

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: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/23/2016 12:40 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/23/2016 Time: 12:40 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. LOUIS CHILDREN'S HOSPITAL (263301) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	254,413	-33,732	0	-17,407,334	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	254,413	-33,732	0	-17,407,334	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: 263301		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/23/2016 12:37 pm			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: ONE CHILDREN'S PLACE			PO Box:						1.00		
2.00	City: ST. LOUIS			State: MO		Zip Code: 63110		County: ST. LOUIS		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ST. LOUIS CHILDREN'S HOSPITAL		263301	41180	7	07/01/1966	0	T	0	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis		ST. LOUIS CHILDREN'S HOSPITAL		262309	41180		01/01/1974				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.						N				22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N		N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.						0		0		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.						0		0		0	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/23/2016 12:37 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N		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		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		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00	
				Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			4.23	75.51	0.053047	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Site	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)	PEDI ATRICS	2000	1.79	78.29	0.022353	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)	4.33	89.37	0.046211		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)	PEDIATRICS	2000	10.20	78.22	0.115359	
67.01		INTERNAL MEDICINE	1400	0.00	0.47	0.000000	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00	
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00	
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			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	

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		V 1.00	XIX 2.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
				1.00	2.00
				3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,561,097	231,000		118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		06/30/1977		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.		06/18/2009		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.		06/18/2009		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.		06/18/2009		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/23/2016 12:37 pm			
		1.00	2.00				
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		
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	269026		140.00		
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: BJC HEALTHCARE	Contractor's Name: WPS		Contractor's Number: 05301			
142.00	Street: 4901 FOREST PARK PARKWAY	PO Box:					
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	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	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 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
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		
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00		
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			N		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	
				Beginning 1.00	Ending 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)					170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/23/2016 12:37 pm	
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/23/2016 12:37 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			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 the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			N	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: 263301

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

Worksheet S-2
Part II
Date/Time Prepared:
5/23/2016 12:37 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	1.00 N	2.00	3.00 N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				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
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CINDY	DERBY		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.	314-362-0616	CAD4924@BJC.ORG		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT 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

HFS Supplemental Information		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part IX Date/Time Prepared: 5/23/2016 12:37 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
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.	Y	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.	Y	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.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
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.	Y	Y	6.00
PASS THROUGH COST				
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.	Y	Y	7.00
RHC				
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: 263301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2016 12:37 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	157	57,305	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)		157	57,305	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	45	16,425	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	92	33,580	0.00	0	12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		294	107,310	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						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)		294				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: 263301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2016 12:37 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	160	5,384	39,684			1.00
2.00 HMO and other (see instructions)	0	13,406				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	160	5,384	39,684			7.00
8.00 INTENSIVE CARE UNIT	35	1,539	7,318			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 NEONATAL INTENSIVE CARE UNIT	17	4,895	28,313			12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	212	11,818	75,315	182.59	2,841.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						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)				182.59	2,841.00	27.00
28.00 Observation Bed Days		491	3,812			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	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: 263301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2016 12:37 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	42	1,273	10,437	1.00
2.00 HMO and other (see instructions)			0	2,324		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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	42	1,273	10,437	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						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

		Outpatient		Training		Home					
		Regular 1.00	High Flux 2.00	Hemodialysis 3.00	CAPD / CCPD 4.00	Hemodialysis 5.00	CAPD / CCPD 6.00				
1.00	Number of patients in program at end of cost reporting period	9	0	0	0	0	7	1.00			
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	7.00	2.00			
3.00	Average patient dialysis time including setup	4.20	0.00	0.00	0.00			3.00			
4.00	CAPD exchanges per day				0.00		6.00	4.00			
5.00	Number of days in year dialysis furnished	365	0					5.00			
6.00	Number of stations	5	0	0	0			6.00			
7.00	Treatment capacity per day per station	2	0					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						Y		10.01		
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y		10.02		
							Prior to 1/1 1.00	After 12/31 2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						2		11.00		
12.00	Number of patients transplanted during the cost reporting period						8		12.00		
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00		
16.00	Number of EPO units furnished relating to the home dialysis department								16.00		
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00		
							MCP 1.00	INITIAL METHOD 2.00			
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable						X		21.00		
	ESA Description	Net Cost of ESAs for Renal Patients 2.00	Net Cost of ESAs for Home Patients 3.00	Number of ESA Units - Renal Dialysis Dept. 4.00	Number of ESA Units - Home Dialysis Dept. 5.00						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 263301		Period: From 01/01/2015 To 12/31/2015		Worksheet A	
Date/Time Prepared: 5/23/2016 12:37 pm							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT		0	0	11,936,441	11,936,441	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0	0	24,239,476	24,239,476	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	299,495	3,026,326	3,325,821	-1,178,719	2,147,102	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	40,651,665	142,595,770	183,247,435	-64,274,578	118,972,857	5.00
6.00 00600	MAINTENANCE & REPAIRS	307,525	1,020,976	1,328,501	-974,085	354,416	6.00
7.00 00700	OPERATION OF PLANT	1,762,049	5,669,506	7,431,555	-1,057,993	6,373,562	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	164,019	164,019	0	164,019	8.00
9.00 00900	HOUSEKEEPING	3,187,628	2,485,131	5,672,759	-20,763	5,651,996	9.00
10.00 01000	DIETARY	457,758	222,874	680,632	582,471	1,263,103	10.00
11.00 01100	CAFETERIA	2,042,119	4,581,035	6,623,154	465,976	7,089,130	11.00
13.00 01300	NURSING ADMINISTRATION	5,200,749	5,899,952	11,100,701	-1,425,831	9,674,870	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	4,061,302	4,061,302	14.00
15.00 01500	PHARMACY	0	0	0	9,472,518	9,472,518	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,803,596	1,220,910	3,024,506	-14,246	3,010,260	16.00
17.00 01700	SOCIAL SERVICE	2,964,557	1,624,368	4,588,925	-42,859	4,546,066	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,326,253	2,900,568	12,226,821	42,268,619	54,495,440	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	22,663,732	14,020,073	36,683,805	-4,194,942	32,488,863	30.00
31.00 03100	INTENSIVE CARE UNIT	8,953,457	4,757,458	13,710,915	-175,681	13,535,234	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	21,097,262	10,396,855	31,494,117	-309,849	31,184,268	35.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	7,738,131	24,656,650	32,394,781	-13,450,909	18,943,872	50.00
51.00 05100	RECOVERY ROOM	3,891,670	1,585,542	5,477,212	2,502,584	7,979,796	51.00
53.00 05300	ANESTHESIOLOGY	372,291	6,858,559	7,230,850	-441,158	6,789,692	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,173,214	2,065,252	5,238,466	-660,037	4,578,429	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	517,614	912,565	1,430,179	-74,496	1,355,683	55.00
57.00 05700	CT SCAN	46,810	450,505	497,315	-338,704	158,611	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	609,056	407,626	1,016,682	-15,585	1,001,097	58.00
59.00 05900	CARDIAC CATHETERIZATION	598,364	3,541,286	4,139,650	-3,087,258	1,052,392	59.00
60.00 06000	LABORATORY	4,631,693	15,558,631	20,190,324	-1,478,411	18,711,913	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	482,059	2,379,290	2,861,349	1,204,896	4,066,245	63.00
65.00 06500	RESPIRATORY THERAPY	3,993,909	5,273,316	9,267,225	-2,054,370	7,212,855	65.00
66.00 06600	PHYSICAL THERAPY	3,274,811	1,670,920	4,945,731	54,289	5,000,020	66.00
67.00 06700	OCCUPATIONAL THERAPY	952,778	331,139	1,283,917	9,827	1,293,744	67.00
68.00 06800	SPEECH PATHOLOGY	1,870,683	2,048,944	3,919,627	-3,651,527	268,100	68.00
69.00 06900	ELECTROCARDIOLOGY	0	2,049,889	2,049,889	684	2,050,573	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	554,893	469,219	1,024,112	-145,982	878,130	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	750,325	5,248,125	5,998,450	3,148,773	9,147,223	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,173,009	10,173,009	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,617,096	21,101,549	27,718,645	-10,181,994	17,536,651	73.00
74.00 07400	RENAL DIALYSIS	790,868	1,321,563	2,112,431	-1,324,367	788,064	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	3,351,184	3,160,669	6,511,853	940,354	7,452,207	90.00
91.00 09100	EMERGENCY	6,252,162	5,186,179	11,438,341	-133,971	11,304,370	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400	HOME PROGRAM DIALYSIS	0	141,897	141,897	-140,239	1,658	94.00
95.00 09500	AMBULANCE SERVICES	3,696,780	306,931	4,003,711	-211,791	3,791,920	95.00
98.00 09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500	KIDNEY ACQUISITION	0	103,541	103,541	0	103,541	105.00
106.00 10600	HEART ACQUISITION	0	1,009,810	1,009,810	0	1,009,810	106.00
107.00 10700	LIVER ACQUISITION	0	666,404	666,404	0	666,404	107.00
108.00 10800	LUNG ACQUISITION	0	368,854	368,854	0	368,854	108.00
112.00 08600	BONE MARROW ACQUISITION	0	1,000,826	1,000,826	0	1,000,826	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	174,884,236	310,461,502	485,345,738	874	485,346,612	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	6,299	6,299	0	6,299	192.00
194.00 07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	4,741,885	6,218,857	10,960,742	973	10,961,715	194.00
194.01 07951	RETAIL PHARMACY	491,726	3,265,919	3,757,645	-1,847	3,755,798	194.01
200.00	TOTAL (SUM OF LINES 118-199)	180,117,847	319,952,577	500,070,424	0	500,070,424	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 263301

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

Worksheet A
Date/Time Prepared:
5/23/2016 12:37 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,644,317	13,580,758	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,045,595	25,285,071	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,877,209	9,024,311	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-14,646,320	104,326,537	5.00
6.00	00600	MAINTENANCE & REPAIRS	-151	354,265	6.00
7.00	00700	OPERATION OF PLANT	-1,355	6,372,207	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	164,019	8.00
9.00	00900	HOUSEKEEPING	-1,877	5,650,119	9.00
10.00	01000	DIETARY	-12,136	1,250,967	10.00
11.00	01100	CAFETERIA	-4,581,891	2,507,239	11.00
13.00	01300	NURSING ADMINISTRATION	-439,082	9,235,788	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,061,302	14.00
15.00	01500	PHARMACY	0	9,472,518	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-329,209	2,681,051	16.00
17.00	01700	SOCIAL SERVICE	-27,606	4,518,460	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-661,841	53,833,599	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-37,644	32,451,219	30.00
31.00	03100	INTENSIVE CARE UNIT	-8,485	13,526,749	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-33,718	31,150,550	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-277,016	18,666,856	50.00
51.00	05100	RECOVERY ROOM	-7,043	7,972,753	51.00
53.00	05300	ANESTHESIOLOGY	-5,097,870	1,691,822	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-39,952	4,538,477	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-77	1,355,606	55.00
57.00	05700	CT SCAN	0	158,611	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,001,097	58.00
59.00	05900	CARDIAC CATHETERIZATION	-197,812	854,580	59.00
60.00	06000	LABORATORY	-2,151,489	16,560,424	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	123,366	4,189,611	63.00
65.00	06500	RESPIRATORY THERAPY	-1,333	7,211,522	65.00
66.00	06600	PHYSICAL THERAPY	-213,672	4,786,348	66.00
67.00	06700	OCCUPATIONAL THERAPY	-4,594	1,289,150	67.00
68.00	06800	SPEECH PATHOLOGY	-15,106	252,994	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,050,573	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-50	878,080	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-58	9,147,165	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,173,009	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-307,904	17,228,747	73.00
74.00	07400	RENAL DIALYSIS	-79	787,985	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-815,795	6,636,412	90.00
91.00	09100	EMERGENCY	-1,263,342	10,041,028	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	1,658	94.00
95.00	09500	AMBULANCE SERVICES	-92,951	3,698,969	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	103,541	105.00
106.00	10600	HEART ACQUISITION	0	1,009,810	106.00
107.00	10700	LIVER ACQUISITION	0	666,404	107.00
108.00	10800	LUNG ACQUISITION	0	368,854	108.00
112.00	08600	BONE MARROW ACQUISITION	0	1,000,826	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-21,576,971	463,769,641	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,299	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	-95,651	10,866,064	194.00
194.01	07951	RETAIL PHARMACY	0	3,755,798	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-21,672,622	478,397,802	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet Non-CMS W Date/Time Prepared: 5/23/2016 12:37 pm
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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00 ADMINISTRATIVE & GENERAL	00500		5.00
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
35.00 NEONATAL INTENSIVE CARE UNIT	02060	NEONATAL INTENSIVE CARE UNIT	35.00
ANCILLARY SERVICE COST CENTERS			
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
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
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
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 PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	09400		94.00
95.00 AMBULANCE SERVICES	09500		95.00
98.00 ANY OTHER REIMBURSABLE DEPARTMENTS	09850		98.00
SPECIAL PURPOSE COST CENTERS			
105.00 KIDNEY ACQUISITION	10500		105.00
106.00 HEART ACQUISITION	10600		106.00
107.00 LIVER ACQUISITION	10700		107.00
108.00 LUNG ACQUISITION	10800		108.00
112.00 BONE MARROW ACQUISITION	08600		112.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00 VARIOUS NONREIMBURSABLE DEPARTMENTS	07950		194.00
194.01 RETAIL PHARMACY	07951		194.01
200.00 TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RENTAL EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,122,932	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
TOTALS			0	4,122,932	
B - PATIENT CONVENIENCE CARE					
1.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	51,094	1.00
TOTALS			0	51,094	
C - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	390,199	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	226,242	2.00
TOTALS			0	616,441	
D - OUTPATIENT TREATMENT ROOM					
1.00	CLINIC	90.00	0	30,210	1.00
TOTALS			0	30,210	
E - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,358,879	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	800,253	2.00
TOTALS			0	2,159,132	
F - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,187,363	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	19,090,049	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

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6

Date/Time Prepared:
5/23/2016 12:37 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	29,277,412	
G - PHERESIS AND INFUSION					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	479,187	745,080	1.00
2.00	CLINIC	90.00	102,338	137,127	2.00
	TOTALS		581,525	882,207	
H - INFECTION SURVEULANCE					
1.00	INTENSIVE CARE UNIT	31.00	13,765	26,016	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	53,255	100,654	2.00
	TOTALS		67,020	126,670	
I - AFFILIATED SERVICES					
1.00	OPERATING ROOM	50.00	0	360,509	1.00
2.00	RECOVERY ROOM	51.00	0	4,307	2.00
3.00	ANESTHESIOLOGY	53.00	0	137,099	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	183,827	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	67,573	5.00
6.00	CT SCAN	57.00	0	8,214	6.00
7.00	RESPIRATORY THERAPY	65.00	0	992	7.00
8.00	PHYSICAL THERAPY	66.00	0	169,580	8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	181	9.00
10.00	ELECTROCARDIOLOGY	69.00	0	684	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	160,766	11.00
12.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	64,863	12.00
13.00	DRUGS CHARGED TO PATIENTS	73.00	0	837	13.00
	TOTALS		0	1,159,432	
J - CENTRAL SERVICE					
1.00	CENTRAL SERVICES & SUPPLY	14.00	750,325	3,310,977	1.00
	TOTALS		750,325	3,310,977	
K - PHARMACY					
1.00	PHARMACY	15.00	6,617,096	2,855,422	1.00
	TOTALS		6,617,096	2,855,422	
L - WU TEACHING SERVICE					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	42,272,576	1.00
	TOTALS		0	42,272,576	
M - TELEPHONE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	35,254	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
	TOTALS		0	35,254	
N - DIETARY					
1.00	DIETARY	10.00	179,599	402,891	1.00
2.00	CAFETERIA	11.00	0	1,174,078	2.00
	TOTALS		179,599	1,576,969	
O - MAINTENANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	724,866	357,596	1.00
2.00		0.00	0	0	2.00
	TOTALS		724,866	357,596	
P - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,902,262	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
	TOTALS		0	9,902,262	
R - EXTENDED RECOVERY					
1.00	RECOVERY ROOM	51.00	0	2,549,956	1.00
	TOTALS		0	2,549,956	
S - FAMILY CARE CENTER					
1.00	INTENSIVE CARE UNIT	31.00	17,055	9,348	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	65,983	36,166	2.00
	TOTALS		83,038	45,514	
T - INPATIENT CCPD					
1.00	RENAL DIALYSIS	74.00	0	140,239	1.00
	TOTALS		0	140,239	
U - EPO					
1.00	RENAL DIALYSIS	74.00	0	54,975	1.00
	TOTALS		0	54,975	
V - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,108,146	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
	TOTALS		0	10,108,146	
W - CEREBRAL PALSY CENTER					
1.00	OCCUPATIONAL THERAPY	67.00	25,551	7,794	1.00
	TOTALS		25,551	7,794	
X - HEMATOLOGY ONCOLOGY CLINIC					
1.00	CLINIC	90.00	0	1,022,777	1.00
	TOTALS		0	1,022,777	
500.00	Grand Total: Increases		9,029,020	112,665,987	500.00

