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: 140084	Period: From 12/01/2014 To 11/30/2015	Worksheet S Parts I-III Date/Time Prepared: 4/27/2016 6:11 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 4/27/2016 Time: 6:11 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 VISTA MEDICAL CENTER - EAST (140084) for the cost reporting period beginning 12/01/2014 and ending 11/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	844,083	42,301	-10,377	0	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
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
200.00	Total	0	844,083	42,301	-10,377	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-2 Part I | Date/Time Prepared: 4/27/2016 5:17 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1324 NORTH SHERIDAN ROAD	PO Box:			1.00
2.00	City: WAUKEGAN	State: IL	Zip Code: 60085-	County: LAKE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	VISTA MEDICAL CENTER - EAST	140084	29404	1	07/01/1966	N	P	P	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									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	12/01/2014	11/30/2015	20.00
21.00	Type of Control (see instructions)	4		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,931	2,456	23	82	6,311	200	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-2 Part I Date/Time Prepared: 4/27/2016 5:17 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	Y	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			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.				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)				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-2 Part I Date/Time Prepared: 4/27/2016 5:17 pm

		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	

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
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
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-2 Part I Date/Time Prepared: 4/27/2016 5:17 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		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	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-2 Part I | Date/Time Prepared: 4/27/2016 5:17 pm

		V	XIX	
		1.00	2.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	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)	N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	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.	N			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.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	164,821	3,751,739	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140084	Period: From 12/01/2014 To 11/30/2015	Worksheet S-2 Part I Date/Time Prepared: 4/27/2016 5:17 pm

		1.00	2.00	
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	449008	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: COMMUNITY HEALTH SYSTEMS	Contractor's Name: WPS	Contractor's Number: 52280	141.00
142.00	Street: 4000 MERIDIAN BLVD	PO Box:		142.00
143.00	City: FRANKLIN	State: TN	Zip Code: 37067	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.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.25	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	09/01/2015	11/30/2015	170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140084	Period: From 12/01/2014 To 11/30/2015	Worksheet S-2 Part I Date/Time Prepared: 4/27/2016 5:17 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: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-2 Part II | Date/Time Prepared: 4/27/2016 5:17 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 is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		Y	03/14/2016	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: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-2 Part II | Date/Time Prepared: 4/27/2016 5:17 pm

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	Y	12/31/2014	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MICHAEL	TEA	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH SYSTEMS		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	615-628-6555	MICHAEL_TEA@CHS.NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-2 Part II | Date/Time Prepared: 4/27/2016 5:17 pm

		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)	03/14/2016			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.		REVENUE 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-3 Part I Date/Time Prepared: 4/27/2016 5:17 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	167	60,955	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)		167	60,955	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	23	8,395	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	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		190	69,350	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		190				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: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-3 Part I | Date/Time Prepared: 4/27/2016 5:17 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	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)	14,455	3,180	36,590			1.00
2.00	HMO and other (see instructions)	3,250	7,319				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	14,455	3,180	36,590			7.00
8.00	INTENSIVE CARE UNIT	2,408	1,647	5,684			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		1,857	3,420			13.00
14.00	Total (see instructions)	16,863	6,684	45,694	0.00	802.48	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	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	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	802.48	27.00
28.00	Observation Bed Days		0	2,264			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	287			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: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-3 Part I Date/Time Prepared: 4/27/2016 5:17 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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	3,477	3,864	11,520	1.00
2.00	HMO and other (see instructions)			0	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,477	3,864	11,520	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-3 Part II Date/Time Prepared: 4/27/2016 5:17 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	53,266,567	0	53,266,567	1,669,154.00	31.91	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		322,588	327,066	649,654	24,181.00	26.87	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		473,900	0	473,900	7,674.00	61.75	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		94,514	0	94,514	774.00	122.11	13.00
14.00	Home office salaries & wage-related costs		3,363,720	0	3,363,720	61,320.00	54.86	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,838,632	0	9,838,632			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		157,735	0	157,735			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	367,586	0	367,586	7,809.00	47.07	26.00
27.00	Administrative & General	5.00	5,788,604	-327,272	5,461,332	196,169.00	27.84	27.00
28.00	Administrative & General under contract (see inst.)		1,402,786	0	1,402,786	52,245.00	26.85	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	845,898	0	845,898	31,485.00	26.87	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		1,443,571	0	1,443,571	90,549.00	15.94	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,464,711	0	1,464,711	77,784.00	18.83	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,903,366	0	2,903,366	63,710.00	45.57	38.00
39.00	Central Services and Supply	14.00	429,500	0	429,500	27,319.00	15.72	39.00
40.00	Pharmacy	15.00	1,755,231	0	1,755,231	47,073.00	37.29	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-3 Part II Date/Time Prepared: 4/27/2016 5:17 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	949,278	0	949,278	40,271.00	23.57	41.00
42.00	Social Service	17.00	7,384	0	7,384	850.00	8.69	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-3 Part III Date/Time Prepared: 4/27/2016 5:17 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		57,577,635	0	57,577,635	1,889,732.00	30.47	1.00
2.00	Excluded area salaries (see instructions)		322,588	327,066	649,654	24,181.00	26.87	2.00
3.00	Subtotal salaries (line 1 minus line 2)		57,255,047	-327,066	56,927,981	1,865,551.00	30.52	3.00
4.00	Subtotal other wages & related costs (see inst.)		3,932,134	0	3,932,134	69,768.00	56.36	4.00
5.00	Subtotal wage-related costs (see inst.)		9,838,632	0	9,838,632	0.00	17.28	5.00
6.00	Total (sum of lines 3 thru 5)		71,025,813	-327,066	70,698,747	1,935,319.00	36.53	6.00
7.00	Total overhead cost (see instructions)		17,357,915	-327,272	17,030,643	635,264.00	26.81	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-3 Part IV Date/Time Prepared: 4/27/2016 5:17 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	986,092	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	4,002,536	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	67,003	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	41,327	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	539	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	185,646	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	528,813	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	3,100,612	17.00
18.00	Medicare Taxes - Employers Portion Only	725,143	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	329,991	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,967,702	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	28,664	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-3 Part V Date/Time Prepared: 4/27/2016 5:17 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet S-10 | Date/Time Prepared: 4/27/2016 5:17 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.109018	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	23,726,725	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	8,770,118	5.00
6.00	Medicaid charges	350,445,176	6.00
7.00	Medicaid cost (line 1 times line 6)	38,204,832	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	5,707,989	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	137,681	9.00
10.00	Stand-alone SCHIP charges	1,127,064	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	122,870	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	5,707,989	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	10,924,614	307,209	11,231,823	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,190,980	33,491	1,224,471	21.00
22.00	Partial payment by patients approved for charity care	8,557	3,409	11,966	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,182,423	30,082	1,212,505	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	20,601,770	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,383,583	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	19,218,187	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	2,095,128	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	3,307,633	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	9,015,622	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet A | Date/Time Prepared: 4/27/2016 5:17 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,948,914	2,948,914	-1,312,880	1,636,034	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,272,899	6,272,899	2,802,915	9,075,814	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	367,586	180,799	548,385	5,815,701	6,364,086	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,788,604	72,256,029	78,044,633	-6,609,431	71,435,202	5.00
7.00	00700	OPERATION OF PLANT	845,898	4,431,187	5,277,085	-1,475	5,275,610	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	998,698	998,698	0	998,698	8.00
9.00	00900	HOUSEKEEPING	0	2,415,031	2,415,031	0	2,415,031	9.00
10.00	01000	DIETARY	0	3,461,886	3,461,886	0	3,461,886	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,903,366	457,883	3,361,249	-298	3,360,951	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	429,500	9,152,675	9,582,175	-8,223,002	1,359,173	14.00
15.00	01500	PHARMACY	1,755,231	7,067,442	8,822,673	-6,632,328	2,190,345	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	949,278	1,540,956	2,490,234	-313	2,489,921	16.00
17.00	01700	SOCIAL SERVICE	7,384	569	7,953	0	7,953	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,332,476	3,533,747	13,866,223	200,160	14,066,383	30.00
31.00	03100	INTENSIVE CARE UNIT	4,015,217	804,268	4,819,485	-345	4,819,140	31.00
40.00	04000	SUBPROVIDER - IPF	282	-4,480	-4,198	4,198	0	40.00
41.00	04100	SUBPROVIDER - IRF	420	61	481	-481	0	41.00
43.00	04300	NURSERY	961,727	170,055	1,131,782	186,403	1,318,185	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,956,521	3,969,927	6,926,448	-425,536	6,500,912	50.00
51.00	05100	RECOVERY ROOM	1,730,881	151,524	1,882,405	0	1,882,405	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,643,913	491,778	2,135,691	-392,952	1,742,739	52.00
53.00	05300	ANESTHESIOLOGY	36,649	1,371,831	1,408,480	0	1,408,480	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,519,856	3,274,923	6,794,779	1,559,761	8,354,540	54.00
54.01	05401	ULTRASOUND	408,059	108,310	516,369	-516,369	0	54.01
56.00	05600	RADIOISOTOPE	267,370	410,301	677,671	-677,671	0	56.00
57.00	05700	CT SCAN	521,635	336,681	858,316	-858,316	0	57.00
58.00	05800	MRI	195,391	168,742	364,133	-364,133	0	58.00
60.00	06000	LABORATORY	3,378,449	4,650,993	8,029,442	-277,650	7,751,792	60.00
65.00	06500	RESPIRATORY THERAPY	842,847	432,482	1,275,329	-177,196	1,098,133	65.00
66.00	06600	PHYSICAL THERAPY	2,019,334	532,951	2,552,285	272,389	2,824,674	66.00
67.00	06700	OCCUPATIONAL THERAPY	298,870	22,815	321,685	-321,685	0	67.00
68.00	06800	SPEECH PATHOLOGY	174,212	14,855	189,067	-189,067	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,731,484	1,110,462	2,841,946	-52,701	2,789,245	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,153,775	2,153,775	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,740,926	5,740,926	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,450,751	6,450,751	73.00
74.00	07400	RENAL DIALYSIS	0	746,158	746,158	0	746,158	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	196,554	39,886	236,440	0	236,440	76.02
76.03	03952	WOUND CARE	362,407	673,876	1,036,283	-1,036,283	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	4,303,280	2,750,578	7,053,858	1,032,926	8,086,784	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	271,089	213,796	484,885	-145	484,740	95.00
101.00	10100	HOME HEALTH AGENCY	0	57	57	-57	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	-496	337	-159	159	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,215,274	137,161,882	190,377,156	-1,850,250	188,526,906	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	5,704	5,704	60,990	66,694	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	51,293	42,820	94,113	0	94,113	194.01
194.02	07952	MARKETING	0	0	0	1,631,027	1,631,027	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	158,233	158,233	194.03
194.04	07954	ABBOTT RESEARCH	0	0	0	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	53,266,567	137,210,406	190,476,973	0	190,476,973	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet A | Date/Time Prepared: 4/27/2016 5:17 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	1,139,053	2,775,087		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,728,510	7,347,304		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-12,474	6,351,612		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-49,193,460	22,241,742		5.00
7.00	00700	OPERATION OF PLANT	-292,582	4,983,028		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	998,698		8.00
9.00	00900	HOUSEKEEPING	-757,687	1,657,344		9.00
10.00	01000	DIETARY	0	3,461,886		10.00
11.00	01100	CAFETERIA	-3,829	-3,829		11.00
13.00	01300	NURSING ADMINISTRATION	-35,620	3,325,331		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,359,173		14.00
15.00	01500	PHARMACY	0	2,190,345		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-26,851	2,463,070		16.00
17.00	01700	SOCIAL SERVICE	0	7,953		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		21.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,809,576	12,256,807		30.00
31.00	03100	INTENSIVE CARE UNIT	1,876	4,821,016		31.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	0	1,318,185		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-808,719	5,692,193		50.00
51.00	05100	RECOVERY ROOM	0	1,882,405		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,742,739		52.00
53.00	05300	ANESTHESIOLOGY	-1,113,604	294,876		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,240	8,353,300		54.00
54.01	05401	ULTRASOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	7,751,792		60.00
65.00	06500	RESPIRATORY THERAPY	0	1,098,133		65.00
66.00	06600	PHYSICAL THERAPY	0	2,824,674		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	-203,513	2,585,732		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,153,775		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,740,926		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-21,646	6,429,105		73.00
74.00	07400	RENAL DIALYSIS	0	746,158		74.00
76.00	03020	CARDIAC REHAB	0	0		76.00
76.02	03951	GUIDANCE	0	236,440		76.02
76.03	03952	WOUND CARE	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
91.00	09100	EMERGENCY	-1,125,514	6,961,270		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	-386,759	97,981		95.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
116.00	11600	HOSPICE	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-56,380,655	132,146,251		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	66,694		192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0		192.01
194.00	07950	CLINIC CORPORATION	0	0		194.00
194.01	07951	SENIOR CIRCLE	0	94,113		194.01
194.02	07952	MARKETING	0	1,631,027		194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	158,233		194.03
194.04	07954	ABBOTT RESEARCH	0	0		194.04
200.00		TOTAL (SUM OF LINES 118-199)	-56,380,655	134,096,318		200.00

