	6,524	1,502.00	572	859,144	43.00	
44.00	CORONARY CARE UNIT	5,163,217	4,976	1,037.62	731	758,500	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						6,703,977	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						13,716,689	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00	Total observation bed days (see instructions)						2,028	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						813.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						1,648,764	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/21/2016 10:02 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,707,025	42,242,689	0.087755	1,648,764	144,687	90.00
91.00	Nursing School cost	0	42,242,689	0.000000	1,648,764	0	91.00
92.00	Allied health cost	111,352	42,242,689	0.002636	1,648,764	4,346	92.00
93.00	All other Medical Education	0	42,242,689	0.000000	1,648,764	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 26S180		Date/Time Prepared: 5/21/2016 10:02 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		68	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		68	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		68	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9	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)		193,607	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)		193,607	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		193,607	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)		2,847.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		25,624	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)		25,624	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1		
		Component CCN: 26S180				Date/Time Prepared: 5/21/2016 10:02 am		
		Title XIX		Subprovider - IPF		Cost		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	0	0	0.00	0	0		43.00	
44.00	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	OTHER SPECIAL CARE (SPECIFY)							47.00
	Cost Center Description							
								1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					592		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,216		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)					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: 260180 Component CCN: 26S180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/21/2016 10:02 am	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	28,155	193,607	0.145423	0	0	90.00
91.00	Nursing School cost	0	193,607	0.000000	0	0	91.00
92.00	Allied health cost	150	193,607	0.000775	0	0	92.00
93.00	All other Medical Education	0	193,607	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/21/2016 10:02 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,930	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,930	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,930	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)		214	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)		2,502,212	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)		2,502,212	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,502,212	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)		636.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		136,254	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)		136,254	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26T180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/21/2016 10:02 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					201,348	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					337,602	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26T180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/21/2016 10:02 am	
		Title XIX		Subprovider - IRF		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	207,295	2,502,212	0.082845	0	0	90.00
91.00	Nursing School cost	0	2,502,212	0.000000	0	0	91.00
92.00	Allied health cost	8,686	2,502,212	0.003471	0	0	92.00
93.00	All other Medical Education	0	2,502,212	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/21/2016 10:02 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		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		35,219,395	30.00
31.00	03100	INTENSIVE CARE UNIT		10,170,380	31.00
32.00	03200	CORONARY CARE UNIT		7,100,505	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.372498	14,334,052	50.00
51.00	05100	RECOVERY ROOM	0.143531	1,188,107	51.00
53.00	05300	ANESTHESIOLOGY	0.060402	4,450,021	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196917	6,207,401	54.00
57.00	05700	CT SCAN	0.041970	8,010,824	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064509	1,875,143	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102240	3,919,651	59.00
60.00	06000	LABORATORY	0.106803	25,490,839	60.00
60.01	06001	G.I. LAB	0.199021	1,090,605	60.01
60.02	06002	VASCULAR LAB	0.087799	1,609,667	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.225349	758,162	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.352365	2,855,631	63.00
65.00	06500	RESPIRATORY THERAPY	0.273932	9,363,475	65.00
66.00	06600	PHYSICAL THERAPY	0.221561	2,491,877	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.245157	1,743,517	67.00
68.00	06800	SPEECH PATHOLOGY	0.290700	471,964	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060910	7,497,397	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.190092	415,142	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.437536	8,109,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.387991	9,960,550	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.302658	23,696,633	73.00
74.00	07400	RENAL DIALYSIS	0.427511	2,815,779	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.361253	4,430	76.01
76.02	03950	DIABETES CARE CENTER	0.947764	0	76.02
76.03	03550	OP PSYCH	0.252149	6,421	76.03
76.04	03020	CARDIAC REHAB	0.697303	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.308788	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.150614	6,475,197	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.449925	178,010	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		145,020,265	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		145,020,265	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/21/2016 10:02 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		30,772	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.372498	0	50.00
51.00	05100	RECOVERY ROOM	0.143531	0	51.00
53.00	05300	ANESTHESIOLOGY	0.060402	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196917	1,147	54.00
57.00	05700	CT SCAN	0.041970	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064509	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102240	0	59.00
60.00	06000	LABORATORY	0.106803	6,328	60.00
60.01	06001	G.I. LAB	0.199021	0	60.01
60.02	06002	VASCULAR LAB	0.087799	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.225349	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.352365	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.273932	0	65.00
66.00	06600	PHYSICAL THERAPY	0.221561	2,488	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.245157	810	67.00
68.00	06800	SPEECH PATHOLOGY	0.290700	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060910	257	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.190092	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.437536	155	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.387991	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.302658	5,392	73.00
74.00	07400	RENAL DIALYSIS	0.427511	0	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.361253	0	76.01
76.02	03950	DIABETES CARE CENTER	0.947764	0	76.02
76.03	03550	OP PSYCH	0.252149	0	76.03
76.04	03020	CARDIAC REHAB	0.697303	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.308788	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.150614	4,473	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.449925	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		21,050	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		21,050	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 26T180		Date/Time Prepared: 5/21/2016 10:02 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,323,511	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.372498	65,218	50.00
51.00	05100	RECOVERY ROOM	0.143531	7,414	51.00
53.00	05300	ANESTHESIOLOGY	0.060402	25,074	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196917	50,697	54.00
57.00	05700	CT SCAN	0.041970	50,829	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064509	16,872	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102240	0	59.00
60.00	06000	LABORATORY	0.106803	435,024	60.00
60.01	06001	G.I. LAB	0.199021	8,696	60.01
60.02	06002	VASCULAR LAB	0.087799	16,436	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.225349	2,533	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.352365	20,762	63.00
65.00	06500	RESPIRATORY THERAPY	0.273932	205,803	65.00
66.00	06600	PHYSICAL THERAPY	0.221561	1,366,420	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.245157	1,174,890	67.00
68.00	06800	SPEECH PATHOLOGY	0.290700	286,871	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060910	26,728	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.190092	10,864	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.437536	62,703	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.387991	40,539	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.302658	512,164	73.00
74.00	07400	RENAL DIALYSIS	0.427511	201,196	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.361253	346	76.01
76.02	03950	DIABETES CARE CENTER	0.947764	0	76.02
76.03	03550	OP PSYCH	0.252149	0	76.03
76.04	03020	CARDIAC REHAB	0.697303	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.308788	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.150614	5,964	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.449925	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		4,594,043	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		4,594,043	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/21/2016 10:02 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		10,478,114	30.00