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RENTAL EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,774	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	512,233	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	6,945	0		3.00
4.00	CAFETERIA	11.00	0	10,619	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	14,511	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,730	0		6.00
7.00	SOCIAL SERVICE	17.00	0	2,809	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	20,784	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	19,009	0		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	18,354	0		10.00
11.00	OPERATING ROOM	50.00	0	34,946	0		11.00
12.00	RECOVERY ROOM	51.00	0	2,407	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,221	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,086	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	13,371	0		15.00
16.00	LABORATORY	60.00	0	7,368	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	56,211	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	8,368	0		18.00
19.00	SPEECH PATHOLOGY	68.00	0	10,803	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	412	0		20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,753,355	0		21.00
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	587,175	0		22.00
23.00	CLINIC	90.00	0	8,169	0		23.00
24.00	EMERGENCY	91.00	0	6,030	0		24.00
25.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	15,242	0		25.00
TOTALS			0	4,122,932			
B - PATIENT CONVENIENCE CARE							
1.00	ADULTS & PEDIATRICS	30.00	0	51,094	0		1.00
TOTALS			0	51,094			
C - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	616,441	10		1.00
2.00		0.00	0	0	10		2.00
TOTALS			0	616,441			
D - OUTPATIENT TREATMENT ROOM							
1.00	ADULTS & PEDIATRICS	30.00	0	30,210	0		1.00
TOTALS			0	30,210			
E - INTEREST EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,159,132	11		1.00
2.00		0.00	0	0	11		2.00
TOTALS			0	2,159,132			
F - DEPRECIATION EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,411	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	19,703,360	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	501,762	0		3.00
4.00	OPERATION OF PLANT	7.00	0	440,793	0		4.00
5.00	HOUSEKEEPING	9.00	0	20,716	0		5.00
6.00	CAFETERIA	11.00	0	114,693	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	387,129	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,594	0		8.00
9.00	SOCIAL SERVICE	17.00	0	38,880	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	2,750	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,342,639	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	221,402	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	489,061	0		13.00
14.00	OPERATING ROOM	50.00	0	1,843,281	0		14.00
15.00	RECOVERY ROOM	51.00	0	47,381	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	232,413	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	839,368	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	49,324	0		18.00
19.00	CT SCAN	57.00	0	346,918	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,205	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	863,228	0		21.00
22.00	LABORATORY	60.00	0	311,365	0		22.00
23.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	19,344	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	266,709	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	51,814	0		25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	14,637	0		26.00
27.00	SPEECH PATHOLOGY	68.00	0	69,886	0		27.00

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6

Date/Time Prepared:
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	145,518	0		28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	65,059	0		29.00
30.00	DRUGS CHARGED TO PATIENTS	73.00	0	68,022	0		30.00
31.00	RENAL DIALYSIS	74.00	0	55,760	0		31.00
32.00	CLINIC	90.00	0	342,329	0		32.00
33.00	EMERGENCY	91.00	0	127,626	0		33.00
34.00	AMBULANCE SERVICES	95.00	0	209,836	0		34.00
35.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	20,430	0		35.00
36.00	RETAIL PHARMACY	194.01	0	1,769	0		36.00
	TOTALS		0	29,277,412			
G - PHERESIS AND INFUSION							
1.00	RENAL DIALYSIS	74.00	581,525	882,207	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		581,525	882,207			
H - INFECTION SURVEILLANCE							
1.00	ADULTS & PEDIATRICS	30.00	67,020	126,670	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		67,020	126,670			
I - AFFILIATED SERVICES							
1.00	LABORATORY	60.00	0	1,159,432	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
	TOTALS		0	1,159,432			
J - CENTRAL SERVICE							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	750,325	3,310,977	0		1.00
	TOTALS		750,325	3,310,977			
K - PHARMACY							
1.00	DRUGS CHARGED TO PATIENTS	73.00	6,617,096	2,855,422	0		1.00
	TOTALS		6,617,096	2,855,422			
L - WU TEACHING SERVICE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	42,272,576	0		1.00
	TOTALS		0	42,272,576			
M - TELEPHONE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	456	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	72	0		2.00
3.00	OPERATION OF PLANT	7.00	0	44	0		3.00
4.00	HOUSEKEEPING	9.00	0	47	0		4.00
5.00	DIETARY	10.00	0	19	0		5.00
6.00	CAFETERIA	11.00	0	300	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,414	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,922	0		8.00
9.00	SOCIAL SERVICE	17.00	0	1,170	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,207	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	2,341	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	340	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,840	0		13.00
14.00	OPERATING ROOM	50.00	0	505	0		14.00
15.00	RECOVERY ROOM	51.00	0	1,891	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	1	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	275	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	38	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	175	0		19.00
20.00	LABORATORY	60.00	0	246	0		20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	27	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	80	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	1,155	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	26	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	953	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	52	0		26.00

RECLASSIFICATIONS

Provider CCN: 263301

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

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Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
27.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31	0	27.00	
28.00	DRUGS CHARGED TO PATIENTS	73.00	0	141	0	28.00	
29.00	RENAL DIALYSIS	74.00	0	89	0	29.00	
30.00	CLINIC	90.00	0	1,600	0	30.00	
31.00	EMERGENCY	91.00	0	315	0	31.00	
32.00	AMBULANCE SERVICES	95.00	0	1,955	0	32.00	
33.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	14,449	0	33.00	
34.00	RETAIL PHARMACY	194.01	0	78	0	34.00	
	TOTALS		0	35,254			
N - DIETARY							
1.00	CAFETERIA	11.00	179,599	402,891	0	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,174,078	0	2.00	
	TOTALS		179,599	1,576,969			
O - MAINTENANCE							
1.00	MAINTENANCE & REPAIRS	6.00	107,710	357,596	0	1.00	
2.00	OPERATION OF PLANT	7.00	617,156	0	0	2.00	
	TOTALS		724,866	357,596			
P - MEDICAL SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	4,228	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	1,114	0	2.00	
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	56,652	0	3.00	
4.00	OPERATING ROOM	50.00	0	4,188,063	0	4.00	
5.00	ANESTHESIOLOGY	53.00	0	345,843	0	5.00	
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	89,091	0	6.00	
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	3,380	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	990,875	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	1,732,362	0	9.00	
10.00	PHYSICAL THERAPY	66.00	0	20,608	0	10.00	
11.00	OCCUPATIONAL THERAPY	67.00	0	9,036	0	11.00	
12.00	SPEECH PATHOLOGY	68.00	0	2,461,010	0	12.00	
	TOTALS		0	9,902,262			
R - EXTENDED RECOVERY							
1.00	ADULTS & PEDIATRICS	30.00	0	2,549,956	0	1.00	
	TOTALS		0	2,549,956			
S - FAMILY CARE CENTER							
1.00	ADMINISTRATIVE & GENERAL	5.00	83,038	45,514	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		83,038	45,514			
T - INPATIENT CCPD							
1.00	HOME PROGRAM DIALYSIS	94.00	0	140,239	0	1.00	
	TOTALS		0	140,239			
U - EPO							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	54,975	0	1.00	
	TOTALS		0	54,975			
V - IMPLANTS							
1.00	OPERATING ROOM	50.00	0	7,744,623	0	1.00	
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	530	0	2.00	
3.00	CARDIAC CATHETERIZATION	59.00	0	1,219,609	0	3.00	
4.00	PHYSICAL THERAPY	66.00	0	1	0	4.00	
5.00	SPEECH PATHOLOGY	68.00	0	1,108,875	0	5.00	
6.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	34,508	0	6.00	
	TOTALS		0	10,108,146			
W - CEREBRAL PALSY CENTER							
1.00	PHYSICAL THERAPY	66.00	25,551	7,794	0	1.00	
	TOTALS		25,551	7,794			
X - HEMATOLOGY ONCOLOGY CLINIC							
1.00	NURSING ADMINISTRATION	13.00	0	1,022,777	0	1.00	
	TOTALS		0	1,022,777			
500.00	Grand Total: Decreases		9,029,020	112,665,987		500.00	

Provider CCN: 263301

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/23/2016 12:37 pm

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		
A - RENTAL EXPENSE									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,122,932	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,774	1.00
2.00		0.00	0	0	ADMINISTRATIVE & GENERAL	5.00	0	512,233	2.00
3.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	6,945	3.00
4.00		0.00	0	0	CAFETERIA	11.00	0	10,619	4.00
5.00		0.00	0	0	NURSING	13.00	0	14,511	5.00
6.00		0.00	0	0	ADMINISTRATION				
7.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	3,730	6.00
8.00		0.00	0	0	SOCIAL SERVICE	17.00	0	2,809	7.00
9.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	20,784	8.00
10.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	19,009	9.00
11.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	18,354	10.00
12.00		0.00	0	0	OPERATING ROOM	50.00	0	34,946	11.00
13.00		0.00	0	0	RECOVERY ROOM	51.00	0	2,407	12.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	4,221	13.00
15.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	3,086	14.00
16.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	13,371	15.00
17.00		0.00	0	0	LABORATORY	60.00	0	7,368	16.00
18.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	56,211	17.00
19.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	8,368	18.00
20.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	10,803	19.00
21.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	412	20.00
22.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,753,355	21.00
23.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	587,175	22.00
24.00		0.00	0	0	CLINIC	90.00	0	8,169	23.00
25.00		0.00	0	0	EMERGENCY	91.00	0	6,030	24.00
		0.00	0	0	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	15,242	25.00
	TOTALS		0	4,122,932	TOTALS		0	4,122,932	
B - PATIENT CONVENIENCE CARE									
1.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	51,094	ADULTS & PEDIATRICS	30.00	0	51,094	1.00
	TOTALS		0	51,094	TOTALS		0	51,094	
C - PROPERTY INSURANCE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	390,199	ADMINISTRATIVE & GENERAL	5.00	0	616,441	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	226,242		0.00	0	0	2.00
	TOTALS		0	616,441	TOTALS		0	616,441	
D - OUTPATIENT TREATMENT ROOM									
1.00	CLINIC	90.00	0	30,210	ADULTS & PEDIATRICS	30.00	0	30,210	1.00
	TOTALS		0	30,210	TOTALS		0	30,210	
E - INTEREST EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,358,879	ADMINISTRATIVE & GENERAL	5.00	0	2,159,132	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	800,253		0.00	0	0	2.00
	TOTALS		0	2,159,132	TOTALS		0	2,159,132	
F - DEPRECIATION EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,187,363	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,411	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	19,090,049	ADMINISTRATIVE & GENERAL	5.00	0	19,703,360	2.00
3.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	501,762	3.00
4.00		0.00	0	0	OPERATION OF PLANT	7.00	0	440,793	4.00
5.00		0.00	0	0	HOUSEKEEPING	9.00	0	20,716	5.00
6.00		0.00	0	0	CAFETERIA	11.00	0	114,693	6.00
7.00		0.00	0	0	NURSING	13.00	0	387,129	7.00
8.00		0.00	0	0	ADMINISTRATION				
9.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	8,594	8.00
10.00		0.00	0	0	SOCIAL SERVICE	17.00	0	38,880	9.00
11.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	2,750	10.00
		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	1,342,639	11.00

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/23/2016 12:37 pm

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	
12.00	0.00	0			INTENSIVE CARE UNIT	31.00	0	221,402	12.00
13.00	0.00	0			NEONATAL INTENSIVE CARE UNIT	35.00	0	489,061	13.00
14.00	0.00	0			OPERATING ROOM	50.00	0	1,843,281	14.00
15.00	0.00	0			RECOVERY ROOM	51.00	0	47,381	15.00
16.00	0.00	0			ANESTHESIOLOGY	53.00	0	232,413	16.00
17.00	0.00	0			RADIOLOGY-DIAGNOSTIC	54.00	0	839,368	17.00
18.00	0.00	0			RADIOLOGY-THERAPEUTIC	55.00	0	49,324	18.00
19.00	0.00	0			CT SCAN	57.00	0	346,918	19.00
20.00	0.00	0			MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,205	20.00
21.00	0.00	0			CARDIAC CATHETERIZATION	59.00	0	863,228	21.00
22.00	0.00	0			LABORATORY	60.00	0	311,365	22.00
23.00	0.00	0			BLOOD STORING, PROCESSING & TRANS.	63.00	0	19,344	23.00
24.00	0.00	0			RESPIRATORY THERAPY	65.00	0	266,709	24.00
25.00	0.00	0			PHYSICAL THERAPY	66.00	0	51,814	25.00
26.00	0.00	0			OCCUPATIONAL THERAPY	67.00	0	14,637	26.00
27.00	0.00	0			SPEECH PATHOLOGY	68.00	0	69,886	27.00
28.00	0.00	0			ELECTROENCEPHALOGRAPHY	70.00	0	145,518	28.00
29.00	0.00	0			MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	65,059	29.00
30.00	0.00	0			DRUGS CHARGED TO PATIENTS	73.00	0	68,022	30.00
31.00	0.00	0			RENAL DIALYSIS	74.00	0	55,760	31.00
32.00	0.00	0			CLINIC	90.00	0	342,329	32.00
33.00	0.00	0			EMERGENCY	91.00	0	127,626	33.00
34.00	0.00	0			AMBULANCE SERVICES	95.00	0	209,836	34.00
35.00	0.00	0			VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	20,430	35.00
36.00	0.00	0			RETAIL PHARMACY	194.01	0	1,769	36.00
TOTALS					TOTALS		0	29,277,412	
G - PHERESIS AND INFUSION									
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	479,187	745,080	RENAL DIALYSIS	74.00	581,525	882,207	1.00
2.00	CLINIC	90.00	102,338	137,127		0.00	0	0	2.00
TOTALS					TOTALS		581,525	882,207	
H - INFECTION SURVEULANCE									
1.00	INTENSIVE CARE UNIT	31.00	13,765	26,016	ADULTS & PEDIATRICS	30.00	67,020	126,670	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	53,255	100,654		0.00	0	0	2.00
TOTALS					TOTALS		67,020	126,670	
I - AFFILIATED SERVICES									
1.00	OPERATING ROOM	50.00	0	360,509	LABORATORY	60.00	0	1,159,432	1.00
2.00	RECOVERY ROOM	51.00	0	4,307		0.00	0	0	2.00
3.00	ANESTHESIOLOGY	53.00	0	137,099		0.00	0	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	183,827		0.00	0	0	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	67,573		0.00	0	0	5.00
6.00	CT SCAN	57.00	0	8,214		0.00	0	0	6.00
7.00	RESPIRATORY THERAPY	65.00	0	992		0.00	0	0	7.00
8.00	PHYSICAL THERAPY	66.00	0	169,580		0.00	0	0	8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	181		0.00	0	0	9.00
10.00	ELECTROCARDIOLOGY	69.00	0	684		0.00	0	0	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	160,766		0.00	0	0	11.00
12.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	64,863		0.00	0	0	12.00
13.00	DRUGS CHARGED TO PATIENTS	73.00	0	837		0.00	0	0	13.00
TOTALS					TOTALS		0	1,159,432	
J - CENTRAL SERVICE									
1.00	CENTRAL SERVICES & SUPPLY	14.00	750,325	3,310,977	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	750,325	3,310,977	1.00
TOTALS					TOTALS		750,325	3,310,977	
K - PHARMACY									
1.00	PHARMACY	15.00	6,617,096	2,855,422	DRUGS CHARGED TO PATIENTS	73.00	6,617,096	2,855,422	1.00
TOTALS					TOTALS		6,617,096	2,855,422	
L - WU TEACHING SERVICE									
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	42,272,576	ADMINISTRATIVE & GENERAL	5.00	0	42,272,576	1.00
TOTALS					TOTALS		0	42,272,576	