RECLASSIFICATIONS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet A-6 | Date/Time Prepared: 4/27/2016 5:17 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,815,701		1.00
	0		0	5,815,701		
	B - RECLASS OXYGEN COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	61,555		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	61,555		
	C - RECLASS LEASE AND RENTAL EXP					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,788,312		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
	0		0	2,788,312		
	D - RECLASS OTHER CAPITAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	164,641		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,298,277		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	14,603		3.00
	0		0	1,477,521		
	E - RECLASS MARKETING DEPT					
1.00	MARKETING	194.02	327,272	1,303,755		1.00
	0		327,272	1,303,755		
	F - RECLASS COST OF DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,450,751		1.00
	0		0	6,450,751		
	G - RECLASS LABOR & DELIVERY COSTS					
1.00	ADULTS & PEDIATRICS	30.00	342,205	0		1.00
2.00	NURSERY	43.00	12,805	173,598		2.00
	0		355,010	173,598		
	H - RECLASS PT, OT AND SP COSTS					
1.00	PHYSICAL THERAPY	66.00	473,082	37,670		1.00
2.00		0.00	0	0		2.00
	0		473,082	37,670		
	I - RECLASS MISC DEPTS					
1.00	ADULTS & PEDIATRICS	30.00	701	0		1.00
2.00	EMERGENCY	91.00	362,408	673,876		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	394		3.00
4.00	SUBPROVIDER - IPF	40.00	0	4,480		4.00
5.00	HOSPICE	116.00	496	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
	0		363,605	678,750		
	J - RECLASS OTHER RADIOLOGY COSTS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,392,455	1,024,034		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
	0		1,392,455	1,024,034		
	K - RECLASS PORTION OF DIETARY COSTS					
1.00		0.00	0	0		1.00
	0		0	0		
	L - ALLOCATION TO VISTA WEST					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	60,596		1.00
2.00	VISTA MEDICAL CENTER WEST	194.03	0	158,233		2.00
	0		0	218,829		
	M - RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,092,220		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,740,926		2.00

RECLASSIFICATIONS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet A-6 | Date/Time Prepared: 4/27/2016 5:17 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
3.00	OPERATING ROOM	50.00	0	335,962		3.00
	0		0	8,169,108		
500.00	Grand Total: Increases		2,911,424	28,199,584		500.00

RECLASSIFICATIONS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet A-6 | Date/Time Prepared: 4/27/2016 5:17 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS EMPLOYEE BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,815,701	0		1.00
	0		0	5,815,701			
	B - RECLASS OXYGEN COSTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,103	0		1.00
2.00	RESPIRATORY THERAPY	65.00	0	60,129	0		2.00
3.00	EMERGENCY	91.00	0	323	0		3.00
	0		0	61,555			
	C - RECLASS LEASE AND RENTAL EXP						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	242,151	10		1.00
2.00	OPERATION OF PLANT	7.00	0	1,475	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	298	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	67,721	0		4.00
5.00	PHARMACY	15.00	0	181,577	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	313	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	2,263	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	345	0		8.00
9.00	OPERATING ROOM	50.00	0	761,498	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	408	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	856,728	0		11.00
12.00	LABORATORY	60.00	0	277,650	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	117,067	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	238,363	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	37,771	0		15.00
16.00	EMERGENCY	91.00	0	2,539	0		16.00
17.00	AMBULANCE SERVICES	95.00	0	145	0		17.00
	0		0	2,788,312			
	D - RECLASS OTHER CAPITAL COSTS						
1.00		0.00	0	0	12		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,477,521	13		2.00
3.00		0.00	0	0	12		3.00
	0		0	1,477,521			
	E - RECLASS MARKETING DEPT						
1.00	ADMINISTRATIVE & GENERAL	5.00	327,272	1,303,755	0		1.00
	0		327,272	1,303,755			
	F - RECLASS COST OF DRUGS						
1.00	PHARMACY	15.00	0	6,450,751	0		1.00
	0		0	6,450,751			
	G - RECLASS LABOR & DELIVERY COSTS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	355,010	37,534	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	136,064	0		2.00
	0		355,010	173,598			
	H - RECLASS PT, OT AND SP COSTS						
1.00	OCCUPATIONAL THERAPY	67.00	298,870	22,815	0		1.00
2.00	SPEECH PATHOLOGY	68.00	174,212	14,855	0		2.00
	0		473,082	37,670			
	I - RECLASS MISC DEPTS						
1.00	ADULTS & PEDIATRICS	30.00	0	4,419	0		1.00
2.00	EMERGENCY	91.00	496	0	0		2.00
3.00	SUBPROVIDER - IPF	40.00	282	0	0		3.00
4.00	WOUND CARE	76.03	362,407	673,876	0		4.00
5.00	HOSPICE	116.00	0	337	0		5.00
6.00	SUBPROVIDER - IRF	41.00	420	61	0		6.00
7.00	HOME HEALTH AGENCY	101.00	0	57	0		7.00
	0		363,605	678,750			
	J - RECLASS OTHER RADIOLOGY COSTS						
1.00	ULTRASOUND	54.01	408,059	108,310	0		1.00
2.00	RADIOISOTOPE	56.00	267,370	410,301	0		2.00
3.00	CT SCAN	57.00	521,635	336,681	0		3.00
4.00	MRI	58.00	195,391	168,742	0		4.00
	0		1,392,455	1,024,034			
	K - RECLASS PORTION OF DIETARY COSTS						
1.00		0.00	0	0	0		1.00
	0		0	0			
	L - ALLOCATION TO VISTA WEST						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	218,829	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	218,829			
	M - RECLASS MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,154,178	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	14,930	0		2.00
3.00		0.00	0	0	0		3.00
	0		0	8,169,108			
500.00	Grand Total: Decreases		2,911,424	28,199,584			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet A-7 Part I | Date/Time Prepared: 4/27/2016 5:17 pm