31.00	03100	INTENSIVE CARE UNIT		1,848,050	31.00
32.00	03200	CORONARY CARE UNIT		2,009,223	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.372498	3,527,149	50.00
51.00	05100	RECOVERY ROOM	0.143531	334,507	51.00
53.00	05300	ANESTHESIOLOGY	0.060402	984,511	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196917	2,190,927	54.00
57.00	05700	CT SCAN	0.041970	2,630,337	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064509	573,433	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102240	1,424,552	59.00
60.00	06000	LABORATORY	0.106803	6,723,022	60.00
60.01	06001	G.I. LAB	0.199021	408,283	60.01
60.02	06002	VASCULAR LAB	0.087799	415,819	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.225349	165,030	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.352365	636,197	63.00
65.00	06500	RESPIRATORY THERAPY	0.273932	2,486,210	65.00
66.00	06600	PHYSICAL THERAPY	0.221561	578,898	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.245157	412,276	67.00
68.00	06800	SPEECH PATHOLOGY	0.290700	110,433	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060910	1,672,826	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.190092	120,623	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.437536	258,168	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.387991	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.302658	5,234,647	73.00
74.00	07400	RENAL DIALYSIS	0.427511	456,344	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.361253	2,658	76.01
76.02	03950	DIABETES CARE CENTER	0.947764	0	76.02
76.03	03550	OP PSYCH	0.252149	0	76.03
76.04	03020	CARDIAC REHAB	0.697303	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.308788	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.150614	3,322,300	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.449925	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		34,669,150	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		34,669,150	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/21/2016 10:02 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		9,891	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.372498	0	50.00
51.00	05100	RECOVERY ROOM	0.143531	0	51.00
53.00	05300	ANESTHESIOLOGY	0.060402	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196917	0	54.00
57.00	05700	CT SCAN	0.041970	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064509	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102240	0	59.00
60.00	06000	LABORATORY	0.106803	1,022	109 60.00
60.01	06001	G.I. LAB	0.199021	0	60.01
60.02	06002	VASCULAR LAB	0.087799	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.225349	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.352365	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.273932	0	65.00
66.00	06600	PHYSICAL THERAPY	0.221561	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.245157	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.290700	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060910	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.190092	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.437536	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.387991	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.302658	848	257 73.00
74.00	07400	RENAL DIALYSIS	0.427511	0	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.361253	0	76.01
76.02	03950	DIABETES CARE CENTER	0.947764	0	76.02
76.03	03550	OP PSYCH	0.252149	0	76.03
76.04	03020	CARDIAC REHAB	0.697303	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.308788	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.150614	1,501	226 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.449925	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		3,371	592 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,371	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 26T180		Date/Time Prepared: 5/21/2016 10:02 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		244,588	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.372498	12,436	50.00
51.00	05100	RECOVERY ROOM	0.143531	1,989	51.00
53.00	05300	ANESTHESIOLOGY	0.060402	5,572	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196917	41,055	54.00
57.00	05700	CT SCAN	0.041970	37,733	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064509	28,471	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102240	211	59.00
60.00	06000	LABORATORY	0.106803	154,014	60.00
60.01	06001	G.I. LAB	0.199021	1,597	60.01
60.02	06002	VASCULAR LAB	0.087799	11,266	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.225349	1,342	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.352365	9,549	63.00
65.00	06500	RESPIRATORY THERAPY	0.273932	76,675	65.00
66.00	06600	PHYSICAL THERAPY	0.221561	158,382	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.245157	136,224	67.00
68.00	06800	SPEECH PATHOLOGY	0.290700	39,758	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060910	37,515	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.190092	4,605	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.437536	13,362	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.387991	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.302658	137,697	73.00
74.00	07400	RENAL DIALYSIS	0.427511	16,860	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.361253	0	76.01
76.02	03950	DIABETES CARE CENTER	0.947764	0	76.02
76.03	03550	OP PSYCH	0.252149	0	76.03
76.04	03020	CARDIAC REHAB	0.697303	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.308788	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.150614	27,927	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.449925	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		954,240	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		954,240	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/21/2016 10:02 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		32,218,468	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,473,357	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,851,468	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		18,021,244	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		433.44	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)		2.47	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		-0.78	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)		1.69	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.95	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)		1.69	12.00
13.00	Total allowable FTE count for the prior year.		1.54	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.91	14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.38	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		1.38	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.003184	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.004001	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.003184	21.00
22.00	IME payment adjustment (see instructions)		74,241	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		31,339	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.26	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		74,241	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		31,339	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.64	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.37	31.00
32.00	Sum of lines 30 and 31		24.01	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.84	33.00
34.00	Disproportionate share adjustment (see instructions)		1,263,678	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/21/2016 10:02 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.00000000	0.00000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,430,104	2,886,232	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,565,529	725,501	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,291,030		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)		6,693		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		759		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		659		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		11.34		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		4,336		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.939952		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		447.81		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		277,386		46.00
47.00	Subtotal (see instructions)		49,449,628		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)		49,480,967		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,793,784		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).		34,754		52.00
53.00	Nursing and Allied Health Managed Care payment		23,823		53.00
54.00	Special add-on payments for new technologies		3,929		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		58,012		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		90,969		58.00
59.00	Total (sum of amounts on lines 49 through 58)		53,486,238		59.00
60.00	Primary payer payments		31,725		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		53,454,513		61.00
62.00	Deductibles billed to program beneficiaries		3,823,980		62.00
63.00	Coinurance billed to program beneficiaries		290,917		63.00
64.00	Allowable bad debts (see instructions)		1,849,595		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,202,237		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,363,331		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		50,541,853		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)		99,940		70.93
70.94	HRR adjustment amount (see instructions)		-298,550		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/21/2016 10:02 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		530,801		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		49,812,442		71.00
71.01	Sequestration adjustment (see instructions)		996,249		71.01
72.00	Interim payments		48,030,594		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)		785,599		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)		1,323,613		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