Provider CCN: 263301

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/23/2016 12:37 pm

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		
M - TELEPHONE									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	35,254	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	456	1.00
2.00		0.00	0		MAINTENANCE & REPAIRS	6.00	0	72	2.00
3.00		0.00	0		OPERATION OF PLANT	7.00	0	44	3.00
4.00		0.00	0		HOUSEKEEPING	9.00	0	47	4.00
5.00		0.00	0		DIETARY	10.00	0	19	5.00
6.00		0.00	0		CAFETERIA	11.00	0	300	6.00
7.00		0.00	0		NURSING	13.00	0	1,414	7.00
8.00		0.00	0		ADMINISTRATIVE MEDICAL RECORDS & LIBRARY	16.00	0	1,922	8.00
9.00		0.00	0		SOCIAL SERVICE	17.00	0	1,170	9.00
10.00		0.00	0		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,207	10.00
11.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	2,341	11.00
12.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	340	12.00
13.00		0.00	0		NEONATAL INTENSIVE CARE UNIT	35.00	0	1,840	13.00
14.00		0.00	0		OPERATING ROOM	50.00	0	505	14.00
15.00		0.00	0		RECOVERY ROOM	51.00	0	1,891	15.00
16.00		0.00	0		ANESTHESIOLOGY	53.00	0	1	16.00
17.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	275	17.00
18.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	38	18.00
19.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	175	19.00
20.00		0.00	0		LABORATORY	60.00	0	246	20.00
21.00		0.00	0		BLOOD STORING, PROCESSING & TRANS.	63.00	0	27	21.00
22.00		0.00	0		RESPIRATORY THERAPY	65.00	0	80	22.00
23.00		0.00	0		PHYSICAL THERAPY	66.00	0	1,155	23.00
24.00		0.00	0		OCCUPATIONAL THERAPY	67.00	0	26	24.00
25.00		0.00	0		SPEECH PATHOLOGY	68.00	0	953	25.00
26.00		0.00	0		ELECTROENCEPHALOGRAPHY	70.00	0	52	26.00
27.00		0.00	0		MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31	27.00
28.00		0.00	0		DRUGS CHARGED TO PATIENTS	73.00	0	141	28.00
29.00		0.00	0		RENAL DIALYSIS	74.00	0	89	29.00
30.00		0.00	0		CLINIC	90.00	0	1,600	30.00
31.00		0.00	0		EMERGENCY	91.00	0	315	31.00
32.00		0.00	0		AMBULANCE SERVICES	95.00	0	1,955	32.00
33.00		0.00	0		VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	14,449	33.00
34.00		0.00	0		RETAIL PHARMACY	194.01	0	78	34.00
	TOTALS		0	35,254	TOTALS		0	35,254	
N - DIETARY									
1.00	DIETARY	10.00	179,599	402,891	CAFETERIA	11.00	179,599	402,891	1.00
2.00	CAFETERIA	11.00	0	1,174,078	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,174,078	2.00
	TOTALS		179,599	1,576,969	TOTALS		179,599	1,576,969	
O - MAINTENANCE									
1.00	ADMINISTRATIVE & GENERAL	5.00	724,866	357,596	MAINTENANCE & REPAIRS	6.00	107,710	357,596	1.00
2.00		0.00	0		OPERATION OF PLANT	7.00	617,156	0	2.00
	TOTALS		724,866	357,596	TOTALS		724,866	357,596	
P - MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,902,262	ADULTS & PEDIATRICS	30.00	0	4,228	1.00
2.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	1,114	2.00
3.00		0.00	0		NEONATAL INTENSIVE CARE UNIT	35.00	0	56,652	3.00
4.00		0.00	0		OPERATING ROOM	50.00	0	4,188,063	4.00
5.00		0.00	0		ANESTHESIOLOGY	53.00	0	345,843	5.00
6.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	89,091	6.00
7.00		0.00	0		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	3,380	7.00
8.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	990,875	8.00
9.00		0.00	0		RESPIRATORY THERAPY	65.00	0	1,732,362	9.00
10.00		0.00	0		PHYSICAL THERAPY	66.00	0	20,608	10.00
11.00		0.00	0		OCCUPATIONAL THERAPY	67.00	0	9,036	11.00
12.00		0.00	0		SPEECH PATHOLOGY	68.00	0	2,461,010	12.00

		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		
	TOTALS		0	9,902,262	TOTALS		0	9,902,262		
R - EXTENDED RECOVERY										
1.00	RECOVERY ROOM	51.00	0	2,549,956	ADULTS & PEDIATRICS	30.00	0	2,549,956	1.00	
	TOTALS		0	2,549,956	TOTALS		0	2,549,956		
S - FAMILY CARE CENTER										
1.00	INTENSIVE CARE UNIT	31.00	17,055	9,348	ADMINISTRATIVE & GENERAL	5.00	83,038	45,514	1.00	
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	65,983	36,166		0.00	0	0	2.00	
	TOTALS		83,038	45,514	TOTALS		83,038	45,514		
T - INPATIENT CCPD										
1.00	RENAL DIALYSIS	74.00	0	140,239	HOME PROGRAM DIALYSIS	94.00	0	140,239	1.00	
	TOTALS		0	140,239	TOTALS		0	140,239		
U - EPO										
1.00	RENAL DIALYSIS	74.00	0	54,975	DRUGS CHARGED TO PATIENTS	73.00	0	54,975	1.00	
	TOTALS		0	54,975	TOTALS		0	54,975		
V - IMPLANTS										
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,108,146	OPERATING ROOM	50.00	0	7,744,623	1.00	
2.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	530	2.00	
3.00		0.00	0	0	CARDIAC	59.00	0	1,219,609	3.00	
4.00		0.00	0	0	CATHERIZATION	66.00	0	1	4.00	
5.00		0.00	0	0	PHYSICAL THERAPY	68.00	0	1,108,875	5.00	
6.00		0.00	0	0	SPEECH PATHOLOGY	71.00	0	34,508	6.00	
					MEDICAL SUPPLIES CHARGED TO PATIENTS					
	TOTALS		0	10,108,146	TOTALS		0	10,108,146		
W - CEREBRAL PALSY CENTER										
1.00	OCCUPATIONAL THERAPY	67.00	25,551	7,794	PHYSICAL THERAPY	66.00	25,551	7,794	1.00	
	TOTALS		25,551	7,794	TOTALS		25,551	7,794		
X - HEMATOLOGY ONCOLOGY CLINIC										
1.00	CLINIC	90.00	0	1,022,777	NURSING ADMINISTRATION	13.00	0	1,022,777	1.00	
	TOTALS		0	1,022,777	TOTALS		0	1,022,777		
500.00	Grand Total: Increases		9,029,020	112,665,987	Grand Total: Decreases		9,029,020	112,665,987	500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 263301

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

Worksheet A-7
Part I
Date/Time Prepared:
5/23/2016 12:37 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,508,366	0	0	0	1.00
2.00	Land Improvements	138,237	0	0	0	2.00
3.00	Buildings and Fixtures	325,459,992	213,609	0	213,609	3.00
4.00	Building Improvements	32,761,181	74,253,269	0	74,253,269	4.00
5.00	Fixed Equipment	2,119,332	0	0	0	5.00
6.00	Movable Equipment	234,049,378	12,148,060	0	12,148,060	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	601,036,486	86,614,938	0	86,614,938	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	601,036,486	86,614,938	0	86,614,938	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,508,366	0			1.00
2.00	Land Improvements	138,237	0			2.00
3.00	Buildings and Fixtures	325,673,601	0			3.00
4.00	Building Improvements	94,652,781	0			4.00
5.00	Fixed Equipment	2,117,369	0			5.00
6.00	Movable Equipment	245,446,088	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	674,536,442	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	674,536,442	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 263301

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

Worksheet A-7
Part II
Date/Time Prepared:
5/23/2016 12:37 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	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	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	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: 263301

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

Worksheet A-7
Part III
Date/Time Prepared:
5/23/2016 12:37 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	13,214,553	0	13,214,553	0.341278	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	25,506,268	0	25,506,268	0.658722	0	2.00
3.00	Total (sum of lines 1-2)	38,720,821	0	38,720,821	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	10,187,363	390,199	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	19,090,049	4,349,174	2.00
3.00	Total (sum of lines 1-2)	0	0	0	29,277,412	4,739,373	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,026,213	0	0	1,976,983	13,580,758	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	604,319	0	0	1,241,529	25,285,071	2.00
3.00	Total (sum of lines 1-2)	1,630,532	0	0	3,218,512	38,865,829	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 263301

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

Worksheet A-8

Date/Time Prepared:
5/23/2016 12:37 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-332,666	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-195,934	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-7,992,489			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	-2,685,525			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-4,535,649	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	B	-46,045	CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 NON ALLOWED DEPRECIATION	B	-436,882	ADMINISTRATIVE & GENERAL	5.00	0	33.00
34.00 OTHER OPERATING REVENUE	B	-3,219,731	ADMINISTRATIVE & GENERAL	5.00	0	34.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
34.01	OTHER OPERATING REVENUE	B	-1,325	OPERATION OF PLANT	7.00	0 34.01
34.02	OTHER OPERATING REVENUE	B	-45	HOUSEKEEPING	9.00	0 34.02
34.03	OTHER OPERATING REVENUE	B	-12,136	DIETARY	10.00	0 34.03
34.04	OTHER OPERATING REVENUE	B	-226,828	NURSING ADMINISTRATION	13.00	0 34.04
34.05	OTHER OPERATING REVENUE	B	-328,786	MEDICAL RECORDS & LIBRARY	16.00	0 34.05
34.06	OTHER OPERATING REVENUE	B	-638,441	I&R SERVICES-OTHER PRGM	22.00	0 34.06
34.07	OTHER OPERATING REVENUE	B	-27,748	COSTS APPRVD		
34.08	OTHER OPERATING REVENUE	B	-5,415	OPERATING ROOM	50.00	0 34.07
34.09	OTHER OPERATING REVENUE	B	-37,897	RECOVERY ROOM	51.00	0 34.08
34.10	OTHER OPERATING REVENUE	B	-37,897	RADIOLOGY-DIAGNOSTIC	54.00	0 34.09
34.11	OTHER OPERATING REVENUE	B	-213,286	PHYSICAL THERAPY	66.00	0 34.10
34.12	OTHER OPERATING REVENUE	B	-4,545	OCCUPATIONAL THERAPY	67.00	0 34.11
34.13	OTHER OPERATING REVENUE	B	-14,806	SPEECH PATHOLOGY	68.00	0 34.12
34.14	OTHER OPERATING REVENUE	B	-307,754	DRUGS CHARGED TO PATIENTS	73.00	0 34.13
34.15	OTHER OPERATING REVENUE	B	-7,350	EMERGENCY	91.00	0 34.14
35.00	OTHER OPERATING REVENUE	B	-2,447	AMBULANCE SERVICES	95.00	0 34.15
35.01	OTHER OPERATING REVENUE	B	-1	VARIOUS NONREIMBURSABLE	194.00	0 35.00
35.01	ENTERTAINMENT EXPENSE	B	-30	DEPARTMENTS		
35.02	ENTERTAINMENT EXPENSE	B	-30	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 35.01
35.03	ENTERTAINMENT EXPENSE	B	-708,370	ADMINISTRATIVE & GENERAL	5.00	0 35.02
35.04	ENTERTAINMENT EXPENSE	B	-151	MAINTENANCE & REPAIRS	6.00	0 35.03
35.05	ENTERTAINMENT EXPENSE	B	-30	OPERATION OF PLANT	7.00	0 35.04
35.06	ENTERTAINMENT EXPENSE	B	-1,832	HOUSEKEEPING	9.00	0 35.05
35.07	ENTERTAINMENT EXPENSE	B	-197	CAFETERIA	11.00	0 35.06
35.08	ENTERTAINMENT EXPENSE	B	-42,923	NURSING ADMINISTRATION	13.00	0 35.07
35.09	ENTERTAINMENT EXPENSE	B	-423	MEDICAL RECORDS & LIBRARY	16.00	0 35.08
35.10	ENTERTAINMENT EXPENSE	B	-5,606	SOCIAL SERVICE	17.00	0 35.09
35.11	ENTERTAINMENT EXPENSE	B	-23,400	I&R SERVICES-OTHER PRGM	22.00	0 35.10
35.12	ENTERTAINMENT EXPENSE	B	-6,942	COSTS APPRVD		
35.13	ENTERTAINMENT EXPENSE	B	-6,942	ADULTS & PEDIATRICS	30.00	0 35.11
35.14	ENTERTAINMENT EXPENSE	B	-8,485	INTENSIVE CARE UNIT	31.00	0 35.12
35.15	ENTERTAINMENT EXPENSE	B	-15,360	NEONATAL INTENSIVE CARE UNIT	35.00	0 35.13
35.16	ENTERTAINMENT EXPENSE	B	-7,410	OPERATING ROOM	50.00	0 35.14
35.17	ENTERTAINMENT EXPENSE	B	-1,628	RECOVERY ROOM	51.00	0 35.15
35.18	ENTERTAINMENT EXPENSE	B	-2,055	RADIOLOGY-DIAGNOSTIC	54.00	0 35.16
35.19	ENTERTAINMENT EXPENSE	B	-77	RADIOLOGY-THERAPEUTIC	55.00	0 35.17
35.20	ENTERTAINMENT EXPENSE	B	-1,208	LABORATORY	60.00	0 35.18
35.21	ENTERTAINMENT EXPENSE	B	-1,333	RESPIRATORY THERAPY	65.00	0 35.19
35.22	ENTERTAINMENT EXPENSE	B	-386	PHYSICAL THERAPY	66.00	0 35.20
35.23	ENTERTAINMENT EXPENSE	B	-49	OCCUPATIONAL THERAPY	67.00	0 35.21
35.24	ENTERTAINMENT EXPENSE	B	-300	SPEECH PATHOLOGY	68.00	0 35.22
35.25	ENTERTAINMENT EXPENSE	B	-50	ELECTROENCEPHALOGRAPHY	70.00	0 35.23
36.00	ENTERTAINMENT EXPENSE	B	-58	MEDICAL SUPPLIES CHARGED TO	71.00	0 35.24
36.01	ENTERTAINMENT EXPENSE	B	-150	PATIENTS		
36.02	ENTERTAINMENT EXPENSE	B	-150	DRUGS CHARGED TO PATIENTS	73.00	0 35.25
36.03	ENTERTAINMENT EXPENSE	B	-79	RENAL DIALYSIS	74.00	0 36.00
36.04	ENTERTAINMENT EXPENSE	B	-1,838	CLINIC	90.00	0 36.01
36.05	ENTERTAINMENT EXPENSE	B	-9,936	EMERGENCY	91.00	0 36.02
36.06	ENTERTAINMENT EXPENSE	B	-5,249	AMBULANCE SERVICES	95.00	0 36.03
37.00	FRA	A	27,287,593	ADMINISTRATIVE & GENERAL	5.00	0 37.00
38.00	PENSION EXPENSE	B	-2,909	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00	MALPRACTICE	B	-1,561,097	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00	CONTRIBUTIONS	B	-24,629,096	ADMINISTRATIVE & GENERAL	5.00	0 40.00
40.01	CONTRIBUTIONS	B	-5,000	NURSING ADMINISTRATION	13.00	0 40.01
40.02	CONTRIBUTIONS	B	-22,000	SOCIAL SERVICE	17.00	0 40.02
40.03	CONTRIBUTIONS	B	-100	AMBULANCE SERVICES	95.00	0 40.03
40.04	CONTRIBUTIONS	B	-95,650	VARIOUS NONREIMBURSABLE	194.00	0 40.04
41.00	LOBBYING	B	-106,681	DEPARTMENTS		
42.00	ADVERTISING	B	-106,681	ADMINISTRATIVE & GENERAL	5.00	0 41.00
42.01	ADVERTISING	B	-551,637	ADMINISTRATIVE & GENERAL	5.00	0 42.00
43.00	RESEARCH & DEVELOPMENT	B	-500	NURSING ADMINISTRATION	13.00	0 42.01
44.00	COST OF ED AT PARKLAND	B	-22,359	ADMINISTRATIVE & GENERAL	5.00	0 43.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	A	156,100	EMERGENCY	91.00	0 44.00
			-21,672,622			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.

ADJUSTMENTS TO EXPENSES

Provider CCN: 263301

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

Worksheet A-8

Date/Time Prepared:
5/23/2016 12:37 pm

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

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: 263301
 Period: From 01/01/2015 To 12/31/2015
 Worksheet A-8-1
 Date/Time Prepared: 5/23/2016 12:37 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	1,976,983	0 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	1,241,529	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SALARY-HO	1,109,309	0 3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	OTHER EXPENSE-HO	5,787,140	0 4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	SALARY-HO	23,931,770	18,802,947 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-HO	12,654,222	28,405,078 4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-TFC	1,884,470	2,333,406 4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	BJH COH SPACE	509,530	0 4.04
4.05	50.00	OPERATING ROOM	OTHER EXPENSE-LI THOTRI PSY	26,850	41,170 4.05
4.06	59.00	CARDIAC CATHETERIZATION	OTHER EXPENSE-AFFILIATE	527,655	725,467 4.06
4.07	60.00	LABORATORY	OTHER EXPENSE-AFFILIATE	1,857,274	4,007,555 4.07
4.08	63.00	BLOOD STORING, PROCESSING &	OTHER EXPENSE-AFFILIATE	248,558	125,192 4.08
4.09	0.00			0	0 4.09
5.00	0		0	51,755,290	54,440,815 5.00

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

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

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

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

6.00	B	BJC HEALTHCARE	0.01	BJC HEALTHCARE	0.01	6.00
7.00	G	JOINT VENTURE	0.01	TELEPHONE FAC	0.01	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:	JOINT VENTURE				100.00

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

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

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

Provider CCN: 263301

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2016 12:37 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,976,983	14		1.00
2.00	1,241,529	14		2.00
3.00	1,109,309	0		3.00
4.00	5,787,140	0		4.00
4.01	5,128,823	0		4.01
4.02	-15,750,856	0		4.02
4.03	-448,936	0		4.03
4.04	509,530	0		4.04
4.05	-14,320	0		4.05
4.06	-197,812	0		4.06
4.07	-2,150,281	0		4.07
4.08	123,366	0		4.08
4.09	0	0		4.09
5.00	-2,685,525			5.00

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

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	COMMUNICATIONS		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: 263301