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	67,659	0	0	0	0	1.00
2.00	Land Improvements	4,090,838	26,689	0	26,689	0	2.00
3.00	Buildings and Fixtures	89,866,301	25,232	0	25,232	0	3.00
4.00	Building Improvements	23,034,790	416,133	0	416,133	175	4.00
5.00	Fixed Equipment	7,203,203	282,370	0	282,370	211,516	5.00
6.00	Movable Equipment	85,976,013	4,704,941	0	4,704,941	89,980	6.00
7.00	HIT designated Assets	18,280,517	235,252	0	235,252	0	7.00
8.00	Subtotal (sum of lines 1-7)	228,519,321	5,690,617	0	5,690,617	301,671	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	228,519,321	5,690,617	0	5,690,617	301,671	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	67,659	0	1.00
2.00	Land Improvements	4,117,527	0	2.00
3.00	Buildings and Fixtures	89,891,533	0	3.00
4.00	Building Improvements	23,450,748	0	4.00
5.00	Fixed Equipment	7,274,057	0	5.00
6.00	Movable Equipment	90,590,974	0	6.00
7.00	HIT designated Assets	18,515,769	0	7.00
8.00	Subtotal (sum of lines 1-7)	233,908,267	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	233,908,267	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet A-7 Part II | Date/Time Prepared: 4/27/2016 5:17 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	2,948,914	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,272,899	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,221,813	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	2,948,914	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	6,272,899	2.00
3.00	Total (sum of lines 1-2)	0	9,221,813	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet A-7 Part III Date/Time Prepared: 4/27/2016 5:17 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	117,527,467	0	117,527,467	0.502451	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	116,380,799	0	116,380,799	0.497549	0	2.00
3.00	Total (sum of lines 1-2)	233,908,266	0	233,908,266	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	3,416,137	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,584,764	2,747,937	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,000,901	2,747,937	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: 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	671,830	164,641	-1,477,521	0	2,775,087	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	14,603	0	0	7,347,304	2.00
3.00	Total (sum of lines 1-2)	671,830	179,244	-1,477,521	0	10,122,391	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet A-8 | Date/Time Prepared: 4/27/2016 5:17 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-110,935	ADMINISTRATIVE & GENERAL	5.00	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	-5,737,442			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	-13,056,795			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-3,829	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	B	-21,646	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-26,851	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-3,134	ADMINISTRATIVE & GENERAL	5.00	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	A	389,791	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-1,932,552	CAP REL COSTS-MVBLE EQUIP	2.00	9	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	INSERVICE EDUCATION REVENUE	B	-13,483	NURSING ADMINISTRATION	13.00	0	33.00
34.00	FITNESS REVENUE	B	-65,600	ADMINISTRATIVE & GENERAL	5.00	0	34.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet A-8 | Date/Time Prepared: 4/27/2016 5:17 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
35.00	CARELINE REVENUE	B	-6,012	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00	RENTAL INCOME	B	-17,548	CAP REL COSTS-BLDG & FIXT	1.00	9	36.00
37.00	OTHER MISC REVENUE	B	-101,970	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00	CHARITABLE CONTRIBUTIONS	A	-41,905	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	BAD DEBTS	A	-25,040,431	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00	NON-ALLOWABLE PHONE / TV	A	-66,466	ADMINISTRATIVE & GENERAL	5.00	0	40.00
40.01	NON-ALLOWABLE PHONE / TV	A	-156,443	ADMINISTRATIVE & GENERAL	5.00	0	40.01
40.02	NON-ALLOWABLE PHONE / TV	A	-15,081	ADMINISTRATIVE & GENERAL	5.00	0	40.02
40.03	NON-ALLOWABLE PHONE / TV	A	-22,466	CAP REL COSTS-MVBLE EQUIP	2.00	9	40.03
40.04	NON-ALLOWABLE PHONE / TV BENEFITS	A	-12,474	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.04
40.05	NON-ALLOWABLE PHONE / TV DEPREC	A	-1,824	CAP REL COSTS-MVBLE EQUIP	2.00	9	40.05
41.00	PHYSICIAN RECRUITING	A	-254,328	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00	STATE OPERATING TAX	A	-7,488,705	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00	CLUB DUES AND LOBBYING	A	-84,082	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00	LEGAL FEES	A	-114,885	ADMINISTRATIVE & GENERAL	5.00	0	44.00
44.01	LATE FEES	A	-1,798	OPERATION OF PLANT	7.00	0	44.01
44.02	NON ALLOWABLE DOJ SETTLEMENT	A	-1,276,501	ADMINISTRATIVE & GENERAL	5.00	0	44.02
44.03	PENALTIES	A	-5	ADMINISTRATIVE & GENERAL	5.00	0	44.03
44.04	AMBULANCE TRAINING	B	-391,696	AMBULANCE SERVICES	95.00	0	44.04
45.01	ALLOCATED SECURITY / PLANT OPS	A	-290,784	OPERATION OF PLANT	7.00	0	45.01
45.02	ALLOCATED HOUSEKEEPING	A	-757,687	HOUSEKEEPING	9.00	0	45.02
45.03			0		0.00	0	45.03
45.04			0		0.00	0	45.04
45.05			0		0.00	0	45.05
45.06	ALLOCATED EKG	A	-23,229	ELECTROCARDIOLOGY	69.00	0	45.06
45.07	ALLOCATED BUSINESS OFFICE FROM WEST	A	368,141	ADMINISTRATIVE & GENERAL	5.00	0	45.07
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-56,380,655				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet A-8-1 | Date/Time Prepared: 4/27/2016 5:17 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	DIRECT CAPITAL RELATED INTER	671,830	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	PASI OPERATING COSTS	857,822	0	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL COSTS	62,964	0	3.00
4.00	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL BUILDING & FIXTU	32,016	0	4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL MOVABLE EQUIPMEN	212,550	0	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	NON-CAPITAL HOME OFFICE COST	3,566,753	17,552,252	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE COSTS	3,916,560	4,840,820	4.03
4.04	2.00	CAP REL COSTS-MVBLE EQUIP	CIG LEASED EQUIPMENT	96,990	137,365	4.04
4.05	2.00	CAP REL COSTS-MVBLE EQUIP	PASI CAPITAL COSTS	56,157	0	4.05
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			9,473,642	22,530,437	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		
	Symbol (1)	Name	Percentage of Ownership	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		0.00	COMMUNITY HEALTH SYSTEMS	100.00	6.00
7.00	B		0.00	PASI	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 140084	Period: From 12/01/2014 To 11/30/2015	Worksheet A-8-1 Date/Time Prepared: 4/27/2016 5:17 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	671,830	11		1.00
2.00	857,822	0		2.00
3.00	62,964	9		3.00
4.00	32,016	9		4.00
4.01	212,550	9		4.01
4.02	-13,985,499	0		4.02
4.03	-924,260	0		4.03
4.04	-40,375	10		4.04
4.05	56,157	9		4.05
5.00	-13,056,795			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	COLLECTION AGENCY		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: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet A-8-2 | Date/Time Prepared: 4/27/2016 5:17 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	683,181	683,181	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	67,289	1,039	66,250	177,200	530	2.00
3.00	31.00	INTENSIVE CARE UNIT	-1,876	-1,876	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,809,576	1,809,576	0	0	0	4.00
5.00	50.00	OPERATING ROOM	808,719	808,719	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	1,113,604	1,113,604	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	1,240	1,240	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	180,284	180,284	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
12.00	91.00	EMERGENCY	1,125,514	1,125,514	0	0	0	12.00
13.00	95.00	AMBULANCE SERVICES	-4,937	-4,937	0	0	0	13.00
200.00			5,782,594	5,716,344	66,250		530	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	45,152	2,258	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
13.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	13.00
200.00			45,152	2,258	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	683,181		1.00
2.00	13.00	NURSING ADMINISTRATION	0	45,152	21,098	22,137		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	-1,876		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,809,576		4.00
5.00	50.00	OPERATING ROOM	0	0	0	808,719		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	1,113,604		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,240		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	180,284		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
12.00	91.00	EMERGENCY	0	0	0	1,125,514		12.00
13.00	95.00	AMBULANCE SERVICES	0	0	0	-4,937		13.00
200.00			0	45,152	21,098	5,737,442		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet B Part I | Date/Time Prepared: 4/27/2016 5:17 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,775,087	2,775,087				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,347,304		7,347,304			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,351,612	42,683	118,648	6,512,943		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	22,241,742	322,513	896,497	672,399	24,133,151	5.00
7.00	00700	OPERATION OF PLANT	4,983,028	781,943	2,173,589	104,147	8,042,707	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	998,698	47,841	132,984	0	1,179,523	8.00
9.00	00900	HOUSEKEEPING	1,657,344	26,163	72,725	0	1,756,232	9.00
10.00	01000	DIETARY	3,461,886	84,688	235,411	0	3,781,985	10.00
11.00	01100	CAFETERIA	-3,829	0	0	0	-3,829	11.00
13.00	01300	NURSING ADMINISTRATION	3,325,331	14,361	39,919	357,462	3,737,073	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,359,173	65,125	181,029	52,880	1,658,207	14.00
15.00	01500	PHARMACY	2,190,345	19,153	53,241	216,104	2,478,843	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,463,070	30,425	84,574	116,875	2,694,944	16.00
17.00	01700	SOCIAL SERVICE	7,953	2,496	6,938	909	18,296	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,256,807	438,521	1,218,969	1,314,375	15,228,672	30.00
31.00	03100	INTENSIVE CARE UNIT	4,821,016	78,431	218,018	494,354	5,611,819	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,318,185	14,332	39,840	119,984	1,492,341	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,692,193	153,683	427,196	364,007	6,637,079	50.00
51.00	05100	RECOVERY ROOM	1,882,405	18,817	52,306	213,106	2,166,634	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,742,739	48,690	135,344	158,690	2,085,463	52.00
53.00	05300	ANESTHESIOLOGY	294,876	5,135	14,273	4,512	318,796	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,353,300	148,787	413,589	604,804	9,520,480	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	7,751,792	61,466	170,859	415,955	8,400,072	60.00
65.00	06500	RESPIRATORY THERAPY	1,098,133	20,612	57,296	103,771	1,279,812	65.00
66.00	06600	PHYSICAL THERAPY	2,824,674	61,221	170,178	306,866	3,362,939	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,585,732	31,542	87,679	213,180	2,918,133	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,153,775	0	0	0	2,153,775	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,740,926	0	0	0	5,740,926	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,429,105	0	0	0	6,429,105	73.00
74.00	07400	RENAL DIALYSIS	746,158	0	0	0	746,158	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	236,440	0	0	24,200	260,640	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	6,961,270	123,388	342,986	574,378	8,002,022	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	97,981	0	0	33,376	131,357	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	132,146,251	2,642,016	7,344,088	6,466,334	131,963,355	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	66,694	0	0	0	66,694	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	94,113	1,157	3,216	6,315	104,801	194.01
194.02	07952	MARKETING	1,631,027	0	0	40,294	1,671,321	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	158,233	0	0	0	158,233	194.03
194.04	07954	ABBOTT RESEARCH	0	131,914	0	0	131,914	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	134,096,318	2,775,087	7,347,304	6,512,943	134,096,318	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet B Part I | Date/Time Prepared: 4/27/2016 5:17 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		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	24,133,151					5.00
7.00	00700	OPERATION OF PLANT	1,765,036	9,807,743				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	258,856	288,221	1,726,600			8.00
9.00	00900	HOUSEKEEPING	385,419	157,620	0	2,299,271		9.00
10.00	01000	DIETARY	829,987	510,214	0	136,932	5,259,118	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	820,131	86,518	0	23,220	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	363,907	392,351	47,526	105,300	0	14.00
15.00	01500	PHARMACY	544,002	115,391	0	30,969	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	591,427	183,301	0	49,195	0	16.00
17.00	01700	SOCIAL SERVICE	4,015	15,038	0	4,036	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,342,067	2,641,913	703,491	709,039	4,419,424	30.00
31.00	03100	INTENSIVE CARE UNIT	1,231,559	472,517	145,908	126,815	681,201	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	327,506	86,346	18,101	23,174	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,456,560	925,877	157,651	248,488	0	50.00
51.00	05100	RECOVERY ROOM	475,485	113,366	68,903	30,425	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	457,672	293,336	154,553	78,726	0	52.00
53.00	05300	ANESTHESIOLOGY	69,962	30,934	0	8,302	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,089,345	896,385	128,956	240,573	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	1,843,463	370,310	0	99,384	0	60.00
65.00	06500	RESPIRATORY THERAPY	280,865	124,180	4,482	33,328	0	65.00
66.00	06600	PHYSICAL THERAPY	738,024	368,833	387	98,988	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	640,408	190,030	31,663	51,001	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	472,663	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,259,892	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,410,919	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	163,750	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	57,200	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	1,756,108	743,366	264,979	199,506	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	28,827	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,665,055	9,006,047	1,726,600	2,297,401	5,100,625	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	14,637	0	0	0	158,493	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	22,999	6,969	0	1,870	0	194.01
194.02	07952	MARKETING	366,785	0	0	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	34,725	0	0	0	0	194.03
194.04	07954	ABBOTT RESEARCH	28,950	794,727	0	0	0	194.04
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)	24,133,151	9,807,743	1,726,600	2,299,271	5,259,118	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet B Part I | Date/Time Prepared: 4/27/2016 5:17 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			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
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	-3,829					11.00
13.00	01300	NURSING ADMINISTRATION	0	4,666,942				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,567,291			14.00
15.00	01500	PHARMACY	0	0	13,903	3,183,108		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,164	0	3,521,031	16.00
17.00	01700	SOCIAL SERVICE	0	0	8	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,877,202	133,965	0	308,244	30.00
31.00	03100	INTENSIVE CARE UNIT	0	706,048	72,114	0	76,507	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	171,364	16,365	0	17,001	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	519,884	329,185	0	698,914	50.00
51.00	05100	RECOVERY ROOM	0	304,363	4,065	0	66,946	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	226,645	40,966	0	22,468	52.00
53.00	05300	ANESTHESIOLOGY	0	6,444	42,099	0	19,338	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	88,883	0	700,364	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	228,222	0	362,319	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	32,557	0	54,362	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,163	0	64,380	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	49,084	0	198,755	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	333,379	0	38,199	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,033,211	0	108,248	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,183,108	396,794	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	13,757	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	0	34,563	273	0	1,126	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	820,429	127,880	0	373,309	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	11,952	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,666,942	2,564,438	3,183,108	3,521,031	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	10	0	0	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	0	2,745	0	0	194.01
194.02	07952	MARKETING	0	0	98	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	0	194.03
194.04	07954	ABBOTT RESEARCH	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	-3,829	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-3,829	4,666,942	2,567,291	3,183,108	3,521,031	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet B Part I | Date/Time Prepared: 4/27/2016 5:17 pm

		Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	21.00	24.00	25.00	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
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	41,393					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0				21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	33,146	0	29,397,163	0	29,397,163	30.00
31.00	03100	INTENSIVE CARE UNIT	5,149	0	9,129,637	0	9,129,637	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	3,098	0	2,155,296	0	2,155,296	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	10,973,638	0	10,973,638	50.00
51.00	05100	RECOVERY ROOM	0	0	3,230,187	0	3,230,187	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,359,829	0	3,359,829	52.00
53.00	05300	ANESTHESIOLOGY	0	0	495,875	0	495,875	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	13,664,986	0	13,664,986	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	11,303,770	0	11,303,770	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,809,586	0	1,809,586	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,637,714	0	4,637,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	4,079,074	0	4,079,074	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,998,016	0	2,998,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	8,142,277	0	8,142,277	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	11,419,926	0	11,419,926	73.00
74.00	07400	RENAL DIALYSIS	0	0	923,665	0	923,665	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	0	0	353,802	0	353,802	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	12,287,599	0	12,287,599	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	172,136	0	172,136	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	41,393	0	130,534,176	0	130,534,176	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	239,834	0	239,834	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	0	139,384	0	139,384	194.01
194.02	07952	MARKETING	0	0	2,038,204	0	2,038,204	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	192,958	0	192,958	194.03
194.04	07954	ABBOTT RESEARCH	0	0	955,591	0	955,591	194.04
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	-3,829	0	-3,829	201.00
202.00		TOTAL (sum lines 118-201)	41,393	0	134,096,318	0	134,096,318	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet B Part II Date/Time Prepared: 4/27/2016 5:17 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		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	0	42,683	118,648	161,331	161,331	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	322,513	896,497	1,219,010	16,657	5.00
7.00	00700	OPERATION OF PLANT	0	781,943	2,173,589	2,955,532	2,580	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	47,841	132,984	180,825	0	8.00
9.00	00900	HOUSEKEEPING	0	26,163	72,725	98,888	0	9.00
10.00	01000	DIETARY	0	84,688	235,411	320,099	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	14,361	39,919	54,280	8,855	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	65,125	181,029	246,154	1,310	14.00
15.00	01500	PHARMACY	0	19,153	53,241	72,394	5,353	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	30,425	84,574	114,999	2,895	16.00
17.00	01700	SOCIAL SERVICE	0	2,496	6,938	9,434	23	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	438,521	1,218,969	1,657,490	32,551	30.00
31.00	03100	INTENSIVE CARE UNIT	0	78,431	218,018	296,449	12,246	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	14,332	39,840	54,172	2,972	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	153,683	427,196	580,879	9,017	50.00
51.00	05100	RECOVERY ROOM	0	18,817	52,306	71,123	5,279	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	48,690	135,344	184,034	3,931	52.00
53.00	05300	ANESTHESIOLOGY	0	5,135	14,273	19,408	112	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	148,787	413,589	562,376	14,983	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	61,466	170,859	232,325	10,304	60.00
65.00	06500	RESPIRATORY THERAPY	0	20,612	57,296	77,908	2,571	65.00
66.00	06600	PHYSICAL THERAPY	0	61,221	170,178	231,399	7,602	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	31,542	87,679	119,221	5,281	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	0	0	0	0	599	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	123,388	342,986	466,374	14,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	827	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,642,016	7,344,088	9,986,104	160,177	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
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	1,157	3,216	4,373	156	194.01
194.02	07952	MARKETING	0	0	0	0	998	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	0	194.03
194.04	07954	ABBOTT RESEARCH	0	131,914	0	131,914	0	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	2,775,087	7,347,304	10,122,391	161,331	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet B Part II | Date/Time Prepared: 4/27/2016 5:17 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		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	1,235,667					5.00
7.00	00700	OPERATION OF PLANT	90,376	3,048,488				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,254	89,586	283,665			8.00
9.00	00900	HOUSEKEEPING	19,735	48,992	0	167,615		9.00
10.00	01000	DIETARY	42,498	158,587	0	9,982	531,166	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	41,993	26,892	0	1,693	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,633	121,952	7,808	7,676	0	14.00
15.00	01500	PHARMACY	27,855	35,866	0	2,258	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	30,283	56,974	0	3,586	0	16.00
17.00	01700	SOCIAL SERVICE	206	4,674	0	294	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	171,093	821,175	115,577	51,688	446,357	30.00
31.00	03100	INTENSIVE CARE UNIT	63,060	146,870	23,971	9,245	68,801	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	16,769	26,838	2,974	1,689	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	74,581	287,785	25,901	18,115	0	50.00
51.00	05100	RECOVERY ROOM	24,346	35,237	11,320	2,218	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,434	91,176	25,392	5,739	0	52.00
53.00	05300	ANESTHESIOLOGY	3,582	9,615	0	605	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	106,982	278,619	21,186	17,538	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	94,392	115,101	0	7,245	0	60.00
65.00	06500	RESPIRATORY THERAPY	14,381	38,598	736	2,430	0	65.00
66.00	06600	PHYSICAL THERAPY	37,789	114,642	64	7,216	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32,791	59,066	5,202	3,718	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,202	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,511	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,244	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,385	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	2,929	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	89,919	231,056	43,534	14,544	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,476	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,211,699	2,799,301	283,665	167,479	515,158	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	749	0	0	0	16,008	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	1,178	2,166	0	136	0	194.01
194.02	07952	MARKETING	18,781	0	0	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	1,778	0	0	0	0	194.03
194.04	07954	ABBOTT RESEARCH	1,482	247,021	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,235,667	3,048,488	283,665	167,615	531,166	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet B Part II | Date/Time Prepared: 4/27/2016 5:17 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			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
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	0					11.00
13.00	01300	NURSING ADMINISTRATION	0	133,713				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	403,533			14.00
15.00	01500	PHARMACY	0	0	2,185	145,911		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	340	0	209,077	16.00
17.00	01700	SOCIAL SERVICE	0	0	1	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	53,785	21,057	0	18,342	30.00
31.00	03100	INTENSIVE CARE UNIT	0	20,229	11,335	0	4,552	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	4,910	2,572	0	1,012	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	14,895	51,741	0	41,588	50.00
51.00	05100	RECOVERY ROOM	0	8,720	639	0	3,983	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,493	6,439	0	1,337	52.00
53.00	05300	ANESTHESIOLOGY	0	185	6,617	0	1,151	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	13,971	0	41,236	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	35,872	0	21,559	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,117	0	3,235	65.00
66.00	06600	PHYSICAL THERAPY	0	0	654	0	3,831	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	7,715	0	11,827	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	52,401	0	2,273	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	162,406	0	6,441	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	145,911	23,611	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	819	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	0	990	43	0	67	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	23,506	20,100	0	22,213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	1,879	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	133,713	403,084	145,911	209,077	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	2	0	0	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	0	432	0	0	194.01
194.02	07952	MARKETING	0	0	15	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	0	194.03
194.04	07954	ABBOTT RESEARCH	0	0	0	0	0	194.04
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)	0	133,713	403,533	145,911	209,077	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet B Part II | Date/Time Prepared: 4/27/2016 5:17 pm

		Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	21.00	24.00	25.00	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
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	14,632					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0				21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,717		3,400,832	0	3,400,832	30.00
31.00	03100	INTENSIVE CARE UNIT	1,820		658,578	0	658,578	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	1,095		115,003	0	115,003	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0		1,104,502	0	1,104,502	50.00
51.00	05100	RECOVERY ROOM	0		162,865	0	162,865	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		347,975	0	347,975	52.00
53.00	05300	ANESTHESIOLOGY	0		41,275	0	41,275	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		1,056,891	0	1,056,891	54.00
54.01	05401	ULTRASOUND	0		0	0	0	54.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
60.00	06000	LABORATORY	0		516,798	0	516,798	60.00
65.00	06500	RESPIRATORY THERAPY	0		144,976	0	144,976	65.00
66.00	06600	PHYSICAL THERAPY	0		403,197	0	403,197	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0		244,821	0	244,821	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		78,876	0	78,876	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		233,358	0	233,358	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		241,766	0	241,766	73.00
74.00	07400	RENAL DIALYSIS	0		9,204	0	9,204	74.00
76.00	03020	CARDIAC REHAB	0		0	0	0	76.00
76.02	03951	GUIDANCE	0		4,628	0	4,628	76.02
76.03	03952	WOUND CARE	0		0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
91.00	09100	EMERGENCY	0		925,475	0	925,475	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		4,182	0	4,182	95.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0		0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,632	0	9,695,202	0	9,695,202	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		16,759	0	16,759	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0		0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0		0	0	0	194.00
194.01	07951	SENIOR CIRCLE	0		8,441	0	8,441	194.01
194.02	07952	MARKETING	0		19,794	0	19,794	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0		1,778	0	1,778	194.03
194.04	07954	ABBOTT RESEARCH	0		380,417	0	380,417	194.04
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	14,632	0	10,122,391	0	10,122,391	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet B-1 | Date/Time Prepared: 4/27/2016 5:17 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	486,968					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		463,820				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,490	7,490	52,898,981			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	56,594	56,594	5,461,332	-24,133,151	109,966,996	5.00
7.00	00700	OPERATION OF PLANT	137,214	137,214	845,898	0	8,042,707	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,395	8,395	0	0	1,179,523	8.00
9.00	00900	HOUSEKEEPING	4,591	4,591	0	0	1,756,232	9.00
10.00	01000	DIETARY	14,861	14,861	0	0	3,781,985	10.00
11.00	01100	CAFETERIA	0	0	0	3,829	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,520	2,520	2,903,366	0	3,737,073	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,428	11,428	429,500	0	1,658,207	14.00
15.00	01500	PHARMACY	3,361	3,361	1,755,231	0	2,478,843	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,339	5,339	949,278	0	2,694,944	16.00
17.00	01700	SOCIAL SERVICE	438	438	7,384	0	18,296	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	76,951	76,951	10,675,382	0	15,228,672	30.00
31.00	03100	INTENSIVE CARE UNIT	13,763	13,763	4,015,217	0	5,611,819	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	2,515	2,515	974,532	0	1,492,341	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,968	26,968	2,956,521	0	6,637,079	50.00
51.00	05100	RECOVERY ROOM	3,302	3,302	1,730,881	0	2,166,634	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,544	8,544	1,288,903	0	2,085,463	52.00
53.00	05300	ANESTHESIOLOGY	901	901	36,649	0	318,796	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,109	26,109	4,912,311	0	9,520,480	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	10,786	10,786	3,378,449	0	8,400,072	60.00
65.00	06500	RESPIRATORY THERAPY	3,617	3,617	842,847	0	1,279,812	65.00
66.00	06600	PHYSICAL THERAPY	10,743	10,743	2,492,416	0	3,362,939	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,535	5,535	1,731,484	0	2,918,133	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,153,775	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,740,926	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,429,105	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	746,158	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	0	0	196,554	0	260,640	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	21,652	21,652	4,665,192	0	8,002,022	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	271,089	0	131,357	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	463,617	463,617	52,520,416	-24,129,322	107,834,033	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	66,694	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	203	203	51,293	0	104,801	194.01
194.02	07952	MARKETING	0	0	327,272	0	1,671,321	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	158,233	194.03
194.04	07954	ABBOTT RESEARCH	23,148	0	0	0	131,914	194.04
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)	2,775,087	7,347,304	6,512,943		24,133,151	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.698705	15.840852	0.123120		0.219458	203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet B-1 | Date/Time Prepared: 4/27/2016 5:17 pm