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/21/2016 10:02 am	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	8.64	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	15.37	0.00			15.37	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	24.01	0.00			15.37	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	433.44	0.00			433.44	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	11.84	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	8.64	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	3.67	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	7,939	0			7,939	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0			0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,575	0			1,575	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	9,514	0			9,514	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	61,431	0			61,431	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	451	0			451	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	61,882	0			61,882	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	15.37	0.00			15.37	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 260180		Period: From 01/01/2015 To 12/31/2015		Worksheet DSH Date/Time Prepared: 5/21/2016 10:02 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	9.02		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	True	29.00
30.00	Line 28 or 29 as applicable		9.02		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		9.02		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet DSH Date/Time Prepared: 5/21/2016 10:02 am
		Title XVIII	Hospital	PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	2.74	29.00
30.00	Line 28 or 29 as applicable	2.74	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00	31.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/21/2016 10:02 am
		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 s. 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	32,218,468	32,218,468		32,218,468
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,473,357		10,473,357	10,473,357
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	1,851,468	1,508,693	342,775	1,851,468
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	18,021,244	13,505,913	4,515,331	18,021,244
<b>Indirect Medical Education Adjustment</b>						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.003184	0.003184	0.003184	
6.00	IME payment adjustment (see instructions)	22.00	74,241	56,028	18,213	74,241
6.01	IME payment adjustment for managed care (see instructions)	22.01	31,339	23,487	7,852	31,339
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	74,241	56,028	18,213	74,241
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	31,339	23,487	7,852	31,339
<b>Disproportionate Share Adjustment</b>						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1184	0.1184	0.1184	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,263,678	953,667	310,011	1,263,678
11.01	Uncompensated care payments	36.00	3,291,030	2,565,529	725,501	3,291,030
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>						
12.00	Total ESRD additional payment (see instructions)	46.00	277,386	207,469	69,917	277,386
13.00	Subtotal (see instructions)	47.00	49,449,628	37,509,854	11,939,774	49,449,628
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	49,480,967	37,533,341	11,947,626	49,480,967
16.00	Payment for inpatient program capital	50.00	3,793,784	2,874,386	919,398	3,793,784
17.00	Special add-on payments for new technologies	54.00	3,929	3,929	0	3,929
17.01	Net organ acquisition cost	55.00	0	0	0	0
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	<b>SUBTOTAL</b>			40,411,656	12,867,024	53,278,680