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2016 12:37 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	19,210	19,210	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	133,712	133,712	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	163,831	163,831	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	30,702	30,702	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	18,358	18,358	0	0	0	5.00
6.00	50.00	OPERATING ROOM	227,538	227,538	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	5,097,870	5,097,870	0	0	0	7.00
8.00	90.00	CLINIC	813,957	813,957	0	0	0	8.00
9.00	91.00	EMERGENCY	1,402,156	1,402,156	0	0	0	9.00
10.00	95.00	AMBULANCE SERVICES	85,155	85,155	0	0	0	10.00
200.00			7,992,489	7,992,489	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	90.00	CLINIC	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	19,210		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	133,712		2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	163,831		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	30,702		4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	18,358		5.00
6.00	50.00	OPERATING ROOM	0	0	0	227,538		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	5,097,870		7.00
8.00	90.00	CLINIC	0	0	0	813,957		8.00
9.00	91.00	EMERGENCY	0	0	0	1,402,156		9.00
10.00	95.00	AMBULANCE SERVICES	0	0	0	85,155		10.00
200.00			0	0	0	7,992,489		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2016 12:37 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	13,580,758	13,580,758			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	25,285,071		25,285,071		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,024,311	23,053	42,921	9,090,285	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	104,326,537	5,522,031	10,281,089	2,749,307	122,878,964
6.00 00600	MAINTENANCE & REPAIRS	354,265	99,406	185,077	9,147	647,895
7.00 00700	OPERATION OF PLANT	6,372,207	233,794	435,285	52,407	7,093,693
8.00 00800	LAUNDRY & LINEN SERVICE	164,019	41,075	76,475	0	281,569
9.00 00900	HOUSEKEEPING	5,650,119	0	0	145,914	5,796,033
10.00 01000	DIETARY	1,250,967	162,453	302,460	29,175	1,745,055
11.00 01100	CAFETERIA	2,507,239	312,486	581,795	85,257	3,486,777
13.00 01300	NURSING ADMINISTRATION	9,235,788	64,521	120,128	238,064	9,658,501
14.00 01400	CENTRAL SERVICES & SUPPLY	4,061,302	0	0	34,346	4,095,648
15.00 01500	PHARMACY	9,472,518	0	0	302,898	9,775,416
16.00 01600	MEDICAL RECORDS & LIBRARY	2,681,051	116,760	217,386	82,560	3,097,757
17.00 01700	SOCIAL SERVICE	4,518,460	104,201	194,005	135,703	4,952,369
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	53,833,599	71,007	132,203	426,909	54,463,718
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	32,451,219	2,193,904	4,084,677	1,034,364	39,764,164
31.00 03100	INTENSIVE CARE UNIT	13,526,749	244,898	455,959	411,255	14,638,861
35.00 02060	NEONATAL INTENSIVE CARE UNIT	31,150,550	605,102	1,126,597	971,185	33,853,434
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	18,666,856	686,014	1,277,242	354,213	20,984,325
51.00 05100	RECOVERY ROOM	7,972,753	335,539	624,716	178,141	9,111,149
53.00 05300	ANESTHESIOLOGY	1,691,822	0	0	17,042	1,708,864
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,538,477	280,608	522,445	145,254	5,486,784
55.00 05500	RADIOLOGY-THERAPEUTIC	1,355,606	44,632	83,098	23,694	1,507,030
57.00 05700	CT SCAN	158,611	10,888	20,271	2,143	191,913
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,001,097	37,931	70,620	27,880	1,137,528
59.00 05900	CARDIAC CATHETERIZATION	854,580	85,668	159,500	27,390	1,127,138
60.00 06000	LABORATORY	16,560,424	250,342	466,095	212,016	17,488,877
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	4,189,611	16,666	31,029	44,001	4,281,307
65.00 06500	RESPIRATORY THERAPY	7,211,522	69,061	128,580	182,821	7,591,984
66.00 06600	PHYSICAL THERAPY	4,786,348	345,857	643,926	148,735	5,924,866
67.00 06700	OCCUPATIONAL THERAPY	1,289,150	0	0	44,783	1,333,933
68.00 06800	SPEECH PATHOLOGY	252,994	93,608	174,282	85,631	606,515
69.00 06900	ELECTROCARDIOLOGY	2,050,573	0	0	0	2,050,573
70.00 07000	ELECTROENCEPHALOGRAPHY	878,080	36,181	67,364	25,400	1,007,025
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,147,165	275,773	513,443	0	9,936,381
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,173,009	0	0	0	10,173,009
73.00 07300	DRUGS CHARGED TO PATIENTS	17,228,747	125,662	233,962	0	17,588,371
74.00 07400	RENAL DIALYSIS	787,985	61,377	114,273	9,583	973,218
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	6,636,412	474,703	883,816	158,085	8,153,016
91.00 09100	EMERGENCY	10,041,028	336,384	626,290	286,193	11,289,895
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	1,658	0	0	0	1,658
95.00 09500	AMBULANCE SERVICES	3,698,969	27,043	50,349	169,220	3,945,581
98.00 09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	103,541	0	0	0	103,541
106.00 10600	HEART ACQUISITION	1,009,810	0	0	0	1,009,810
107.00 10700	LIVER ACQUISITION	666,404	0	0	0	666,404
108.00 10800	LUNG ACQUISITION	368,854	0	0	0	368,854
112.00 08600	BONE MARROW ACQUISITION	1,000,826	0	0	0	1,000,826
118.00	SUBTOTALS (SUM OF LINES 1-117)	463,769,641	13,388,628	24,927,358	8,850,716	462,980,229
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,398	36,115	0	55,513
192.00 19200	PHYSICIANS' PRIVATE OFFICES	6,299	0	0	0	6,299
194.00 07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	10,866,064	160,370	298,582	217,060	11,542,076
194.01 07951	RETAIL PHARMACY	3,755,798	12,362	23,016	22,509	3,813,685
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	478,397,802	13,580,758	25,285,071	9,090,285	478,397,802

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B Part I Date/Time Prepared: 5/23/2016 12:37 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	122,878,964				5.00
6.00	00600	MAINTENANCE & REPAIRS	223,934	871,829			6.00
7.00	00700	OPERATION OF PLANT	2,451,814	25,683	9,571,190		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	97,320	4,512	51,040	434,441	8.00
9.00	00900	HOUSEKEEPING	2,003,300	0	0	7,799,333	9.00
10.00	01000	DIETARY	603,149	17,846	201,866	0	165,378
11.00	01100	CAFETERIA	1,205,145	34,328	388,298	0	318,111
13.00	01300	NURSING ADMINISTRATION	3,338,297	7,088	80,175	0	65,683
14.00	01400	CENTRAL SERVICES & SUPPLY	1,415,591	0	0	0	0
15.00	01500	PHARMACY	3,378,706	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,070,687	12,826	145,087	0	118,862
17.00	01700	SOCIAL SERVICE	1,711,702	11,447	129,482	0	106,077
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	18,824,384	7,800	88,234	0	72,285
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,743,807	241,009	2,726,172	255,930	2,233,403
31.00	03100	INTENSIVE CARE UNIT	5,059,673	26,903	304,314	21,801	249,307
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,700,864	66,473	751,907	66,795	615,996
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,252,875	75,361	852,449	4,248	698,365
51.00	05100	RECOVERY ROOM	3,149,114	36,860	416,945	17,757	341,580
53.00	05300	ANESTHESIOLOGY	590,640	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,896,414	30,826	348,687	11,785	285,660
55.00	05500	RADIOLOGY-THERAPEUTIC	520,879	4,903	55,461	904	45,436
57.00	05700	CT SCAN	66,331	1,196	13,529	0	11,084
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	393,167	4,167	47,133	6,586	38,614
59.00	05900	CARDIAC CATHETERIZATION	389,576	9,411	106,452	4,104	87,211
60.00	06000	LABORATORY	6,044,733	27,501	311,078	0	254,849
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,479,761	1,831	20,709	0	16,966
65.00	06500	RESPIRATORY THERAPY	2,624,040	7,587	85,816	0	70,305
66.00	06600	PHYSICAL THERAPY	2,047,829	37,994	429,766	4,942	352,083
67.00	06700	OCCUPATIONAL THERAPY	461,051	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	209,632	10,283	116,319	0	95,293
69.00	06900	ELECTROCARDIOLOGY	708,746	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	348,061	3,975	44,960	227	36,833
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,434,341	30,295	342,679	0	280,738
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,516,128	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	6,079,121	13,804	156,150	0	127,925
74.00	07400	RENAL DIALYSIS	336,376	6,742	76,268	295	62,482
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,817,951	52,148	589,872	4,438	483,249
91.00	09100	EMERGENCY	3,902,160	36,953	417,995	34,628	342,440
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	573	0	0	0	0
95.00	09500	AMBULANCE SERVICES	1,363,723	2,971	33,604	0	27,530
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	35,787	0	0	0	0
106.00	10600	HEART ACQUISITION	349,024	0	0	0	0
107.00	10700	LIVER ACQUISITION	230,331	0	0	0	0
108.00	10800	LUNG ACQUISITION	127,488	0	0	0	0
112.00	08600	BONE MARROW ACQUISITION	345,918	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	117,550,143	850,723	9,332,447	434,440	7,603,745
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,187	2,131	24,104	0	19,747
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,177	0	0	0	0
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	3,989,322	17,617	199,278	1	163,257
194.01	07951	RETAIL PHARMACY	1,318,135	1,358	15,361	0	12,584
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	122,878,964	871,829	9,571,190	434,441	7,799,333

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	2,733,294					10.00
11.00	01100	1,861,213	7,293,872				11.00
13.00	01300	0	222,423	13,372,167			13.00
14.00	01400	0	0	0	5,511,239		14.00
15.00	01500	0	0	0	0	13,154,122	15.00
16.00	01600	0	137,988	0	0	0	16.00
17.00	01700	0	111,031	8	0	0	17.00
22.00	02200	0	588,258	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	202,960	1,632,246	4,556,403	0	0	30.00
31.00	03100	37,428	477,674	1,517,827	0	0	31.00
35.00	02060	0	995,781	3,176,510	0	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	357,672	1,194,411	0	0	50.00
51.00	05100	0	186,058	661,599	0	0	51.00
53.00	05300	0	30,892	16,693	0	0	53.00
54.00	05400	0	192,742	0	0	0	54.00
55.00	05500	0	26,574	56,612	0	0	55.00
57.00	05700	0	2,239	0	0	0	57.00
58.00	05800	0	33,722	0	0	0	58.00
59.00	05900	0	29,870	90,216	0	0	59.00
60.00	06000	0	295,778	0	0	0	60.00
63.00	06300	0	25,350	0	0	0	63.00
65.00	06500	0	244,897	0	0	0	65.00
66.00	06600	0	182,370	32,645	0	0	66.00
67.00	06700	0	48,850	0	0	0	67.00
68.00	06800	0	107,502	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	47,037	0	0	0	70.00
71.00	07100	0	68,996	0	3,557,201	0	71.00
72.00	07200	0	0	0	1,954,038	0	72.00
73.00	07300	0	279,312	70	0	13,114,473	73.00
74.00	07400	0	39,000	119,875	0	39,649	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	171,462	401,757	0	0	90.00
91.00	09100	0	319,303	792,654	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	164,984	500,472	0	0	95.00
98.00	09850	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		2,101,601	7,020,011	13,117,752	5,511,239	13,154,122	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	631,693	249,396	254,415	0	0	194.00
194.01	07951	0	24,465	0	0	0	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,733,294	7,293,872	13,372,167	5,511,239	13,154,122	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	16.00	17.00	22.00				24.00
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.00 00500 ADMINISTRATIVE & GENERAL						5.00	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY						15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	4,583,207					16.00	
17.00 01700 SOCIAL SERVICE	0	7,022,116				17.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	74,044,679			22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,195,383	3,400,647	19,479,495	89,431,619	-19,479,495	30.00	
31.00 03100 INTENSIVE CARE UNIT	220,445	627,132	6,047,218	29,228,583	-6,047,218	31.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	852,847	2,426,346	8,431,678	62,938,631	-8,431,678	35.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	12,578,521	43,998,227	-12,578,521	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	13,921,062	0	51.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	2,347,089	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	1,194,567	9,447,465	-1,194,567	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	1,446,569	3,664,368	-1,446,569	55.00	
57.00 05700 CT SCAN	0	0	865,543	1,151,835	-865,543	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	865,543	2,526,460	-865,543	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	796,649	2,640,627	-796,649	59.00	
60.00 06000 LABORATORY	0	0	0	24,422,816	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,825,924	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	389,586	11,014,215	-389,586	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	9,012,495	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,843,834	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	928,340	2,073,884	-928,340	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	2,759,319	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	824,288	2,312,406	-824,288	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,650,631	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,643,175	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	37,359,226	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	1,653,905	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	1,592,901	0	11,964,573	26,231,367	-11,964,573	90.00	
91.00 09100 EMERGENCY	721,631	567,991	8,232,109	26,657,759	-8,232,109	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	2,231	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	6,038,865	0	95.00	
98.00 09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	139,328	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	1,358,834	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	896,735	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	496,342	0	108.00	
112.00 08600 BONE MARROW ACQUISITION	0	0	0	1,346,744	0	112.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,583,207	7,022,116	74,044,679	456,036,001	-74,044,679	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	120,682	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	8,476	0	192.00	
194.00 07950 VARIOUS NONREIMBURSABLE DEPARTMENTS	0	0	0	17,047,055	0	194.00	
194.01 07951 RETAIL PHARMACY	0	0	0	5,185,588	0	194.01	
200.00	Cross Foot Adjustments	0	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	4,583,207	7,022,116	74,044,679	478,397,802	-74,044,679	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2016 12:37 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	69,952,124	30.00
31.00	03100 INTENSIVE CARE UNIT	23,181,365	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	54,506,953	35.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	31,419,706	50.00
51.00	05100 RECOVERY ROOM	13,921,062	51.00
53.00	05300 ANESTHESIOLOGY	2,347,089	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,252,898	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,217,799	55.00
57.00	05700 CT SCAN	286,292	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,660,917	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,843,978	59.00
60.00	06000 LABORATORY	24,422,816	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	5,825,924	63.00
65.00	06500 RESPIRATORY THERAPY	10,624,629	65.00
66.00	06600 PHYSICAL THERAPY	9,012,495	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,843,834	67.00
68.00	06800 SPEECH PATHOLOGY	1,145,544	68.00
69.00	06900 ELECTROCARDIOLOGY	2,759,319	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,488,118	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,650,631	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,643,175	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	37,359,226	73.00
74.00	07400 RENAL DIALYSIS	1,653,905	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	14,266,794	90.00
91.00	09100 EMERGENCY	18,425,650	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	2,231	94.00
95.00	09500 AMBULANCE SERVICES	6,038,865	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	98.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	139,328	105.00
106.00	10600 HEART ACQUISITION	1,358,834	106.00
107.00	10700 LIVER ACQUISITION	896,735	107.00
108.00	10800 LUNG ACQUISITION	496,342	108.00
112.00	08600 BONE MARROW ACQUISITION	1,346,744	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	381,991,322	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	120,682	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	8,476	192.00
194.00	07950 VARIOUS NONREIMBURSABLE DEPARTMENTS	17,047,055	194.00
194.01	07951 RETAIL PHARMACY	5,185,588	194.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	404,353,123	202.00

COST ALLOCATION STATISTICS

Provider CCN: 263301

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

Worksheet Non-CMS W
Date/Time Prepared:
5/23/2016 12:37 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	21	ASSIGNED TIME	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	16.00
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	18	TIME SPENT	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 263301