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	4.00	5A	5.00	
204.00	Cost to be allocated (per Wkst. B, Part II)			161,331		1,235,667	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.003050		0.011237	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet B-1 | Date/Time Prepared: 4/27/2016 5:17 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
			7.00	8.00	9.00	10.00	11.00	
		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
7.00	00700	OPERATION OF PLANT	285,670					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,395	1,343,312				8.00
9.00	00900	HOUSEKEEPING	4,591	0	249,536			9.00
10.00	01000	DIETARY	14,861	0	14,861	113,250		10.00
11.00	01100	CAFETERIA	0	0	0	0	68,930	11.00
13.00	01300	NURSING ADMINISTRATION	2,520	0	2,520	0	3,063	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,428	36,976	11,428	0	1,313	14.00
15.00	01500	PHARMACY	3,361	0	3,361	0	2,263	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,339	0	5,339	0	1,936	16.00
17.00	01700	SOCIAL SERVICE	438	0	438	0	41	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	76,951	547,323	76,951	95,168	17,763	30.00
31.00	03100	INTENSIVE CARE UNIT	13,763	113,518	13,763	14,669	5,054	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	2,515	14,083	2,515	0	1,329	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,968	122,654	26,968	0	4,400	50.00
51.00	05100	RECOVERY ROOM	3,302	53,607	3,302	0	2,078	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,544	120,244	8,544	0	1,757	52.00
53.00	05300	ANESTHESIOLOGY	901	0	901	0	104	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,109	100,329	26,109	0	6,653	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	10,786	0	10,786	0	6,295	60.00
65.00	06500	RESPIRATORY THERAPY	3,617	3,487	3,617	0	1,376	65.00
66.00	06600	PHYSICAL THERAPY	10,743	301	10,743	0	3,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,535	24,634	5,535	0	2,254	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	0	0	0	0	362	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	21,652	206,156	21,652	0	6,317	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	451	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	262,319	1,343,312	249,333	109,837	68,217	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	3,413	84	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	203	0	203	0	405	194.01
194.02	07952	MARKETING	0	0	0	0	113	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	111	194.03
194.04	07954	ABBOTT RESEARCH	23,148	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,807,743	1,726,600	2,299,271	5,259,118	-3,829	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.332422	1.285331	9.214186	46.438128	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,048,488	283,665	167,615	531,166	0	204.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet B-1 | Date/Time Prepared: 4/27/2016 5:17 pm

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	10.671362	0.211168	0.671707	4.690208	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet B-1 | Date/Time Prepared: 4/27/2016 5:17 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRS G HR)	CENTRAL SERVICES & SUPPLY (TOTAL SUPP LIE)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (PT. DAYS & OP OB)	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	26,540,327					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,715,452				14.00
15.00	01500	PHARMACY	0	79,693	6,450,751			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,401	0	1,197,361,155		16.00
17.00	01700	SOCIAL SERVICE	0	45	0	0	45,694	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,675,382	767,876	0	104,809,363	36,590	30.00
31.00	03100	INTENSIVE CARE UNIT	4,015,217	413,352	0	26,014,017	5,684	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	974,531	93,803	0	5,780,530	3,420	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,956,521	1,886,860	0	237,644,934	0	50.00
51.00	05100	RECOVERY ROOM	1,730,881	23,302	0	22,762,836	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,288,904	234,812	0	7,639,593	0	52.00
53.00	05300	ANESTHESIOLOGY	36,649	241,308	0	6,575,151	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	509,468	0	238,276,922	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	1,308,150	0	123,195,987	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	186,616	0	18,484,283	0	65.00
66.00	06600	PHYSICAL THERAPY	0	23,860	0	21,890,589	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	281,343	0	67,580,620	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,910,896	0	12,988,491	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,922,250	0	36,806,683	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,450,751	134,918,143	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,677,739	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	196,554	1,563	0	382,764	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	4,665,688	732,995	0	126,932,510	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	68,506	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,540,327	14,699,099	6,450,751	1,197,361,155	45,694	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	57	0	0	0	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	15,736	0	0	0	194.01
194.02	07952	MARKETING	0	560	0	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	0	194.03
194.04	07954	ABBOTT RESEARCH	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,666,942	2,567,291	3,183,108	3,521,031	41,393	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.175843	0.174462	0.493448	0.002941	0.905874	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	133,713	403,533	145,911	209,077	14,632	204.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet B-1 | Date/Time Prepared: 4/27/2016 5:17 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRS G HR)	CENTRAL SERVICES & SUPPLY (TOTAL SUPP LIE)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (PT. DAYS & OP OB)	
			13.00	14.00	15.00	16.00	17.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.005038	0.027422	0.022619	0.000175	0.320217	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet B-1 | Date/Time Prepared: 4/27/2016 5:17 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
			21.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		21.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
40.00	04000	SUBPROVIDER - IPF	0		40.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
43.00	04300	NURSERY	0		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0		50.00
51.00	05100	RECOVERY ROOM	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		54.00
54.01	05401	ULTRASOUND	0		54.01
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	0		57.00
58.00	05800	MRI	0		58.00
60.00	06000	LABORATORY	0		60.00
65.00	06500	RESPIRATORY THERAPY	0		65.00
66.00	06600	PHYSICAL THERAPY	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
74.00	07400	RENAL DIALYSIS	0		74.00
76.00	03020	CARDIAC REHAB	0		76.00
76.02	03951	GUIDANCE	0		76.02
76.03	03952	WOUND CARE	0		76.03
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0		88.00
91.00	09100	EMERGENCY	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0		95.00
101.00	10100	HOME HEALTH AGENCY	0		101.00
		SPECIAL PURPOSE COST CENTERS			
116.00	11600	HOSPICE	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0		192.01
194.00	07950	CLINIC CORPORATION	0		194.00
194.01	07951	SENIOR CIRCLE	0		194.01
194.02	07952	MARKETING	0		194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0		194.03
194.04	07954	ABBOTT RESEARCH	0		194.04
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)	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000		203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet B-1 | Date/Time Prepared: 4/27/2016 5:17 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
			21.00		
204.00		Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet C Part I Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	29,397,163		29,397,163	0	29,397,163	30.00
31.00	03100	INTENSIVE CARE UNIT	9,129,637		9,129,637	0	9,129,637	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	2,155,296		2,155,296	0	2,155,296	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,973,638		10,973,638	0	10,973,638	50.00
51.00	05100	RECOVERY ROOM	3,230,187		3,230,187	0	3,230,187	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,359,829		3,359,829	0	3,359,829	52.00
53.00	05300	ANESTHESIOLOGY	495,875		495,875	0	495,875	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,664,986		13,664,986	0	13,664,986	54.00
54.01	05401	ULTRASOUND	0		0	0	0	54.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
60.00	06000	LABORATORY	11,303,770		11,303,770	0	11,303,770	60.00
65.00	06500	RESPIRATORY THERAPY	1,809,586	0	1,809,586	0	1,809,586	65.00
66.00	06600	PHYSICAL THERAPY	4,637,714	0	4,637,714	0	4,637,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,079,074		4,079,074	0	4,079,074	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,998,016		2,998,016	0	2,998,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,142,277		8,142,277	0	8,142,277	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,419,926		11,419,926	0	11,419,926	73.00
74.00	07400	RENAL DIALYSIS	923,665		923,665	0	923,665	74.00
76.00	03020	CARDIAC REHAB	0		0	0	0	76.00
76.02	03951	GUIDANCE	353,802		353,802	0	353,802	76.02
76.03	03952	WOUND CARE	0		0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
91.00	09100	EMERGENCY	12,287,599		12,287,599	0	12,287,599	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,712,965		1,712,965		1,712,965	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	172,136		172,136	0	172,136	95.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	132,247,141	0	132,247,141	0	132,247,141	200.00
201.00		Less Observation Beds	1,712,965		1,712,965		1,712,965	201.00
202.00		Total (see instructions)	130,534,176	0	130,534,176	0	130,534,176	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet C Part I Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	98,308,164		98,308,164			30.00
31.00	03100	INTENSIVE CARE UNIT	26,014,017		26,014,017			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	5,780,530		5,780,530			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	137,811,581	99,833,353	237,644,934	0.046177	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,732,839	13,029,997	22,762,836	0.141906	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,863,445	776,148	7,639,593	0.439792	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,123,779	2,451,372	6,575,151	0.075417	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,811,071	171,465,851	238,276,922	0.057349	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	0.000000	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
60.00	06000	LABORATORY	67,625,474	55,570,513	123,195,987	0.091754	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	16,806,380	1,677,903	18,484,283	0.097899	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,200,245	13,690,344	21,890,589	0.211859	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	43,436,735	24,143,885	67,580,620	0.060359	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,848,467	4,140,024	12,988,491	0.230821	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,625,184	10,181,499	36,806,683	0.221217	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,872,391	37,045,752	134,918,143	0.084643	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,598,837	78,902	4,677,739	0.197460	0.000000	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.02	03951	GUIDANCE	86,814	295,950	382,764	0.924335	0.000000	76.02
76.03	03952	WOUND CARE	0	0	0	0.000000	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
91.00	09100	EMERGENCY	32,863,900	94,068,610	126,932,510	0.096804	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,724,337	4,776,862	6,501,199	0.263484	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	664,134,190	533,226,965	1,197,361,155			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	664,134,190	533,226,965	1,197,361,155			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet C Part I Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio
			11.00
		INPATIENT ROUTINE SERVICE COST CENTERS	
30.00	03000	ADULTS & PEDIATRICS	
31.00	03100	INTENSIVE CARE UNIT	
40.00	04000	SUBPROVIDER - IPF	
41.00	04100	SUBPROVIDER - IRF	
43.00	04300	NURSERY	
		ANCILLARY SERVICE COST CENTERS	
50.00	05000	OPERATING ROOM	0.046177
51.00	05100	RECOVERY ROOM	0.141906
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.439792
53.00	05300	ANESTHESIOLOGY	0.075417
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.057349
54.01	05401	ULTRASOUND	0.000000
56.00	05600	RADIOISOTOPE	0.000000
57.00	05700	CT SCAN	0.000000
58.00	05800	MRI	0.000000
60.00	06000	LABORATORY	0.091754
65.00	06500	RESPIRATORY THERAPY	0.097899
66.00	06600	PHYSICAL THERAPY	0.211859
67.00	06700	OCCUPATIONAL THERAPY	0.000000
68.00	06800	SPEECH PATHOLOGY	0.000000
69.00	06900	ELECTROCARDIOLOGY	0.060359
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.230821
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.221217
73.00	07300	DRUGS CHARGED TO PATIENTS	0.084643
74.00	07400	RENAL DIALYSIS	0.197460
76.00	03020	CARDIAC REHAB	0.000000
76.02	03951	GUIDANCE	0.924335
76.03	03952	WOUND CARE	0.000000
		OUTPATIENT SERVICE COST CENTERS	
88.00	08800	RURAL HEALTH CLINIC	
91.00	09100	EMERGENCY	0.096804
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.263484
		OTHER REIMBURSABLE COST CENTERS	
95.00	09500	AMBULANCE SERVICES	0.000000
101.00	10100	HOME HEALTH AGENCY	
		SPECIAL PURPOSE COST CENTERS	
116.00	11600	HOSPICE	
200.00		Subtotal (see instructions)	
201.00		Less Observation Beds	
202.00		Total (see instructions)	