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/21/2016 10:02 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,394,099	2,560,335	833,764	3,394,099	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	222,853	180,658	42,195	222,853	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	0.0023	0.0023	0.0023		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	7,806	5,888	1,918	7,806	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0498	0.0498	0.0498		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	169,026	127,505	41,521	169,026	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,793,784	2,874,386	919,398	3,793,784	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	99,940	93,712	6,228	99,940	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	-298,550	-212,668	-85,882	-298,550	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		402,927	127,874	530,801	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/21/2016 10:02 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		17,286	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,917,085	2.00
3.00	PPS payments		20,245,762	3.00
4.00	Outlier payment (see instructions)		57,581	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		70,014	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		17,286	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		58,566	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)		58,566	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)		58,566	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		41,280	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)		17,286	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)		20,373,357	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)		3,891,495	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)		16,499,148	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		12,677	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)		16,511,825	30.00
31.00	Primary payer payments		9,778	31.00
32.00	Subtotal (line 30 minus line 31)		16,502,047	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)		789,910	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		513,442	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		469,814	36.00
37.00	Subtotal (see instructions)		17,015,489	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)		17,015,489	40.00
40.01	Sequestration adjustment (see instructions)		340,310	40.01
41.00	Interim payments		16,542,906	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		132,273	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260180