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2016 12:37 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,735	23,053	42,921	67,709	67,709 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	141,966	5,522,031	10,281,089	15,945,086	20,472 5.00
6.00 00600	MAINTENANCE & REPAIRS	4,460	99,406	185,077	288,943	68 6.00
7.00 00700	OPERATION OF PLANT	4,403	233,794	435,285	673,482	390 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	56	41,075	76,475	117,606	0 8.00
9.00 00900	HOUSEKEEPING	3,314	0	0	3,314	1,087 9.00
10.00 01000	DIETARY	928	162,453	302,460	465,841	217 10.00
11.00 01100	CAFETERIA	3,161	312,486	581,795	897,442	635 11.00
13.00 01300	NURSING ADMINISTRATION	14,214	64,521	120,128	198,863	1,773 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	256 14.00
15.00 01500	PHARMACY	0	0	0	0	2,256 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,274	116,760	217,386	340,420	615 16.00
17.00 01700	SOCIAL SERVICE	9,665	104,201	194,005	307,871	1,011 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,173	71,007	132,203	216,383	3,180 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	41,322	2,193,904	4,084,677	6,319,903	7,705 30.00
31.00 03100	INTENSIVE CARE UNIT	9,358	244,898	455,959	710,215	3,064 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	25,505	605,102	1,126,597	1,757,204	7,235 35.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,294	686,014	1,277,242	1,979,550	2,639 50.00
51.00 05100	RECOVERY ROOM	12,697	335,539	624,716	972,952	1,327 51.00
53.00 05300	ANESTHESIOLOGY	441	0	0	441	127 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,553	280,608	522,445	813,606	1,082 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,057	44,632	83,098	129,787	177 55.00
57.00 05700	CT SCAN	0	10,888	20,271	31,159	16 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,497	37,931	70,620	110,048	208 58.00
59.00 05900	CARDIAC CATHETERIZATION	3,239	85,668	159,500	248,407	204 59.00
60.00 06000	LABORATORY	7,027	250,342	466,095	723,464	1,579 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	703	16,666	31,029	48,398	328 63.00
65.00 06500	RESPIRATORY THERAPY	3,988	69,061	128,580	201,629	1,362 65.00
66.00 06600	PHYSICAL THERAPY	15,953	345,857	643,926	1,005,736	1,108 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	334 67.00
68.00 06800	SPEECH PATHOLOGY	3,063	93,608	174,282	270,953	638 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,483	36,181	67,364	106,028	189 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,378	275,773	513,443	792,594	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	8,648	125,662	233,962	368,272	0 73.00
74.00 07400	RENAL DIALYSIS	2,817	61,377	114,273	178,467	71 74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	7,042	474,703	883,816	1,365,561	1,178 90.00
91.00 09100	EMERGENCY	11,721	336,384	626,290	974,395	2,132 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	118	0	0	118	0 94.00
95.00 09500	AMBULANCE SERVICES	4,427	27,043	50,349	81,819	1,261 95.00
98.00 09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0 98.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	0 106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	0 107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	0 108.00
112.00 08600	BONE MARROW ACQUISITION	0	0	0	0	0 112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	397,680	13,388,628	24,927,358	38,713,666	65,924 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,398	36,115	55,513	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	VARIABLE NONREIMBURSABLE DEPARTMENTS	14,588	160,370	298,582	473,540	1,617 194.00
194.01 07951	RETAIL PHARMACY	809	12,362	23,016	36,187	168 194.01
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	413,077	13,580,758	25,285,071	39,278,906	67,709 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/23/2016 12:37 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	15,965,558			5.00		
6.00	00600	MAINTENANCE & REPAIRS	29,096	318,107		6.00		
7.00	00700	OPERATION OF PLANT	318,564	9,371	1,001,807	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	12,645	1,646	5,342	137,239	8.00	
9.00	00900	HOUSEKEEPING	260,288	0	0	264,689	9.00	
10.00	01000	DIETARY	78,367	6,512	21,129	0	5,612	10.00
11.00	01100	CAFETERIA	156,584	12,525	40,643	0	10,796	11.00
13.00	01300	NURSING ADMINISTRATION	433,744	2,586	8,392	0	2,229	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	183,927	0	0	0	0	14.00
15.00	01500	PHARMACY	438,994	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	139,114	4,680	15,186	0	4,034	16.00
17.00	01700	SOCIAL SERVICE	222,401	4,177	13,553	0	3,600	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,445,776	2,846	9,235	0	2,453	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,785,729	87,940	285,348	80,848	75,796	30.00
31.00	03100	INTENSIVE CARE UNIT	657,402	9,816	31,852	6,887	8,461	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,520,290	24,254	78,701	21,100	20,905	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	942,364	27,497	89,225	1,342	23,701	50.00
51.00	05100	RECOVERY ROOM	409,163	13,449	43,641	5,609	11,592	51.00
53.00	05300	ANESTHESIOLOGY	76,742	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	246,400	11,248	36,497	3,723	9,695	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	67,678	1,789	5,805	286	1,542	55.00
57.00	05700	CT SCAN	8,618	436	1,416	0	376	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	51,084	1,520	4,933	2,081	1,310	58.00
59.00	05900	CARDIAC CATHETERIZATION	50,618	3,434	11,142	1,296	2,960	59.00
60.00	06000	LABORATORY	785,390	10,034	32,560	0	8,649	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	192,265	668	2,168	0	576	63.00
65.00	06500	RESPIRATORY THERAPY	340,941	2,768	8,982	0	2,386	65.00
66.00	06600	PHYSICAL THERAPY	266,074	13,863	44,983	1,561	11,949	66.00
67.00	06700	OCCUPATIONAL THERAPY	59,904	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	27,237	3,752	12,175	0	3,234	68.00
69.00	06900	ELECTROCARDIOLOGY	92,087	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	45,223	1,450	4,706	72	1,250	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	446,223	11,054	35,868	0	9,528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	456,849	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	789,859	5,037	16,344	0	4,341	73.00
74.00	07400	RENAL DIALYSIS	43,705	2,460	7,983	93	2,120	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	366,136	19,027	61,741	1,402	16,400	90.00
91.00	09100	EMERGENCY	507,007	13,483	43,751	10,939	11,622	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	74	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	177,188	1,084	3,517	0	934	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,650	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	45,349	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	29,927	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	16,564	0	0	0	0	108.00
112.00	08600	BONE MARROW ACQUISITION	44,945	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,273,185	310,406	976,818	137,239	258,051	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,493	778	2,523	0	670	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	283	0	0	0	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	518,332	6,428	20,858	0	5,541	194.00
194.01	07951	RETAIL PHARMACY	171,265	495	1,608	0	427	194.01
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)	15,965,558	318,107	1,001,807	137,239	264,689	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/23/2016 12:37 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	577,678					10.00
11.00	01100	393,365	1,511,990				11.00
13.00	01300	0	46,107	693,694			13.00
14.00	01400	0	0	0	184,183		14.00
15.00	01500	0	0	0	0	441,250	15.00
16.00	01600	0	28,604	0	0	0	16.00
17.00	01700	0	23,016	0	0	0	17.00
22.00	02200	0	121,944	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	42,895	338,353	236,368	0	0	30.00
31.00	03100	7,910	99,020	78,739	0	0	31.00
35.00	02060	0	206,422	164,784	0	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	74,144	61,961	0	0	50.00
51.00	05100	0	38,569	34,321	0	0	51.00
53.00	05300	0	6,404	866	0	0	53.00
54.00	05400	0	39,955	0	0	0	54.00
55.00	05500	0	5,509	2,937	0	0	55.00
57.00	05700	0	464	0	0	0	57.00
58.00	05800	0	6,991	0	0	0	58.00
59.00	05900	0	6,192	4,680	0	0	59.00
60.00	06000	0	61,314	0	0	0	60.00
63.00	06300	0	5,255	0	0	0	63.00
65.00	06500	0	50,766	0	0	0	65.00
66.00	06600	0	37,805	1,693	0	0	66.00
67.00	06700	0	10,127	0	0	0	67.00
68.00	06800	0	22,285	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	9,751	0	0	0	70.00
71.00	07100	0	14,303	0	118,880	0	71.00
72.00	07200	0	0	0	65,303	0	72.00
73.00	07300	0	57,900	4	0	439,920	73.00
74.00	07400	0	8,085	6,219	0	1,330	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	35,543	20,842	0	0	90.00
91.00	09100	0	66,190	41,120	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	34,201	25,962	0	0	95.00
98.00	09850	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		444,170	1,455,219	680,496	184,183	441,250	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	133,508	51,699	13,198	0	0	194.00
194.01	07951	0	5,072	0	0	0	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		577,678	1,511,990	693,694	184,183	441,250	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 263301

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2016 12:37 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	16.00	17.00	22.00			24.00
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00 00500 ADMINISTRATIVE & GENERAL					5.00	
6.00 00600 MAINTENANCE & REPAIRS					6.00	
7.00 00700 OPERATION OF PLANT					7.00	
8.00 00800 LAUNDRY & LINEN SERVICE					8.00	
9.00 00900 HOUSEKEEPING					9.00	
10.00 01000 DIETARY					10.00	
11.00 01100 CAFETERIA					11.00	
13.00 01300 NURSING ADMINISTRATION					13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00	
15.00 01500 PHARMACY					15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	532,653				16.00	
17.00 01700 SOCIAL SERVICE	0	575,629			17.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	2,801,817		22.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	138,926	278,764		9,678,575	0 30.00	
31.00 03100 INTENSIVE CARE UNIT	25,620	51,408		1,690,394	0 31.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	99,117	198,897		4,098,909	0 35.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0		3,202,423	0 50.00	
51.00 05100 RECOVERY ROOM	0	0		1,530,623	0 51.00	
53.00 05300 ANESTHESIOLOGY	0	0		84,580	0 53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		1,162,206	0 54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		215,510	0 55.00	
57.00 05700 CT SCAN	0	0		42,485	0 57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		178,175	0 58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0		328,933	0 59.00	
60.00 06000 LABORATORY	0	0		1,622,990	0 60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		249,658	0 63.00	
65.00 06500 RESPIRATORY THERAPY	0	0		608,834	0 65.00	
66.00 06600 PHYSICAL THERAPY	0	0		1,384,772	0 66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0		70,365	0 67.00	
68.00 06800 SPEECH PATHOLOGY	0	0		340,274	0 68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0		92,087	0 69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		168,669	0 70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		1,428,450	0 71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		522,152	0 72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		1,681,677	0 73.00	
74.00 07400 RENAL DIALYSIS	0	0		250,533	0 74.00	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	185,123	0		2,072,953	0 90.00	
91.00 09100 EMERGENCY	83,867	46,560		1,801,066	0 91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0		192	0 94.00	
95.00 09500 AMBULANCE SERVICES	0	0		325,966	0 95.00	
98.00 09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0		0	0 98.00	
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0		4,650	0 105.00	
106.00 10600 HEART ACQUISITION	0	0		45,349	0 106.00	
107.00 10700 LIVER ACQUISITION	0	0		29,927	0 107.00	
108.00 10800 LUNG ACQUISITION	0	0		16,564	0 108.00	
112.00 08600 BONE MARROW ACQUISITION	0	0		44,945	0 112.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	532,653	575,629	0	34,974,886	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		61,977	0 190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0		283	0 192.00	
194.00 07950 VARIOUS NONREIMBURSABLE DEPARTMENTS	0	0		1,224,721	0 194.00	
194.01 07951 RETAIL PHARMACY	0	0		215,222	0 194.01	
200.00	Cross Foot Adjustments		2,801,817	2,801,817	0 200.00	
201.00	Negative Cost Centers	0	0	0	0 201.00	
202.00	TOTAL (sum lines 118-201)	532,653	575,629	2,801,817	39,278,906	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/23/2016 12:37 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	9,678,575	30.00
31.00	03100 INTENSIVE CARE UNIT	1,690,394	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,098,909	35.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	3,202,423	50.00
51.00	05100 RECOVERY ROOM	1,530,623	51.00
53.00	05300 ANESTHESIOLOGY	84,580	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,162,206	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	215,510	55.00
57.00	05700 CT SCAN	42,485	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	178,175	58.00
59.00	05900 CARDIAC CATHETERIZATION	328,933	59.00
60.00	06000 LABORATORY	1,622,990	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	249,658	63.00
65.00	06500 RESPIRATORY THERAPY	608,834	65.00
66.00	06600 PHYSICAL THERAPY	1,384,772	66.00
67.00	06700 OCCUPATIONAL THERAPY	70,365	67.00
68.00	06800 SPEECH PATHOLOGY	340,274	68.00
69.00	06900 ELECTROCARDIOLOGY	92,087	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	168,669	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,428,450	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	522,152	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,681,677	73.00
74.00	07400 RENAL DIALYSIS	250,533	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	2,072,953	90.00
91.00	09100 EMERGENCY	1,801,066	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	192	94.00
95.00	09500 AMBULANCE SERVICES	325,966	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	98.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	4,650	105.00
106.00	10600 HEART ACQUISITION	45,349	106.00
107.00	10700 LIVER ACQUISITION	29,927	107.00
108.00	10800 LUNG ACQUISITION	16,564	108.00
112.00	08600 BONE MARROW ACQUISITION	44,945	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	34,974,886	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	61,977	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	283	192.00
194.00	07950 VARIOUS NONREIMBURSABLE DEPARTMENTS	1,224,721	194.00
194.01	07951 RETAIL PHARMACY	215,222	194.01
200.00	Cross Foot Adjustments	2,801,817	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	39,278,906	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1
Date/Time Prepared:
5/23/2016 12:37 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					4.00
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT	691,021					1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		691,021				2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,173	1,173	198,587,375			4.00	
5.00 00500 ADMINISTRATIVE & GENERAL	280,974	280,974	60,062,516	-122,878,964	355,518,838	5.00	
6.00 00600 MAINTENANCE & REPAIRS	5,058	5,058	199,815	0	647,895	6.00	
7.00 00700 OPERATION OF PLANT	11,896	11,896	1,144,893	0	7,093,693	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	2,090	2,090	0	0	281,569	8.00	
9.00 00900 HOUSEKEEPING	0	0	3,187,628	0	5,796,033	9.00	
10.00 01000 DIETARY	8,266	8,266	637,357	0	1,745,055	10.00	
11.00 01100 CAFETERIA	15,900	15,900	1,862,520	0	3,486,777	11.00	
13.00 01300 NURSING ADMINISTRATION	3,283	3,283	5,200,749	0	9,658,501	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	750,325	0	4,095,648	14.00	
15.00 01500 PHARMACY	0	0	6,617,096	0	9,775,416	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	5,941	5,941	1,803,596	0	3,097,757	16.00	
17.00 01700 SOCIAL SERVICE	5,302	5,302	2,964,557	0	4,952,369	17.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,613	3,613	9,326,253	0	54,463,718	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	111,631	111,631	22,596,712	0	39,764,164	30.00	
31.00 03100 INTENSIVE CARE UNIT	12,461	12,461	8,984,277	0	14,638,861	31.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	30,789	30,789	21,216,500	0	33,853,434	35.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	34,906	34,906	7,738,131	0	20,984,325	50.00	
51.00 05100 RECOVERY ROOM	17,073	17,073	3,891,670	0	9,111,149	51.00	
53.00 05300 ANESTHESIOLOGY	0	0	372,291	0	1,708,864	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,278	14,278	3,173,214	0	5,486,784	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	2,271	2,271	517,614	0	1,507,030	55.00	
57.00 05700 CT SCAN	554	554	46,810	0	191,913	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,930	1,930	609,056	0	1,137,528	58.00	
59.00 05900 CARDIAC CATHETERIZATION	4,359	4,359	598,364	0	1,127,138	59.00	
60.00 06000 LABORATORY	12,738	12,738	4,631,693	0	17,488,877	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	848	848	961,246	0	4,281,307	63.00	
65.00 06500 RESPIRATORY THERAPY	3,514	3,514	3,993,909	0	7,591,984	65.00	
66.00 06600 PHYSICAL THERAPY	17,598	17,598	3,249,260	0	5,924,866	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	978,329	0	1,333,933	67.00	
68.00 06800 SPEECH PATHOLOGY	4,763	4,763	1,870,683	0	606,515	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	2,050,573	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	1,841	1,841	554,893	0	1,007,025	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,032	14,032	0	0	9,936,381	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,173,009	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	6,394	6,394	0	0	17,588,371	73.00	
74.00 07400 RENAL DIALYSIS	3,123	3,123	209,343	0	973,218	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	24,154	24,154	3,453,522	0	8,153,016	90.00	
91.00 09100 EMERGENCY	17,116	17,116	6,252,162	0	11,289,895	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	1,658	94.00	
95.00 09500 AMBULANCE SERVICES	1,376	1,376	3,696,780	0	3,945,581	95.00	
98.00 09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	103,541	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	1,009,810	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	666,404	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	368,854	108.00	
112.00 08600 BONE MARROW ACQUISITION	0	0	0	0	1,000,826	112.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	681,245	681,245	193,353,764	-122,878,964	340,101,265	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	987	987	0	0	55,513	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	6,299	192.00	
194.00 07950 VARIOUS NONREIMBURSABLE DEPARTMENTS	8,160	8,160	4,741,885	0	11,542,076	194.00	
194.01 07951 RETAIL PHARMACY	629	629	491,726	0	3,813,685	194.01	
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)	13,580,758	25,285,071	9,090,285	122,878,964	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	19.653177	36.590887	0.045775	0.345633	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)			67,709	15,965,558	204.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1

Date/Time Prepared:
5/23/2016 12:37 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
205.00 Unit cost multiplier (Wkst. B, Part II)			4.00 0.000341	5A	5.00 0.044908	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1

Date/Time Prepared:
5/23/2016 12:37 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	403,816					6.00
7.00	00700	11,896	391,920				7.00
8.00	00800	2,090	2,090	1,176,521			8.00
9.00	00900	0	0	0	389,830		9.00
10.00	01000	8,266	8,266	0	8,266	1,519,515	10.00
11.00	01100	15,900	15,900	0	15,900	1,034,701	11.00
13.00	01300	3,283	3,283	0	3,283	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	5,941	5,941	0	5,941	0	16.00
17.00	01700	5,302	5,302	0	5,302	0	17.00
22.00	02200	3,613	3,613	0	3,613	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	111,631	111,631	693,088	111,631	112,831	30.00
31.00	03100	12,461	12,461	59,040	12,461	20,807	31.00
35.00	02060	30,789	30,789	180,890	30,789	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	34,906	34,906	11,505	34,906	0	50.00
51.00	05100	17,073	17,073	48,088	17,073	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	14,278	14,278	31,914	14,278	0	54.00
55.00	05500	2,271	2,271	2,449	2,271	0	55.00
57.00	05700	554	554	0	554	0	57.00
58.00	05800	1,930	1,930	17,837	1,930	0	58.00
59.00	05900	4,359	4,359	11,113	4,359	0	59.00
60.00	06000	12,738	12,738	0	12,738	0	60.00
63.00	06300	848	848	0	848	0	63.00
65.00	06500	3,514	3,514	0	3,514	0	65.00
66.00	06600	17,598	17,598	13,384	17,598	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	4,763	4,763	0	4,763	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	1,841	1,841	614	1,841	0	70.00
71.00	07100	14,032	14,032	0	14,032	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	6,394	6,394	0	6,394	0	73.00
74.00	07400	3,123	3,123	799	3,123	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	24,154	24,154	12,018	24,154	0	90.00
91.00	09100	17,116	17,116	93,778	17,116	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	1,376	1,376	0	1,376	0	95.00
98.00	09850	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		394,040	382,144	1,176,517	380,054	1,168,339	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	987	987	0	987	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	8,160	8,160	4	8,160	351,176	194.00
194.01	07951	629	629	0	629	0	194.01
200.00							200.00
201.00							201.00
202.00		871,829	9,571,190	434,441	7,799,333	2,733,294	202.00
203.00		2.158976	24.421285	0.369259	20.007011	1.798794	203.00
204.00		318,107	1,001,807	137,239	264,689	577,678	204.00
205.00		0.787752	2.556152	0.116648	0.678986	0.380173	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1