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet C Part I Date/Time Prepared: 4/27/2016 5:17 pm

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	29,397,163		29,397,163	0	29,397,163	30.00
31.00	03100	INTENSIVE CARE UNIT	9,129,637		9,129,637	0	9,129,637	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	2,155,296		2,155,296	0	2,155,296	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,973,638		10,973,638	0	10,973,638	50.00
51.00	05100	RECOVERY ROOM	3,230,187		3,230,187	0	3,230,187	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,359,829		3,359,829	0	3,359,829	52.00
53.00	05300	ANESTHESIOLOGY	495,875		495,875	0	495,875	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,664,986		13,664,986	0	13,664,986	54.00
54.01	05401	ULTRASOUND	0		0	0	0	54.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
60.00	06000	LABORATORY	11,303,770		11,303,770	0	11,303,770	60.00
65.00	06500	RESPIRATORY THERAPY	1,809,586	0	1,809,586	0	1,809,586	65.00
66.00	06600	PHYSICAL THERAPY	4,637,714	0	4,637,714	0	4,637,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,079,074		4,079,074	0	4,079,074	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,998,016		2,998,016	0	2,998,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,142,277		8,142,277	0	8,142,277	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,419,926		11,419,926	0	11,419,926	73.00
74.00	07400	RENAL DIALYSIS	923,665		923,665	0	923,665	74.00
76.00	03020	CARDIAC REHAB	0		0	0	0	76.00
76.02	03951	GUIDANCE	353,802		353,802	0	353,802	76.02
76.03	03952	WOUND CARE	0		0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
91.00	09100	EMERGENCY	12,287,599		12,287,599	0	12,287,599	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,712,965		1,712,965		1,712,965	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	172,136		172,136	0	172,136	95.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	132,247,141	0	132,247,141	0	132,247,141	200.00
201.00		Less Observation Beds	1,712,965		1,712,965		1,712,965	201.00
202.00		Total (see instructions)	130,534,176	0	130,534,176	0	130,534,176	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet C Part I Date/Time Prepared: 4/27/2016 5:17 pm

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	98,308,164		98,308,164			30.00
31.00	03100	INTENSIVE CARE UNIT	26,014,017		26,014,017			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	5,780,530		5,780,530			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	137,811,581	99,833,353	237,644,934	0.046177	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,732,839	13,029,997	22,762,836	0.141906	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,863,445	776,148	7,639,593	0.439792	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,123,779	2,451,372	6,575,151	0.075417	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,811,071	171,465,851	238,276,922	0.057349	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	0.000000	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
60.00	06000	LABORATORY	67,625,474	55,570,513	123,195,987	0.091754	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	16,806,380	1,677,903	18,484,283	0.097899	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,200,245	13,690,344	21,890,589	0.211859	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	43,436,735	24,143,885	67,580,620	0.060359	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,848,467	4,140,024	12,988,491	0.230821	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,625,184	10,181,499	36,806,683	0.221217	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,872,391	37,045,752	134,918,143	0.084643	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,598,837	78,902	4,677,739	0.197460	0.000000	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.02	03951	GUIDANCE	86,814	295,950	382,764	0.924335	0.000000	76.02
76.03	03952	WOUND CARE	0	0	0	0.000000	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
91.00	09100	EMERGENCY	32,863,900	94,068,610	126,932,510	0.096804	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,724,337	4,776,862	6,501,199	0.263484	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	664,134,190	533,226,965	1,197,361,155			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	664,134,190	533,226,965	1,197,361,155			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet C Part I Date/Time Prepared: 4/27/2016 5:17 pm

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.046177	50.00
51.00	05100	RECOVERY ROOM	0.141906	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.439792	52.00
53.00	05300	ANESTHESIOLOGY	0.075417	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.057349	54.00
54.01	05401	ULTRASOUND	0.000000	54.01
56.00	05600	RADIOISOTOPE	0.000000	56.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MRI	0.000000	58.00
60.00	06000	LABORATORY	0.091754	60.00
65.00	06500	RESPIRATORY THERAPY	0.097899	65.00
66.00	06600	PHYSICAL THERAPY	0.211859	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060359	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.230821	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.221217	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.084643	73.00
74.00	07400	RENAL DIALYSIS	0.197460	74.00
76.00	03020	CARDIAC REHAB	0.000000	76.00
76.02	03951	GUIDANCE	0.924335	76.02
76.03	03952	WOUND CARE	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS		
88.00	08800	RURAL HEALTH CLINIC	0.000000	88.00
91.00	09100	EMERGENCY	0.096804	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.263484	92.00
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet C Part II Date/Time Prepared: 4/27/2016 5:17 pm

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,973,638	1,104,502	9,869,136	0	0	50.00
51.00	05100	RECOVERY ROOM	3,230,187	162,865	3,067,322	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,359,829	347,975	3,011,854	0	0	52.00
53.00	05300	ANESTHESIOLOGY	495,875	41,275	454,600	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,664,986	1,056,891	12,608,095	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	11,303,770	516,798	10,786,972	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,809,586	144,976	1,664,610	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,637,714	403,197	4,234,517	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,079,074	244,821	3,834,253	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,998,016	78,876	2,919,140	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,142,277	233,358	7,908,919	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,419,926	241,766	11,178,160	0	0	73.00
74.00	07400	RENAL DIALYSIS	923,665	9,204	914,461	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	353,802	4,628	349,174	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	12,287,599	925,475	11,362,124	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,712,965	198,166	1,514,799	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	172,136	4,182	167,954	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	91,565,045	5,718,955	85,846,090	0	0	200.00
201.00		Less Observation Beds	1,712,965	198,166	1,514,799	0	0	201.00
202.00		Total (line 200 minus line 201)	89,852,080	5,520,789	84,331,291	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet C Part II Date/Time Prepared: 4/27/2016 5:17 pm