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		48,030,594		16,542,906	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		48,030,594		16,542,906	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		785,599		132,273	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		48,816,193		16,675,179	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: 260180  
Component CCN: 26S180

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am  
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		20,231		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		20,231		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					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		12,329		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		32,560		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00 Name of Contractor				0		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260180  
Component CCN: 26T180

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/21/2016 10:02 am  
PPS

Title XVIII

Subprovider -  
IRF

		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		2,850,116		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,850,116		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					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		10,215		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,860,331		0	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: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/21/2016 10:02 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		12,786	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		26,920	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		11,387	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		61,431	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		965,031,090	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		69,824,359	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		1,454,439	8.00
9.00	Sequestration adjustment amount (see instructions)		29,089	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,425,350	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,453,763	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)		-28,413	32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/21/2016 10:02 am
		Title XVIII	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)			24,380 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			0.186301 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			24,380 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)			24,380 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			24,380 18.00
19.00	Deductibles			3,736 19.00
20.00	Subtotal (line 18 minus line 19)			20,644 20.00
21.00	Coinsurance			0 21.00
22.00	Subtotal (line 20 minus line 21)			20,644 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			19,226 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			12,497 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			6,514 25.00
26.00	Subtotal (sum of lines 22 and 24)			33,141 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)			83 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)			33,224 31.00
31.01	Sequestration adjustment (see instructions)			664 31.01
32.00	Interim payments			20,231 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)			12,329 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			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/21/2016 10:02 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			2,802,597 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0367 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			82,677 3.00
4.00	Outlier Payments			40,828 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			10.767123 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,926,102 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,926,102 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,926,102 19.00
20.00	Deductibles			11,340 20.00
21.00	Subtotal (line 19 minus line 20)			2,914,762 21.00
22.00	Coinsurance			10,080 22.00
23.00	Subtotal (line 21 minus line 22)			2,904,682 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			11,660 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			7,579 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			9,348 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,912,261 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			6,444 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,918,705 32.00
32.01	Sequestration adjustment (see instructions)			58,374 32.01
33.00	Interim payments			2,850,116 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			10,215 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			40,828 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/21/2016 10:02 am	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services	13,716,689			1.00
2.00	Medical and other services		5,404,937		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	13,716,689	5,404,937		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	13,716,689	5,404,937		7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	34,669,150	24,923,628		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	34,669,150	24,923,628		12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	34,669,150	24,923,628		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	20,952,461	19,518,691		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	13,716,689	5,404,937		21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0			28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	13,716,689	5,404,937		29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	13,716,689	5,404,937		31.00
32.00	Deductibles	0			32.00
33.00	Coinurance	0			33.00
34.00	Allowable bad debts (see instructions)	0			34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	13,716,689	5,404,937		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0			37.00
38.00	Subtotal (line 36 ± line 37)	13,716,689	5,404,937		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	11,408			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	13,728,097	5,404,937		40.00
41.00	Interim payments	0			41.00
42.00	Balance due provider/program (line 40 minus line 41)	13,728,097	5,404,937		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0			43.00
<b>OVERRIDES</b>					
109.00	Override Ancillary service charges (line 9)		0		109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/21/2016 10:02 am
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	26,216		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	26,216	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	26,216	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	3,371	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	3,371	0	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	3,371	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	22,845	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	3,371	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	3,371	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	22,845	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	3,371	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	3,371	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	3,371	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	3,371	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	3,371	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
<b>OVERRIDES</b>				
109.00	Override Ancillary service charges (line 9)	0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/21/2016 10:02 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	337,602		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	337,602	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	337,602	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	954,240	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	954,240	0	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	954,240	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	616,638	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	337,602	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	337,602	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	337,602	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	337,602	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	337,602	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	337,602	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	337,602	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
<b>OVERRIDES</b>				
109.00	Override Ancillary service charges (line 9)	0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/21/2016 10:02 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			2.47	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))			-0.75	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)			1.72	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.95	6.00
7.00	Enter the lesser of line 5 or line 6			1.72	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.	0.00	1.37	1.37	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.	0.00	1.21	1.21	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	0.00	1.21		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	1.08		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.46		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.92		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	0.00	0.92		17.00
18.00	Per resident amount	0.00	85,273.98		18.00
19.00	Approved amount for resident costs	0	78,452	78,452	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.23	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			78,452	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)	28,976	12,323		26.00
27.00	Total Inpatient Days (see instructions)	65,429	65,429		27.00
28.00	Ratio of inpatient days to total inpatient days	0.442862	0.188342		28.00
29.00	Program direct GME amount	34,743	14,776		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		2,088		30.00
31.00	Net Program direct GME amount			47,431	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/21/2016 10:02 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		4,717,313	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)		60,332,065	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		31,725	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		60,300,340	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		22,004,385	42.00
43.00	Primary payer payments (see instructions)		9,778	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		21,994,607	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		82,294,947	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.732734	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.267266	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		47,431	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		34,754	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		12,677	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/21/2016 10:02 am	
		Title XIX	Hospital	Cost	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			2.47	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))			-0.75	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)			1.72	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.95	6.00
7.00	Enter the lesser of line 5 or line 6			1.72	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.	0.00	1.37	1.37	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.	0.00	1.21	1.21	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	0.00	1.21		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	1.08		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.46		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.92		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	0.00	0.92		17.00
18.00	Per resident amount	0.00	85,273.98		18.00
19.00	Approved amount for resident costs	0	78,452	78,452	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.23	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			78,452	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)	8,162	1,575		26.00
27.00	Total Inpatient Days (see instructions)	65,429	65,429		27.00
28.00	Ratio of inpatient days to total inpatient days	0.124746	0.024072		28.00
29.00	Program direct GME amount	9,787	1,888		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		267		30.00
31.00	Net Program direct GME amount			11,408	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/21/2016 10:02 am
		Title XIX	Hospital	Cost
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)			0 37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0 38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0 39.00
40.00	Primary payer payments (see instructions)			0 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			0 41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)			0 42.00
43.00	Primary payer payments (see instructions)			0 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			0 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			0 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.000000 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.000000 47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)			11,408 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			0 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0 50.00