Date/Time Prepared:
5/23/2016 12:37 pm

Cost Center Description			CAFETERIA (ASSIGNED TIME)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	4,195,617					11.00
13.00	01300	NURSING ADMINISTRATION	127,943	1,715,101				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	15,296,267			14.00
15.00	01500	PHARMACY	0	0	0	18,238,704		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	79,374	0	0	0	79,358	16.00
17.00	01700	SOCIAL SERVICE	63,868	1	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	338,381	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	938,907	584,400	0	0	20,698	30.00
31.00	03100	INTENSIVE CARE UNIT	274,770	194,675	0	0	3,817	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	572,798	407,416	0	0	14,767	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	205,742	153,194	0	0	0	50.00
51.00	05100	RECOVERY ROOM	107,025	84,856	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	17,770	2,141	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	110,870	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,286	7,261	0	0	0	55.00
57.00	05700	CT SCAN	1,288	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,398	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,182	11,571	0	0	0	59.00
60.00	06000	LABORATORY	170,139	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,582	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	140,871	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	104,904	4,187	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,100	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	61,838	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27,057	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,688	0	9,872,904	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,423,363	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	160,667	9	0	18,183,729	0	73.00
74.00	07400	RENAL DIALYSIS	22,434	15,375	0	54,975	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	98,629	51,529	0	0	27,581	90.00
91.00	09100	EMERGENCY	183,671	101,665	0	0	12,495	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	94,903	64,190	0	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,038,085	1,682,470	15,296,267	18,238,704	79,358	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	143,459	32,631	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	14,073	0	0	0	0	194.01
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)	7,293,872	13,372,167	5,511,239	13,154,122	4,583,207	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.738450	7.796723	0.360300	0.721220	57.753560	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,511,990	693,694	184,183	441,250	532,653	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.360374	0.404462	0.012041	0.024193	6.712027	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1
Date/Time Prepared:
5/23/2016 12:37 pm

Line	Code	Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	
			(TIME SPENT)	SERVICES-OTHER PRGM COSTS	
			17.00	(TIME SPENT) 22.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE	18,285		17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	364,345	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	8,855	95,851	30.00
31.00	03100	INTENSIVE CARE UNIT	1,633	29,756	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,318	41,489	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	61,894	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	5,878	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,118	55.00
57.00	05700	CT SCAN	0	4,259	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,259	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,920	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,917	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	4,568	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,056	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	58,873	90.00
91.00	09100	EMERGENCY	1,479	40,507	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,285	364,345	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	194.01
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)	7,022,116	74,044,679	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	384.036970	203.226829	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	575,629	2,801,817	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	31.480941	7.690011	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 263301

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2016 12:37 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	69,952,124		69,952,124	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	23,181,365		23,181,365	0	0	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	54,506,953		54,506,953	0	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	31,419,706		31,419,706	0	0	50.00
51.00	05100 RECOVERY ROOM	13,921,062		13,921,062	0	0	51.00
53.00	05300 ANESTHESIOLOGY	2,347,089		2,347,089	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,252,898		8,252,898	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,217,799		2,217,799	0	0	55.00
57.00	05700 CT SCAN	286,292		286,292	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,660,917		1,660,917	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,843,978		1,843,978	0	0	59.00
60.00	06000 LABORATORY	24,422,816		24,422,816	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	5,825,924		5,825,924	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	10,624,629	0	10,624,629	0	0	65.00
66.00	06600 PHYSICAL THERAPY	9,012,495	0	9,012,495	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,843,834	0	1,843,834	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	1,145,544	0	1,145,544	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,759,319		2,759,319	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,488,118		1,488,118	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,650,631		17,650,631	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,643,175		15,643,175	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	37,359,226		37,359,226	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,653,905		1,653,905	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	14,266,794		14,266,794	0	0	90.00
91.00	09100 EMERGENCY	18,425,650		18,425,650	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,130,611		6,130,611	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	2,231		2,231	0	0	94.00
95.00	09500 AMBULANCE SERVICES	6,038,865		6,038,865	0	0	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0		0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	139,328		139,328		0	105.00
106.00	10600 HEART ACQUISITION	1,358,834		1,358,834		0	106.00
107.00	10700 LIVER ACQUISITION	896,735		896,735		0	107.00
108.00	10800 LUNG ACQUISITION	496,342		496,342		0	108.00
112.00	08600 BONE MARROW ACQUISITION	1,346,744		1,346,744		0	112.00
200.00	Subtotal (see instructions)	388,121,933	0	388,121,933	0	0	200.00
201.00	Less Observation Beds	6,130,611		6,130,611		0	201.00
202.00	Total (see instructions)	381,991,322	0	381,991,322	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 263301		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/23/2016 12:37 pm	
			Title XVII I		Hospital		Tefra	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,142,159		79,142,159			30.00
31.00	03100	INTENSIVE CARE UNIT	28,577,745		28,577,745			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	92,068,130		92,068,130			35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,219,323	37,001,270	79,220,593	0.396610	0.396610	50.00
51.00	05100	RECOVERY ROOM	2,720,790	17,713,533	20,434,323	0.681259	0.681259	51.00
53.00	05300	ANESTHESIOLOGY	8,950,976	14,025,646	22,976,622	0.102151	0.102151	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,050,788	24,112,401	37,163,189	0.222072	0.222072	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,525,240	4,023,236	7,548,476	0.293808	0.293808	55.00
57.00	05700	CT SCAN	5,825,919	7,336,015	13,161,934	0.021752	0.021752	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,815,259	30,909,181	39,724,440	0.041811	0.041811	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,123,810	9,087,915	13,211,725	0.139571	0.139571	59.00
60.00	06000	LABORATORY	63,452,538	48,495,415	111,947,953	0.218162	0.218162	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,334,459	5,339,126	19,673,585	0.296129	0.296129	63.00
65.00	06500	RESPIRATORY THERAPY	32,806,532	892,778	33,699,310	0.315277	0.315277	65.00
66.00	06600	PHYSICAL THERAPY	4,073,349	5,304,743	9,378,092	0.961016	0.961016	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,534,740	2,294,913	4,829,653	0.381774	0.381774	67.00
68.00	06800	SPEECH PATHOLOGY	1,086,761	4,968,732	6,055,493	0.189174	0.189174	68.00
69.00	06900	ELECTROCARDIOLOGY	4,839,053	622,679	5,461,732	0.505210	0.505210	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,691,962	2,311,406	6,003,368	0.247881	0.247881	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,518,672	15,831,095	53,349,767	0.330847	0.330847	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,407,035	6,607,754	28,014,789	0.558390	0.558390	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,194,113	37,171,503	111,365,616	0.335465	0.335465	73.00
74.00	07400	RENAL DIALYSIS	1,385,304	872,606	2,257,910	0.732494	0.732494	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	698,800	10,038,192	10,736,992	1.328751	1.328751	90.00
91.00	09100	EMERGENCY	11,753,246	37,972,655	49,725,901	0.370544	0.370544	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	684,581	5,719,533	6,404,114	0.957293	0.957293	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	770,559	770,559	0.002895	0.002895	94.00
95.00	09500	AMBULANCE SERVICES	6,132,183	2,668,609	8,800,792	0.686173	0.686173	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0.000000	0.000000	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	407,491	0	407,491			105.00
106.00	10600	HEART ACQUISITION	1,967,456	0	1,967,456			106.00
107.00	10700	LIVER ACQUISITION	1,290,419	0	1,290,419			107.00
108.00	10800	LUNG ACQUISITION	709,847	0	709,847			108.00
112.00	08600	BONE MARROW ACQUISITION	2,075,201	0	2,075,201			112.00
200.00		Subtotal (see instructions)	576,063,881	332,091,495	908,155,376			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	576,063,881	332,091,495	908,155,376			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/23/2016 12:37 pm
		Title XVIII	Hospital	Tefra

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
ANCILLARY SERVICE COST CENTERS				
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
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
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 PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000		98.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
112.00	08600 BONE MARROW ACQUISITION			112.00
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: 263301

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2016 12:37 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	69,952,124		69,952,124	0	69,952,124	30.00
31.00	03100 INTENSIVE CARE UNIT	23,181,365		23,181,365	0	23,181,365	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	54,506,953		54,506,953	0	54,506,953	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	31,419,706		31,419,706	0	31,419,706	50.00
51.00	05100 RECOVERY ROOM	13,921,062		13,921,062	0	13,921,062	51.00
53.00	05300 ANESTHESIOLOGY	2,347,089		2,347,089	0	2,347,089	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,252,898		8,252,898	0	8,252,898	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,217,799		2,217,799	0	2,217,799	55.00
57.00	05700 CT SCAN	286,292		286,292	0	286,292	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,660,917		1,660,917	0	1,660,917	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,843,978		1,843,978	0	1,843,978	59.00
60.00	06000 LABORATORY	24,422,816		24,422,816	0	24,422,816	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	5,825,924		5,825,924	0	5,825,924	63.00
65.00	06500 RESPIRATORY THERAPY	10,624,629	0	10,624,629	0	10,624,629	65.00
66.00	06600 PHYSICAL THERAPY	9,012,495	0	9,012,495	0	9,012,495	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,843,834	0	1,843,834	0	1,843,834	67.00
68.00	06800 SPEECH PATHOLOGY	1,145,544	0	1,145,544	0	1,145,544	68.00
69.00	06900 ELECTROCARDIOLOGY	2,759,319		2,759,319	0	2,759,319	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,488,118		1,488,118	0	1,488,118	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,650,631		17,650,631	0	17,650,631	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,643,175		15,643,175	0	15,643,175	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	37,359,226		37,359,226	0	37,359,226	73.00
74.00	07400 RENAL DIALYSIS	1,653,905		1,653,905	0	1,653,905	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	14,266,794		14,266,794	0	14,266,794	90.00
91.00	09100 EMERGENCY	18,425,650		18,425,650	0	18,425,650	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,130,611		6,130,611	0	6,130,611	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	2,231		2,231	0	2,231	94.00
95.00	09500 AMBULANCE SERVICES	6,038,865		6,038,865	0	6,038,865	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0		0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	139,328		139,328		139,328	105.00
106.00	10600 HEART ACQUISITION	1,358,834		1,358,834		1,358,834	106.00
107.00	10700 LIVER ACQUISITION	896,735		896,735		896,735	107.00
108.00	10800 LUNG ACQUISITION	496,342		496,342		496,342	108.00
112.00	08600 BONE MARROW ACQUISITION	1,346,744		1,346,744		1,346,744	112.00
200.00	Subtotal (see instructions)	388,121,933	0	388,121,933	0	388,121,933	200.00
201.00	Less Observation Beds	6,130,611		6,130,611		6,130,611	201.00
202.00	Total (see instructions)	381,991,322	0	381,991,322	0	381,991,322	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 263301		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/23/2016 12:37 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,142,159		79,142,159			30.00
31.00	03100	INTENSIVE CARE UNIT	28,577,745		28,577,745			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	92,068,130		92,068,130			35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,219,323	37,001,270	79,220,593	0.396610	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,720,790	17,713,533	20,434,323	0.681259	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	8,950,976	14,025,646	22,976,622	0.102151	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,050,788	24,112,401	37,163,189	0.222072	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,525,240	4,023,236	7,548,476	0.293808	0.000000	55.00
57.00	05700	CT SCAN	5,825,919	7,336,015	13,161,934	0.021752	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,815,259	30,909,181	39,724,440	0.041811	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,123,810	9,087,915	13,211,725	0.139571	0.000000	59.00
60.00	06000	LABORATORY	63,452,538	48,495,415	111,947,953	0.218162	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,334,459	5,339,126	19,673,585	0.296129	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	32,806,532	892,778	33,699,310	0.315277	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,073,349	5,304,743	9,378,092	0.961016	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,534,740	2,294,913	4,829,653	0.381774	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,086,761	4,968,732	6,055,493	0.189174	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,839,053	622,679	5,461,732	0.505210	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,691,962	2,311,406	6,003,368	0.247881	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,518,672	15,831,095	53,349,767	0.330847	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,407,035	6,607,754	28,014,789	0.558390	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,194,113	37,171,503	111,365,616	0.335465	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,385,304	872,606	2,257,910	0.732494	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	698,800	10,038,192	10,736,992	1.328751	0.000000	90.00
91.00	09100	EMERGENCY	11,753,246	37,972,655	49,725,901	0.370544	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	684,581	5,719,533	6,404,114	0.957293	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	770,559	770,559	0.002895	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	6,132,183	2,668,609	8,800,792	0.686173	0.000000	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0.000000	0.000000	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	407,491	0	407,491			105.00
106.00	10600	HEART ACQUISITION	1,967,456	0	1,967,456			106.00
107.00	10700	LIVER ACQUISITION	1,290,419	0	1,290,419			107.00
108.00	10800	LUNG ACQUISITION	709,847	0	709,847			108.00
112.00	08600	BONE MARROW ACQUISITION	2,075,201	0	2,075,201			112.00
200.00		Subtotal (see instructions)	576,063,881	332,091,495	908,155,376			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	576,063,881	332,091,495	908,155,376			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/23/2016 12:37 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
ANCILLARY SERVICE COST CENTERS				
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
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
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 PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000		98.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
112.00	08600 BONE MARROW ACQUISITION			112.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 263301		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/23/2016 12:37 pm	
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	9,678,575	0	9,678,575	43,496	222.52	30.00
31.00	INTENSIVE CARE UNIT	1,690,394		1,690,394	7,318	230.99	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	4,098,909		4,098,909	28,313	144.77	35.00
200.00	Total (Lines 30-199)	15,467,878		15,467,878	79,127		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	160	35,603				
31.00	INTENSIVE CARE UNIT	35	8,085				
35.00	NEONATAL INTENSIVE CARE UNIT	17	2,461				
200.00	Total (Lines 30-199)	212	46,149				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/23/2016 12:37 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,202,423	79,220,593	0.040424	203,043	8,208	50.00
51.00	05100 RECOVERY ROOM	1,530,623	20,434,323	0.074905	14,598	1,093	51.00
53.00	05300 ANESTHESIOLOGY	84,580	22,976,622	0.003681	37,818	139	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,162,206	37,163,189	0.031273	38,557	1,206	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	215,510	7,548,476	0.028550	4,852	139	55.00
57.00	05700 CT SCAN	42,485	13,161,934	0.003228	34,444	111	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	178,175	39,724,440	0.004485	12,696	57	58.00
59.00	05900 CARDIAC CATHETERIZATION	328,933	13,211,725	0.024897	2,678	67	59.00
60.00	06000 LABORATORY	1,622,990	111,947,953	0.014498	245,726	3,563	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	249,658	19,673,585	0.012690	114,846	1,457	63.00
65.00	06500 RESPIRATORY THERAPY	608,834	33,699,310	0.018067	48,866	883	65.00
66.00	06600 PHYSICAL THERAPY	1,384,772	9,378,092	0.147660	5,778	853	66.00
67.00	06700 OCCUPATIONAL THERAPY	70,365	4,829,653	0.014569	4,050	59	67.00
68.00	06800 SPEECH PATHOLOGY	340,274	6,055,493	0.056193	1,429	80	68.00
69.00	06900 ELECTROCARDIOLOGY	92,087	5,461,732	0.016860	10,447	176	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	168,669	6,003,368	0.028096	4,850	136	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,428,450	53,349,767	0.026775	182,655	4,891	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	522,152	28,014,789	0.018638	159,190	2,967	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,681,677	111,365,616	0.015101	266,044	4,018	73.00
74.00	07400 RENAL DIALYSIS	250,533	2,257,910	0.110958	89,996	9,986	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,072,953	10,736,992	0.193066	9,624	1,858	90.00
91.00	09100 EMERGENCY	1,801,066	49,725,901	0.036220	24,347	882	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	848,231	6,404,114	0.132451	4,550	603	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	192	770,559	0.000249	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	19,887,838	693,116,136		1,521,084	43,432	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/23/2016 12:37 pm
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Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
200.00		Total (lines 30-199)	0	0	0	0	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	43,496	0.00	160	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	7,318	0.00	35	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	28,313	0.00	17	0	35.00	
200.00		Total (lines 30-199)	79,127		212	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
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 263301

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2016 12:37 pm

Cost Center Description		Title XVIII				Hospital		Tefra	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES							95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	0	98.00
200.00		Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/23/2016 12:37 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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	79,220,593	0.000000	0.000000	203,043	50.00
51.00	05100 RECOVERY ROOM	0	20,434,323	0.000000	0.000000	14,598	51.00
53.00	05300 ANESTHESIOLOGY	0	22,976,622	0.000000	0.000000	37,818	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	37,163,189	0.000000	0.000000	38,557	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,548,476	0.000000	0.000000	4,852	55.00
57.00	05700 CT SCAN	0	13,161,934	0.000000	0.000000	34,444	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	39,724,440	0.000000	0.000000	12,696	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	13,211,725	0.000000	0.000000	2,678	59.00
60.00	06000 LABORATORY	0	111,947,953	0.000000	0.000000	245,726	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	19,673,585	0.000000	0.000000	114,846	63.00
65.00	06500 RESPIRATORY THERAPY	0	33,699,310	0.000000	0.000000	48,866	65.00
66.00	06600 PHYSICAL THERAPY	0	9,378,092	0.000000	0.000000	5,778	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,829,653	0.000000	0.000000	4,050	67.00
68.00	06800 SPEECH PATHOLOGY	0	6,055,493	0.000000	0.000000	1,429	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,461,732	0.000000	0.000000	10,447	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,003,368	0.000000	0.000000	4,850	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,349,767	0.000000	0.000000	182,655	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	28,014,789	0.000000	0.000000	159,190	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	111,365,616	0.000000	0.000000	266,044	73.00
74.00	07400 RENAL DIALYSIS	0	2,257,910	0.000000	0.000000	89,996	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	10,736,992	0.000000	0.000000	9,624	90.00
91.00	09100 EMERGENCY	0	49,725,901	0.000000	0.000000	24,347	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,404,114	0.000000	0.000000	4,550	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	770,559	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	693,116,136			1,521,084	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/23/2016 12:37 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	Tefra
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	24,668	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	60,950	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	15,397	0	0	0	55.00
57.00	05700 CT SCAN	0	15,675	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	63,533	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	93,031	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	22,667	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,550	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	1,899	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	396	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,370	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	44,720	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	41,539	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	125,203	0	0	0	90.00
91.00	09100 EMERGENCY	0	29,545	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,260	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	554,403	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/23/2016 12:37 pm
	Title XVIII	Hospital	Tefra

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
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
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 PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	95.00
98.00 09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	98.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/23/2016 12:37 pm
		Title XVIII	Hospital	Tefra

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.396610	24,668	0	9,784	50.00
51.00	05100 RECOVERY ROOM	0.681259	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.102151	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.222072	60,950	0	13,535	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.293808	15,397	0	4,524	55.00
57.00	05700 CT SCAN	0.021752	15,675	0	341	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.041811	63,533	0	2,656	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139571	0	0	0	59.00
60.00	06000 LABORATORY	0.218162	93,031	0	20,296	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.296129	22,667	0	6,712	63.00
65.00	06500 RESPIRATORY THERAPY	0.315277	1,550	0	489	65.00
66.00	06600 PHYSICAL THERAPY	0.961016	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.381774	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.189174	1,899	0	359	68.00
69.00	06900 ELECTROCARDIOLOGY	0.505210	396	0	200	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.247881	5,370	0	1,331	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330847	44,720	0	14,795	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.558390	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.335465	41,539	0	13,935	73.00
74.00	07400 RENAL DIALYSIS	0.732494	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1.328751	125,203	0	166,364	90.00
91.00	09100 EMERGENCY	0.370544	29,545	0	10,948	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.957293	8,260	0	7,907	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.002895		0		94.00
95.00	09500 AMBULANCE SERVICES	0.686173		0		95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		554,403	0	274,176	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		554,403	0	274,176	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/23/2016 12:37 pm
	Title XVIII	Hospital	Tefra

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 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
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 PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
98.00 09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0		98.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/23/2016 12:37 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.396610	0	3,401,652	0	0
51.00 05100 RECOVERY ROOM	0.681259	0	1,624,774	0	0
53.00 05300 ANESTHESIOLOGY	0.102151	0	1,322,183	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.222072	0	1,787,111	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.293808	0	282,444	0	0
57.00 05700 CT SCAN	0.021752	0	533,039	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.041811	0	2,802,257	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.139571	0	1,091,812	0	0
60.00 06000 LABORATORY	0.218162	0	4,426,621	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.296129	0	236,897	0	0
65.00 06500 RESPIRATORY THERAPY	0.315277	0	73,691	0	0
66.00 06600 PHYSICAL THERAPY	0.961016	0	252,178	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.381774	0	117,268	0	0
68.00 06800 SPEECH PATHOLOGY	0.189174	0	425,662	0	0
69.00 06900 ELECTROCARDIOLOGY	0.505210	0	96,063	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.247881	0	525,439	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330847	0	1,805,691	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.558390	0	738,465	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.335465	0	3,815,740	0	0
74.00 07400 RENAL DIALYSIS	0.732494	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	1.328751	0	132,374	0	0
91.00 09100 EMERGENCY	0.370544	0	1,362,260	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.957293	0	461,501	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.002895		0		94.00
95.00 09500 AMBULANCE SERVICES	0.686173	0	0		95.00
98.00 09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0	0	0
200.00 Subtotal (see instructions)		0	27,315,122	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	27,315,122	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/23/2016 12:37 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	1,349,129	0	50.00
51.00	05100 RECOVERY ROOM	1,106,892	0	51.00
53.00	05300 ANESTHESIOLOGY	135,062	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	396,867	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	82,984	0	55.00
57.00	05700 CT SCAN	11,595	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	117,165	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	152,385	0	59.00
60.00	06000 LABORATORY	965,720	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	70,152	0	63.00
65.00	06500 RESPIRATORY THERAPY	23,233	0	65.00
66.00	06600 PHYSICAL THERAPY	242,347	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	44,770	0	67.00
68.00	06800 SPEECH PATHOLOGY	80,524	0	68.00
69.00	06900 ELECTROCARDIOLOGY	48,532	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	130,246	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	597,407	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	412,351	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,280,047	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	175,892	0	90.00
91.00	09100 EMERGENCY	504,777	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	441,792	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	98.00
200.00	Subtotal (see instructions)	8,369,869	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	8,369,869	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/23/2016 12:37 pm
Cost Center Description		Tefra		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,496	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,496	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)		39,684	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)		160	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		69,952,124	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)		69,952,124	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		69,952,124	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,608.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		257,318	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)		257,318	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/23/2016 12:37 pm
Cost Center Description			Title XVIII	Hospital	Tefra
	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	23,181,365	7,318	3,167.72	35	110,870
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	54,506,953	28,313	1,925.16	17	32,728
Cost Center Description					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				553,508
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				954,424
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				46,149
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				43,432
52.00	Total Program excludable cost (sum of lines 50 and 51)				89,581
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				864,843
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				42
55.00	Target amount per discharge				26,889.18
56.00	Target amount (line 54 x line 55)				1,129,346
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				264,503
58.00	Bonus payment (see instructions)				22,587
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				14,378.39
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				25,486.48
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
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				977,011
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
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)				3,812
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,608.24
89.00	Observation bed cost (line 87 x line 88) (see instructions)				6,130,611

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/23/2016 12:37 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,678,575	69,952,124	0.138360	6,130,611	848,231	90.00
91.00	Nursing School cost	0	69,952,124	0.000000	6,130,611	0	91.00
92.00	Allied health cost	0	69,952,124	0.000000	6,130,611	0	92.00
93.00	All other Medical Education	0	69,952,124	0.000000	6,130,611	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/23/2016 12:37 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,496	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,496	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)		39,684	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,384	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		69,952,124	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)		69,952,124	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		69,952,124	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,608.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,658,764	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)		8,658,764	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Date/Time Prepared: 5/23/2016 12:37 pm		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	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	23,181,365	7,318	3,167.72	1,539	4,875,121		43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	54,506,953	28,313	1,925.16	4,895	9,423,658		47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,560,063	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					41,517,606	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)					3,812	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,608.24	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,130,611	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/23/2016 12:37 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,678,575	69,952,124	0.138360	6,130,611	848,231	90.00
91.00	Nursing School cost	0	69,952,124	0.000000	6,130,611	0	91.00
92.00	Allied health cost	0	69,952,124	0.000000	6,130,611	0	92.00
93.00	All other Medical Education	0	69,952,124	0.000000	6,130,611	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/23/2016 12:37 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		254,195	30.00
31.00	03100	INTENSIVE CARE UNIT		141,351	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		63,597	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.396610	203,043	80,529 50.00
51.00	05100	RECOVERY ROOM	0.681259	14,598	9,945 51.00
53.00	05300	ANESTHESIOLOGY	0.102151	37,818	3,863 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.222072	38,557	8,562 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.293808	4,852	1,426 55.00
57.00	05700	CT SCAN	0.021752	34,444	749 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.041811	12,696	531 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139571	2,678	374 59.00
60.00	06000	LABORATORY	0.218162	245,726	53,608 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.296129	114,846	34,009 63.00
65.00	06500	RESPIRATORY THERAPY	0.315277	48,866	15,406 65.00
66.00	06600	PHYSICAL THERAPY	0.961016	5,778	5,553 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.381774	4,050	1,546 67.00
68.00	06800	SPEECH PATHOLOGY	0.189174	1,429	270 68.00
69.00	06900	ELECTROCARDIOLOGY	0.505210	10,447	5,278 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.247881	4,850	1,202 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330847	182,655	60,431 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.558390	159,190	88,890 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.335465	266,044	89,248 73.00
74.00	07400	RENAL DIALYSIS	0.732494	89,996	65,922 74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.328751	9,624	12,788 90.00
91.00	09100	EMERGENCY	0.370544	24,347	9,022 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.957293	4,550	4,356 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.002895	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,521,084	553,508 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,521,084	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/23/2016 12:37 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		9,397,485	30.00
31.00	03100	INTENSIVE CARE UNIT		11,807,938	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		16,022,874	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.396610	6,307,224	50.00
51.00	05100	RECOVERY ROOM	0.681259	32,900	51.00
53.00	05300	ANESTHESIOLOGY	0.102151	1,308,728	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.222072	2,666,638	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.293808	40,726	55.00
57.00	05700	CT SCAN	0.021752	783,438	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.041811	1,226,075	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139571	333,936	59.00
60.00	06000	LABORATORY	0.218162	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.296129	2,329,937	63.00
65.00	06500	RESPIRATORY THERAPY	0.315277	7,554,337	65.00
66.00	06600	PHYSICAL THERAPY	0.961016	615,068	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.381774	519,824	67.00
68.00	06800	SPEECH PATHOLOGY	0.189174	207,713	68.00
69.00	06900	ELECTROCARDIOLOGY	0.505210	899,014	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.247881	619,323	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330847	7,326,465	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.558390	2,742,779	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.335465	16,862,167	73.00
74.00	07400	RENAL DIALYSIS	0.732494	306,772	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.328751	263,257	90.00
91.00	09100	EMERGENCY	0.370544	1,008,428	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.957293	119,970	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.002895	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		54,074,719	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)		54,074,719	202.00

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/23/2016 12:37 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	8,240	1,608.24	8	12,866	1.00
2.00	INTENSIVE CARE UNIT	43.00	7,479	3,167.72	1	3,168	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,925.16	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		15,719		9	16,034	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.396610	37,934	15,045	8.00
9.00	RECOVERY ROOM		51.00	0.681259	3,060	2,085	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.102151	10,631	1,086	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.222072	1,687	375	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.293808	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.021752	11,726	255	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.041811	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.139571	0	0	17.00
18.00	LABORATORY		60.00	0.218162	29,719	6,484	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.296129	3,219	953	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.315277	7,149	2,254	23.00
24.00	PHYSICAL THERAPY		66.00	0.961016	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.381774	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.189174	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.505210	3,511	1,774	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.247881	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.330847	23,771	7,865	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.558390	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.335465	8,786	2,947	31.00
32.00	RENAL DIALYSIS		74.00	0.732494	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	1.328751	0	0	37.00
38.00	EMERGENCY		91.00	0.370544	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.957293	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				141,193	41,123	41.00
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS		2.00	0.00	8	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	1	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				9	0	48.00

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/23/2016 12:37 pm

		Kidney		Hospital		Tefra	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	57,157		156,912			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	139,328		407,491			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	196,485		564,403			61.00
62.00	Total Usable Organs (see instructions)		14				62.00
63.00	Medicare Usable Organs (see instructions)		6				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.428571				64.00
65.00	Medicare Cost/Charges (see instructions)	84,208		241,887			65.00
66.00	Revenue for Organs Sold	56,348		56,348			66.00
67.00	Subtotal (Line 65 minus line 66)	27,860		185,539			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	27,860	0	185,539		0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		2		8		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0		0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0		0		72.00
73.00	Organs Purchased from OPOs		0		6		73.00
74.00	Total (sum of lines 70 thru 73)		2		14		74.00
75.00	Organs Transplanted		2		6	407,491	75.00
76.00	Organs Sold to Other Hospitals		0		0	0	76.00
77.00	Organs Sold to OPOs		0		6	56,348	77.00
78.00	Organs Sold to Transplant Hospitals		0		0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0		0	0	79.00
80.00	Organs Sold Outside the U.S.		0		0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0		0	0	81.00
82.00	Organs Used for Research		0		0	0	82.00
83.00	Unusable/Discarded Organs		0		2	0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		2		14		84.00

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/23/2016 12:37 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,608.24	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	3,761	3,167.72	2	6,335	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,925.16	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		3,761		2	6,335	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00		0.396610	14,426	5,721	8.00
9.00	RECOVERY ROOM	51.00		0.681259	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00		0.102151	2,812	287	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00		0.222072	602	134	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00		0.293808	0	0	13.00
14.00	RADIOISOTOPE	56.00		0.000000	0	0	14.00
15.00	CT SCAN	57.00		0.021752	1,885	41	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		0.041811	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00		0.139571	0	0	17.00
18.00	LABORATORY	60.00		0.218162	10,032	2,189	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00		0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00		0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00		0.296129	1,615	478	21.00
22.00	INTRAVENOUS THERAPY	64.00		0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00		0.315277	4,223	1,331	23.00
24.00	PHYSICAL THERAPY	66.00		0.961016	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00		0.381774	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00		0.189174	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00		0.505210	2,506	1,266	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00		0.247881	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		0.330847	6,124	2,026	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0.558390	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00		0.335465	2,114	709	31.00
32.00	RENAL DIALYSIS	74.00		0.732494	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00		0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00		0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00		0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00		0.000000	0	0	36.00
37.00	CLINIC	90.00		1.328751	0	0	37.00
38.00	EMERGENCY	91.00		0.370544	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00		0.957293	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				46,339	14,182	41.00
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00		0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00		0.00	2	0	43.00
44.00	CORONARY CARE UNIT	4.00		0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00		0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00		0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00		0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				2	0	48.00

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/23/2016 12:37 pm

		Liver		Hospital		Tefra	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	20,517		50,100		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	896,735		1,290,419		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	917,252		1,340,519		61.00	
62.00	Total Usable Organs (see instructions)		13			62.00	
63.00	Medicare Usable Organs (see instructions)		3			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.230769			64.00	
65.00	Medicare Cost/Charges (see instructions)	211,673		309,350		65.00	
66.00	Revenue for Organs Sold	35,070		35,070		66.00	
67.00	Subtotal (line 65 minus line 66)	176,603		274,280		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	176,603	0	274,280	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	3		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	10		73.00	
74.00	Total (sum of lines 70 thru 73)		0	13		74.00	
75.00	Organs Transplanted		0	10	1,290,419	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	3	35,070	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	13		84.00	

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/23/2016 12:37 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,608.24	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	1,022	3,167.72	2	6,335	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,925.16	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		1,022		2	6,335	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.396610	8,294	3,289	8.00	
9.00	RECOVERY ROOM	51.00	0.681259	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.102151	1,683	172	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.222072	381	85	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.293808	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.021752	1,885	41	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.041811	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.139571	0	0	17.00	
18.00	LABORATORY	60.00	0.218162	5,055	1,103	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.296129	959	284	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.315277	2,023	638	23.00	
24.00	PHYSICAL THERAPY	66.00	0.961016	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.381774	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.189174	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.505210	1,383	699	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.247881	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.330847	5,380	1,780	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.558390	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.335465	1,103	370	31.00	
32.00	RENAL DIALYSIS	74.00	0.732494	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	1.328751	0	0	37.00	
38.00	EMERGENCY	91.00	0.370544	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.957293	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			28,146	8,461	41.00	
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	2	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			2	0	48.00	

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

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

Provider CCN: 263301

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

Worksheet D-4

Date/Time Prepared: 5/23/2016 12:37 pm

		Heart		Hospital		Tefra	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	14,796		29,168			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,358,834		1,967,456			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	1,373,630		1,996,624			61.00
62.00	Total Usable Organs (see instructions)		18				62.00
63.00	Medicare Usable Organs (see instructions)		3				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.166667				64.00
65.00	Medicare Cost/Charges (see instructions)	228,939		332,771			65.00
66.00	Revenue for Organs Sold	20,418		20,418			66.00
67.00	Subtotal (Line 65 minus line 66)	208,521		312,353			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	208,521	0	312,353	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	3			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	15			73.00
74.00	Total (sum of lines 70 thru 73)		0	18			74.00
75.00	Organs Transplanted		0	15	1,967,456		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	3	20,418		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	18			84.00