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

Provider CCN: 260180

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

Worksheet G

Date/Time Prepared:  
5/21/2016 10:02 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	607,842	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	48,108,901	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-19,502,665	0	0	0	6.00
7.00	Inventory	4,930,235	0	0	0	7.00
8.00	Prepaid expenses	156,061	0	0	0	8.00
9.00	Other current assets	5,775,892	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)	40,076,266	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,240,325	0	0	0	12.00
13.00	Land improvements	6,757,771	0	0	0	13.00
14.00	Accumulated depreciation	-6,080,783	0	0	0	14.00
15.00	Buildings	116,737,015	0	0	0	15.00
16.00	Accumulated depreciation	-67,401,535	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	71,737,524	0	0	0	19.00
20.00	Accumulated depreciation	-66,003,354	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	109,226,397	0	0	0	23.00
24.00	Accumulated depreciation	-102,823,066	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	11,049,844	0	0	0	27.00
28.00	Accumulated depreciation	-4,224,108	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)	71,216,030	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	354,415	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	354,415	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	111,646,711	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	4,098,719	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,058,421	0	0	0	38.00
39.00	Payroll taxes payable	126,038	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,371,270	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	13,654,448	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	13,654,448	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	97,992,263				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	97,992,263	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	111,646,711	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260180

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

Worksheet G-1

Date/Time Prepared:  
5/21/2016 10:02 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		83,621,969		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-12,571,523			2.00
3.00	Total (sum of line 1 and line 2)		71,050,446		0	3.00
4.00	TRANSFER FROM BJC	27,500,315		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		27,500,315		0	10.00
11.00	Subtotal (line 3 plus line 10)		98,550,761		0	11.00
12.00	CHANGE IN RESTRICTED ASSETS	558,498		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		558,498		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		97,992,263		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	TRANSFER FROM BJC		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	CHANGE IN RESTRICTED ASSETS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 260180

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/21/2016 10:02 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	80,696,049		80,696,049	1.00
2.00	SUBPROVIDER - IPF	74,732		74,732	2.00
3.00	SUBPROVIDER - IRF	4,487,956		4,487,956	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	85,258,737		85,258,737	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	20,978,403		20,978,403	11.00
12.00	CORONARY CARE UNIT	13,674,576		13,674,576	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	34,652,979		34,652,979	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	119,911,716		119,911,716	17.00
18.00	Ancillary services	336,615,281	503,436,433	840,051,714	18.00
19.00	Outpatient services	0	0	0	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	121,336	32,975,353	33,096,689	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	456,648,333	536,411,786	993,060,119	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		264,029,039		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	NON OPERATING EXPENSES	2,723,002			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)		2,723,002		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		261,306,037		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet G-3 Date/Time Prepared: 5/21/2016 10:02 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	993,060,119	1.00
2.00	Less contractual allowances and discounts on patients' accounts	743,197,780	2.00
3.00	Net patient revenues (line 1 minus line 2)	249,862,339	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	261,306,037	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-11,443,698	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	35,641	6.00
7.00	Income from investments	191,477	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	1,728,892	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEANINGFUL USE MEDICAID	-151	24.00
24.01	MEANINGFUL USE MEDICARE	1,393,512	24.01
24.02	BJC OTHER OPERATING REVENUE	251,722	24.02
24.03	OTHER OPERATING REVENUE	7,919,926	24.03
25.00	Total other income (sum of lines 6-24)	11,521,019	25.00
26.00	Total (line 5 plus line 25)	77,321	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	12,612,066	27.00
27.01	PHYSICIAN OFFICE BUILDINGS	36,778	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	12,648,844	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-12,571,523	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260180	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/21/2016 10:02 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,394,099	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		222,853	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)		169.54	3.00
4.00	Number of interns & residents (see instructions)		1.38	4.00
5.00	Indirect medical education percentage (see instructions)		0.23	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)		7,806	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.64	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.37	8.00
9.00	Sum of lines 7 and 8		24.01	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.98	10.00
11.00	Disproportionate share adjustment (see instructions)		169,026	11.00
12.00	Total prospective capital payments (see instructions)		3,793,784	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