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/23/2016 12:37 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)
		0	1.00	2.00	3.00	4.00
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,608.24	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	3,167.72	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,925.16	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM	50.00	0.396610	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.681259	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.102151	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.222072	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.293808	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.021752	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.041811	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.139571	0	0	17.00
18.00	LABORATORY	60.00	0.218162	0	0	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.296129	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.315277	0	0	23.00
24.00	PHYSICAL THERAPY	66.00	0.961016	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.381774	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.189174	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.505210	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.247881	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.330847	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.558390	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.335465	0	0	31.00
32.00	RENAL DIALYSIS	74.00	0.732494	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	1.328751	0	0	37.00
38.00	EMERGENCY	91.00	0.370544	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.957293	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)				0	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/23/2016 12:37 pm

		Lung		Hospital		Tefra	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	0		0			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	496,342		709,847			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	496,342		709,847			61.00
62.00	Total Usable Organs (see instructions)		10				62.00
63.00	Medicare Usable Organs (see instructions)		0				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.000000				64.00
65.00	Medicare Cost/Charges (see instructions)	0		0			65.00
66.00	Revenue for Organs Sold	0		0			66.00
67.00	Subtotal (Line 65 minus line 66)	0		0			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	0			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	10			73.00
74.00	Total (sum of lines 70 thru 73)		0	10			74.00
75.00	Organs Transplanted		0	10	709,847		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	0	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	10			84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/23/2016 12:37 pm
		Title XVII	Hospital	Tefra
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		274,176	2.00
3.00	PPS payments		87,475	3.00
4.00	Outlier payment (see instructions)		14,188	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.890	5.00
6.00	Line 2 times line 5		244,017	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		41.66	7.00
8.00	Transitional corridor payment (see instructions)		142,354	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		244,017	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
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)		18,196	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		225,821	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		4,009	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)		229,830	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		229,830	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		229,830	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)		229,830	40.00
40.01	Sequestration adjustment (see instructions)		4,597	40.01
41.00	Interim payments		258,965	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-33,732	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 263301

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2016 12:37 pm

		Title XVIII		Hospital		Tefra	
		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		1,081,732		258,965		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)		1,081,732		258,965		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		254,413		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		33,732		6.02
7.00	Total Medicare program liability (see instructions)		1,336,145		225,233		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: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/23/2016 12:37 pm
		Title XVIII	Hospital	Tefra
			1.00	
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		10,437	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		212	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		0	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		75,315	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		908,155,376	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		0	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00
			Overrides	
			1.00	
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part I Date/Time Prepared: 5/23/2016 12:37 pm
		Title XVIII	Hospital	Tefra
		1.00		
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)		977,011	1.00
2.00	Organ acquisition		412,984	2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)		0	3.00
4.00	Subtotal (sum of lines 1 thru 3)		1,389,995	4.00
5.00	Primary payer payments		8,695	5.00
6.00	Subtotal (line 4 less line 5)		1,381,300	6.00
7.00	Deductibles		37,756	7.00
8.00	Subtotal (line 6 minus line 7)		1,343,544	8.00
9.00	Coinsurance		0	9.00
10.00	Subtotal (line 8 minus line 9)		1,343,544	10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	11.00
12.00	Adjusted reimbursable bad debts (see instructions)		0	12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	13.00
14.00	Subtotal (sum of lines 10 and 12)		1,343,544	14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		19,869	15.00
16.00	DO NOT USE THIS LINE			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	17.50
17.99	Recovery of Accelerated Depreciation		0	17.99
18.00	Total amount payable to the provider (see instructions)		1,363,413	18.00
18.01	Sequestration adjustment (see instructions)		27,268	18.01
19.00	Interim payments		1,081,732	19.00
20.00	Tentative settlement (for contractor use only)		0	20.00
21.00	Balance due provider/program (line 18 minus lines 18.01, 19, and 20)		254,413	21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,791	22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/23/2016 12:37 pm	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	41,517,606			1.00
2.00	Medical and other services		8,369,869		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	41,517,606	8,369,869		4.00
5.00	Inpatient primary payer payments	25,967,158			5.00
6.00	Outpatient primary payer payments		8,994,024		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	15,550,448	-624,155		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	37,228,297			8.00
9.00	Ancillary service charges	54,074,719	27,315,122		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)	91,303,016	27,315,122		12.00
CUSTOMARY CHARGES					
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)	91,303,016	27,315,122		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	49,785,410	18,945,253		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)	41,517,606	8,369,869		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
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)	41,517,606	8,369,869		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
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)	15,550,448	-624,155		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)	15,550,448	-624,155		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	15,550,448	-624,155		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	2,627,555			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	18,178,003	-624,155		40.00
41.00	Interim payments	25,967,158	8,994,024		41.00
42.00	Balance due provider/program (line 40 minus line 41)	-7,789,155	-9,618,179		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
OVERRIDES					
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: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/23/2016 12:37 pm	
		Title XVII I	Hospital	Tefra	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			113.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			116.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			182.59	6.00
7.00	Enter the lesser of line 5 or line 6			116.79	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.	88.89	68.44	157.33	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.	56.86	43.78	100.64	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	56.86	43.78		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	58.06	42.74		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	57.95	42.99		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.62	43.17		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	57.62	43.17		17.00
18.00	Per resident amount	84,160.19	84,160.19		18.00
19.00	Approved amount for resident costs	4,849,310	3,633,195	8,482,505	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)			65.80	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)			8,482,505	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	212	0		26.00
27.00	Total Inpatient Days (see instructions)	75,315	75,315		27.00
28.00	Ratio of inpatient days to total inpatient days	0.002815	0.000000		28.00
29.00	Program direct GME amount	23,878	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			23,878	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/23/2016 12:37 pm
		Title XVIII	Hospital	Tefra
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		3,028,469	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		954,424	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		412,984	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		8,695	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		1,358,713	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		274,176	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		274,176	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		1,632,889	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.832091	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.167909	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		23,878	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		19,869	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		4,009	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/23/2016 12:37 pm	
		Title XIX	Hospital	Cost	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			113.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			116.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			182.59	6.00
7.00	Enter the lesser of line 5 or line 6			116.79	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.	88.89	68.44	157.33	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.	56.86	43.78	100.64	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	56.86	43.78		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	58.06	42.74		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	57.95	42.99		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.62	43.17		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	57.62	43.17		17.00
18.00	Per resident amount	84,160.19	84,160.19		18.00
19.00	Approved amount for resident costs	4,849,310	3,633,195	8,482,505	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)			65.80	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)			8,482,505	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	11,818	13,406		26.00
27.00	Total Inpatient Days (see instructions)	75,315	75,315		27.00
28.00	Ratio of inpatient days to total inpatient days	0.156914	0.177999		28.00
29.00	Program direct GME amount	1,331,024	1,509,877		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		213,346		30.00
31.00	Net Program direct GME amount			2,627,555	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/23/2016 12:37 pm
		Title XIX	Hospital	Cost
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		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
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
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
Part B Reasonable Cost				
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
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,627,555	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: 263301

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

Worksheet G

Date/Time Prepared:
5/23/2016 12:37 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	80,759	0	0	0	1.00
2.00	Temporary investments	5	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	101,890,492	0	0	0	4.00
5.00	Other receivable	9,921,238	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-3,691,191	0	0	0	6.00
7.00	Inventory	12,624,584	0	0	0	7.00
8.00	Prepaid expenses	813,036	0	0	0	8.00
9.00	Other current assets	8,530,191	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)	130,169,114	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,508,366	0	0	0	12.00
13.00	Land improvements	138,238	0	0	0	13.00
14.00	Accumulated depreciation	-45,735	0	0	0	14.00
15.00	Buildings	420,326,382	0	0	0	15.00
16.00	Accumulated depreciation	-233,592,971	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	13,725,299	0	0	0	19.00
20.00	Accumulated depreciation	-4,707,906	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	233,838,158	0	0	0	23.00
24.00	Accumulated depreciation	-196,515,437	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	239,674,394	0	0	0	30.00
OTHER ASSETS						
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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	369,843,508	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,837,884	0	0	0	37.00
38.00	Salaries, wages, and fees payable	16,053,456	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	54,935,181	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	75,826,521	0	0	0	45.00
LONG TERM LIABILITIES						
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	63,270	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	63,270	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	75,889,791	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	293,953,717				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)	293,953,717	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	369,843,508	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 263301

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

Worksheet G-1

Date/Time Prepared:
5/23/2016 12:37 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		256,486,042		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		50,256,085			2.00
3.00	Total (sum of line 1 and line 2)		306,742,127		0	3.00
4.00	ASSETS RELESED FM RESTRICTION	1,955,022		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)		1,955,022		0	10.00
11.00	Subtotal (line 3 plus line 10)		308,697,149		0	11.00
12.00	TRANSFERS TO/FM BJC	14,725,548		0		12.00
13.00	CHANGE IN TEMPORARY RESTRICTED	17,870		0		13.00
14.00	BALANCING CORRECTION	14		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)		14,743,432		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		293,953,717		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	ASSETS RELESED FM RESTRICTION		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	TRANSFERS TO/FM BJC		0			12.00
13.00	CHANGE IN TEMPORARY RESTRICTED		0			13.00
14.00	BALANCING CORRECTION		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: 263301

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/23/2016 12:37 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	79,142,159		79,142,159	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	79,142,159		79,142,159	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	28,577,745		28,577,745	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	92,068,130		92,068,130	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	120,645,875		120,645,875	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	199,788,034		199,788,034	17.00
18.00	Ancillary services	357,409,238	275,018,368	632,427,606	18.00
19.00	Outpatient services	13,136,627	53,730,380	66,867,007	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	6,132,183	2,668,609	8,800,792	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	CLINIC	350	6,389,915	6,390,265	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	576,466,432	337,807,272	914,273,704	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		500,070,424		29.00
30.00	PHYSICIAN OPERATIONS	18,216			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)		18,216		36.00
37.00	NON OPERATING	920,943			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)		920,943		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		499,167,697		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 263301

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

Worksheet G-3

Date/Time Prepared:
5/23/2016 12:37 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	914,273,704	1.00
2.00	Less contractual allowances and discounts on patients' accounts	386,781,929	2.00
3.00	Net patient revenues (line 1 minus line 2)	527,491,775	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	499,167,697	4.00
5.00	Net income from service to patients (line 3 minus line 4)	28,324,078	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	581,891	6.00
7.00	Income from investments	579,475	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	4,535,649	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	296,265	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	46,045	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	17,396,078	24.00
25.00	Total other income (sum of lines 6-24)	23,435,403	25.00
26.00	Total (line 5 plus line 25)	51,759,481	26.00
27.00	PHYSICIAN OPERATIONS	1,503,396	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,503,396	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	50,256,085	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 263301

Period:

Worksheet I-1

Component CCN: 262309

From 01/01/2015

Date/Time Prepared:

To 12/31/2015

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		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	166,199	HOURS OF SERVICE	4,336.00	2.08	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	5,574	HOURS OF SERVICE	432.00	0.21	3.00
4.00	TECHNICIANS		HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	103,002	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	37,570	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	312,345				9.00
10.00	EMPLOYEE BENEFITS	56,153	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	328,773	REQUISITIONS			14.00
15.00	DRUGS	54,975	REQUISITIONS			15.00
16.00	OTHER	35,739	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	787,985				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	61,377	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	114,273	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	9,583	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	336,376	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	145,492	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY	39,649	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	159,170	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,653,905				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	1,653,905				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 263301

Period: From 01/01/2015

Worksheet 1-2

Component CCN: 262309

To 12/31/2015

Date/Time Prepared: 5/23/2016 12:37 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	206,869	114,273	166,199	5,574	65,736	94,624	1.00
MAINTENANCE								
2.00	Hemodialysis	111,615	61,707	89,654	3,008	35,459	51,043	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	95,254	52,566	76,545	2,566	30,277	43,581	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						54,975	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	206,869	114,273	166,199	5,574	65,736	94,624	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col. s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	328,773	0	982,048	671,857	1,653,905		1.00
MAINTENANCE								
2.00	Hemodialysis	177,348	0	529,834	362,480	892,314		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	151,425	0	452,214	309,377	761,591		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	328,773	0	982,048	671,857	1,653,905		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,653,905		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301
Component CCN: 262309

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

Worksheet 1-3
Date/Time Prepared:
5/23/2016 12:37 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)		
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)			
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		206,869	114,273	166,199	5,574	65,736	1.00
MAINTENANCE								
2.00	Hemodialysis		1,685	0.54	2,339.00	781.00	112,924	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
HOME								
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCPD		0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	590	1,438	0.46	1,997.00	666.00	96,419	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		3,123	1.00	4,336.00	1,447.00	209,343	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		66.240474	114,273.000000	38.330028	3.852108	0.314011	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	94,624	328,773	0	982,048	671,857		1.00
MAINTENANCE								
2.00	Hemodialysis	29,655	174,169	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
HOME								
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	0	0	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	25,320	148,711	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	54,975	322,880	0		982,048		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.721219	1.018251	0.000000		0.684139		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 263301

Period: From 01/01/2015

Worksheet 1-4

Component CCN: 262309

To 12/31/2015

Date/Time Prepared: 5/23/2016 12:37 pm

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	691	892,314	1,291.34	261	337,040
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks		Patient Weeks		
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	691	892,314		261	337,040
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	691				
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00			
1.00	Maintenance - Hemodialysis	101,137	387.50			1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00			2.00
3.00	Training - Hemodialysis	0	0.00			3.00
4.00	Training - Peritoneal Dialysis	0	0.00			4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00			5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00			6.00
7.00	Home Program - Hemodialysis	0	0.00			7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00			8.00
		6.00	7.00			
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00			9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00			10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	101,137				11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					12.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 263301

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

Worksheet I-1
Date/Time Prepared:
5/23/2016 12:37 pm

Home Program
Dialysis

Tefra

	Total Costs	Basis	Statistics	FTEs per 2080 Hours	
1.00		HOURS OF SERVICE	0.00	0.00	1.00
2.00		HOURS OF SERVICE	0.00	0.00	2.00
3.00		HOURS OF SERVICE	0.00	0.00	3.00
4.00		HOURS OF SERVICE	0.00	0.00	4.00
5.00		HOURS OF SERVICE	0.00	0.00	5.00
6.00		HOURS OF SERVICE	0.00	0.00	6.00
7.00		ACCUMULATED COST			7.00
8.00		ACCUMULATED COST			8.00
9.00		0			9.00
10.00		SALARY			10.00
11.00		SQUARE FEET			11.00
12.00		PERCENTAGE OF TIME			12.00
13.00		700 PERCENTAGE OF TIME			13.00
14.00		REQUISITIONS			14.00
15.00		REQUISITIONS			15.00
16.00		958 ACCUMULATED COST			16.00
17.00	1,658				17.00
18.00		SQUARE FEET			18.00
19.00		PERCENTAGE OF TIME			19.00
20.00		SALARY			20.00
21.00		573 ACCUMULATED COST			21.00
22.00		SQUARE FEET			22.00
23.00		0			23.00
24.00		REQUISITIONS			24.00
25.00		REQUISITIONS			25.00
26.00		ACCUMULATED COST			26.00
27.00	2,231				27.00
28.00		CHARGES	0		28.00
29.00		CHARGES	0		29.00
30.00		CHARGES	0		30.00
31.00	2,231				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet 1-2 Date/Time Prepared: 5/23/2016 12:37 pm
			Home Program Dialysis	Tefra

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Builing	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	0	700	0	0	0	0	1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	700	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	0	700	0	0	0	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col . 9 + col . 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	0	0	700	1,531	2,231		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	700	1,531	2,231		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	0	0	700	1,531	2,231		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,231		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet 1-3
			Home Program Dialysis	Date/Time Prepared: 5/23/2016 12:37 pm
				Tefra

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)	
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00		
1.00	Total Renal Department Costs	0	1.00	700	0	0	1.00
MAINTENANCE							
2.00	Hemodialysis	0	0.00	0.00	0.00	0	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	1.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	100.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0	12.00
13.00	Method II Home Patient	0	0	0.00	0.00	0	13.00
14.00	EPO	0	0	0.00	0.00	0	14.00
15.00	ARANESP	0	0	0.00	0.00	0	15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	0	100.00	1.00	0.00	0	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	7.000000	0.000000	0.000000	0.000000	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	0	0	0	700	1,531	1.00
MAINTENANCE							
2.00	Hemodialysis	0	0	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0	0	0			14.00
15.00	ARANESP	0	0	0			15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	0	0	0		700	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	0.000000	0.000000		2.187143	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 263301	Period: From 01/01/2015 To 12/31/2015	Worksheet 1-4 Date/Time Prepared: 5/23/2016 12:37 pm
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	Rate 0	Home Program Dialysis	Tefra
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		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	314	2,231	7.11	130	924	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	0	2,231		0	924	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	942					12.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	0	0.00				
2.00	Maintenance - Peritoneal Dialysis	0	0.00				
3.00	Training - Hemodialysis	0	0.00				
4.00	Training - Peritoneal Dialysis	0	0.00				
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00				
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00				
7.00	Home Program - Hemodialysis	0	0.00				
8.00	Home Program - Peritoneal Dialysis	0	0.00				
		6.00	7.00				
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00				
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	97,353	748.87				
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	97,353					
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 263301

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

Worksheet I-5

Date/Time Prepared:
5/23/2016 12:37 pm

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	337,964		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	198,490	198,490	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	198,490	198,490	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	158,792	158,792	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	894,545		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	894,545		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00