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	10,973,638	237,644,934	0.046177		50.00
51.00	05100	RECOVERY ROOM	3,230,187	22,762,836	0.141906		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,359,829	7,639,593	0.439792		52.00
53.00	05300	ANESTHESIOLOGY	495,875	6,575,151	0.075417		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,664,986	238,276,922	0.057349		54.00
54.01	05401	ULTRASOUND	0	0	0.000000		54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700	CT SCAN	0	0	0.000000		57.00
58.00	05800	MRI	0	0	0.000000		58.00
60.00	06000	LABORATORY	11,303,770	123,195,987	0.091754		60.00
65.00	06500	RESPIRATORY THERAPY	1,809,586	18,484,283	0.097899		65.00
66.00	06600	PHYSICAL THERAPY	4,637,714	21,890,589	0.211859		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,079,074	67,580,620	0.060359		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,998,016	12,988,491	0.230821		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,142,277	36,806,683	0.221217		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,419,926	134,918,143	0.084643		73.00
74.00	07400	RENAL DIALYSIS	923,665	4,677,739	0.197460		74.00
76.00	03020	CARDIAC REHAB	0	0	0.000000		76.00
76.02	03951	GUIDANCE	353,802	382,764	0.924335		76.02
76.03	03952	WOUND CARE	0	0	0.000000		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000		88.00
91.00	09100	EMERGENCY	12,287,599	126,932,510	0.096804		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,712,965	6,501,199	0.263484		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	172,136	0	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000		101.00
		SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	0	0.000000		116.00
200.00		Subtotal (sum of lines 50 thru 199)	91,565,045	1,067,258,444			200.00
201.00		Less Observation Beds	1,712,965	0			201.00
202.00		Total (line 200 minus line 201)	89,852,080	1,067,258,444			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D Part I Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,400,832	0	3,400,832	38,854	87.53	30.00
31.00	INTENSIVE CARE UNIT	658,578		658,578	5,684	115.87	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	115,003		115,003	3,420	33.63	43.00
200.00	Total (lines 30-199)	4,174,413		4,174,413	47,958		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	14,455	1,265,246		30.00
31.00	INTENSIVE CARE UNIT	2,408	279,015		31.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	16,863	1,544,261		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D Part II Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,104,502	237,644,934	0.004648	43,243,522	200,996	50.00
51.00	05100	RECOVERY ROOM	162,865	22,762,836	0.007155	2,227,821	15,940	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	347,975	7,639,593	0.045549	33,695	1,535	52.00
53.00	05300	ANESTHESIOLOGY	41,275	6,575,151	0.006277	902,216	5,663	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,056,891	238,276,922	0.004436	27,762,778	123,156	54.00
54.01	05401	ULTRASOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	516,798	123,195,987	0.004195	26,875,863	112,744	60.00
65.00	06500	RESPIRATORY THERAPY	144,976	18,484,283	0.007843	7,971,979	62,524	65.00
66.00	06600	PHYSICAL THERAPY	403,197	21,890,589	0.018419	3,894,357	71,730	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	244,821	67,580,620	0.003623	16,847,538	61,039	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	78,876	12,988,491	0.006073	1,743,097	10,586	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	233,358	36,806,683	0.006340	10,513,902	66,658	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	241,766	134,918,143	0.001792	36,866,689	66,065	73.00
74.00	07400	RENAL DIALYSIS	9,204	4,677,739	0.001968	2,473,474	4,868	74.00
76.00	03020	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.02	03951	GUIDANCE	4,628	382,764	0.012091	11,034	133	76.02
76.03	03952	WOUND CARE	0	0	0.000000	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
91.00	09100	EMERGENCY	925,475	126,932,510	0.007291	12,206,536	88,998	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	198,166	6,501,199	0.030481	796,110	24,266	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	5,714,773	1,067,258,444		194,370,611	916,901	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D Part III Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
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)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,854	0.00	14,455	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,684	0.00	2,408	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
43.00	04300	NURSERY	3,420	0.00	0	0		43.00
200.00		Total (lines 30-199)	47,958		16,863	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D Part IV | Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	0	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D Part IV | Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	237,644,934	0.000000	0.000000	43,243,522	50.00
51.00	05100	RECOVERY ROOM	0	22,762,836	0.000000	0.000000	2,227,821	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,639,593	0.000000	0.000000	33,695	52.00
53.00	05300	ANESTHESIOLOGY	0	6,575,151	0.000000	0.000000	902,216	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	238,276,922	0.000000	0.000000	27,762,778	54.00
54.01	05401	ULTRASOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	123,195,987	0.000000	0.000000	26,875,863	60.00
65.00	06500	RESPIRATORY THERAPY	0	18,484,283	0.000000	0.000000	7,971,979	65.00
66.00	06600	PHYSICAL THERAPY	0	21,890,589	0.000000	0.000000	3,894,357	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	67,580,620	0.000000	0.000000	16,847,538	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,988,491	0.000000	0.000000	1,743,097	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	36,806,683	0.000000	0.000000	10,513,902	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	134,918,143	0.000000	0.000000	36,866,689	73.00
74.00	07400	RENAL DIALYSIS	0	4,677,739	0.000000	0.000000	2,473,474	74.00
76.00	03020	CARDIAC REHAB	0	0	0.000000	0.000000	0	76.00
76.02	03951	GUIDANCE	0	382,764	0.000000	0.000000	11,034	76.02
76.03	03952	WOUND CARE	0	0	0.000000	0.000000	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
91.00	09100	EMERGENCY	0	126,932,510	0.000000	0.000000	12,206,536	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,501,199	0.000000	0.000000	796,110	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	1,067,258,444			194,370,611	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D Part IV Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	28,353,677	0		50.00
51.00	05100	RECOVERY ROOM	0	2,810,397	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	51,556	0		52.00
53.00	05300	ANESTHESIOLOGY	0	446,181	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	36,325,592	0		54.00
54.01	05401	ULTRASOUND	0	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
60.00	06000	LABORATORY	0	6,234,240	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	506,065	0		65.00
66.00	06600	PHYSICAL THERAPY	0	2,367	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,999,187	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	776,312	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,224,428	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,125,420	0		73.00
74.00	07400	RENAL DIALYSIS	0	78,902	0		74.00
76.00	03020	CARDIAC REHAB	0	0	0		76.00
76.02	03951	GUIDANCE	0	16,167	0		76.02
76.03	03952	WOUND CARE	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
91.00	09100	EMERGENCY	0	11,260,333	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,227,236	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	113,438,060	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D Part V Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.046177	28,353,677	0	0	1,309,288	50.00
51.00	05100	RECOVERY ROOM	0.141906	2,810,397	0	0	398,812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.439792	51,556	0	0	22,674	52.00
53.00	05300	ANESTHESIOLOGY	0.075417	446,181	0	0	33,650	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.057349	36,325,592	0	0	2,083,236	54.00
54.01	05401	ULTRASOUND	0.000000	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.091754	6,234,240	20,786	0	572,016	60.00
65.00	06500	RESPIRATORY THERAPY	0.097899	506,065	0	0	49,543	65.00
66.00	06600	PHYSICAL THERAPY	0.211859	2,367	0	0	501	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060359	7,999,187	0	0	482,823	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.230821	776,312	0	0	179,189	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.221217	5,224,428	0	0	1,155,732	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.084643	12,125,420	75,978	0	1,026,332	73.00
74.00	07400	RENAL DIALYSIS	0.197460	78,902	0	0	15,580	74.00
76.00	03020	CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.02	03951	GUIDANCE	0.924335	16,167	0	0	14,944	76.02
76.03	03952	WOUND CARE	0.000000	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
91.00	09100	EMERGENCY	0.096804	11,260,333	0	0	1,090,045	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.263484	1,227,236	0	0	323,357	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		113,438,060	96,764	0	8,757,722	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		113,438,060	96,764	0	8,757,722	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D Part V Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	1,907	0		60.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,431	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	CARDIAC REHAB	0	0		76.00
76.02	03951	GUIDANCE	0	0		76.02
76.03	03952	WOUND CARE	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	8,338	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	8,338	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D Part I Date/Time Prepared: 4/27/2016 5:17 pm

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,400,832	0	3,400,832	38,854	87.53	30.00
31.00	INTENSIVE CARE UNIT	658,578		658,578	5,684	115.87	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	115,003		115,003	3,420	33.63	43.00
200.00	Total (lines 30-199)	4,174,413		4,174,413	47,958		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,180	278,345				30.00
31.00	INTENSIVE CARE UNIT	1,647	190,838				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
43.00	NURSERY	1,857	62,451				43.00
200.00	Total (lines 30-199)	6,684	531,634				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D Part II Date/Time Prepared: 4/27/2016 5:17 pm

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,104,502	237,644,934	0.004648	0	0	50.00
51.00	05100	RECOVERY ROOM	162,865	22,762,836	0.007155	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	347,975	7,639,593	0.045549	0	0	52.00
53.00	05300	ANESTHESIOLOGY	41,275	6,575,151	0.006277	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,056,891	238,276,922	0.004436	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	516,798	123,195,987	0.004195	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	144,976	18,484,283	0.007843	0	0	65.00
66.00	06600	PHYSICAL THERAPY	403,197	21,890,589	0.018419	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	244,821	67,580,620	0.003623	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	78,876	12,988,491	0.006073	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	233,358	36,806,683	0.006340	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	241,766	134,918,143	0.001792	0	0	73.00
74.00	07400	RENAL DIALYSIS	9,204	4,677,739	0.001968	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.02	03951	GUIDANCE	4,628	382,764	0.012091	0	0	76.02
76.03	03952	WOUND CARE	0	0	0.000000	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
91.00	09100	EMERGENCY	925,475	126,932,510	0.007291	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	198,166	6,501,199	0.030481	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	5,714,773	1,067,258,444		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D Part III Date/Time Prepared: 4/27/2016 5:17 pm

Title XIX | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
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)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,854	0.00	3,180	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,684	0.00	1,647	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
43.00	04300	NURSERY	3,420	0.00	1,857	0		43.00
200.00		Total (lines 30-199)	47,958		6,684	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D Part IV | Date/Time Prepared: 4/27/2016 5:17 pm

Title XIX | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	0	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D Part IV | Date/Time Prepared: 4/27/2016 5:17 pm

Title XIX | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	237,644,934	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	22,762,836	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,639,593	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,575,151	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	238,276,922	0.000000	0.000000	0	54.00
54.01	05401	ULTRASOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	123,195,987	0.000000	0.000000	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	18,484,283	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	21,890,589	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	67,580,620	0.000000	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,988,491	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	36,806,683	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	134,918,143	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,677,739	0.000000	0.000000	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0.000000	0.000000	0	76.00
76.02	03951	GUIDANCE	0	382,764	0.000000	0.000000	0	76.02
76.03	03952	WOUND CARE	0	0	0.000000	0.000000	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
91.00	09100	EMERGENCY	0	126,932,510	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,501,199	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	1,067,258,444			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D Part IV Date/Time Prepared: 4/27/2016 5:17 pm

Title XIX | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	ULTRASOUND	0	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03020	CARDIAC REHAB	0	0	0		76.00
76.02	03951	GUIDANCE	0	0	0		76.02
76.03	03952	WOUND CARE	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D-1 | Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	38,854	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	38,854	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)	36,590	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)	14,455	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)	29,397,163	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)	29,397,163	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)	29,397,163	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)	756.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	10,936,798	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)	10,936,798	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D-1 | Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	9,129,637	5,684	1,606.20	2,408	3,867,730	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	16,815,118	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	31,619,646	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,544,261	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	916,901	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	2,461,162	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	29,158,484	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)	2,264	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	756.61	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,712,965	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D-1 | Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,400,832	29,397,163	0.115686	1,712,965	198,166	90.00
91.00	Nursing School cost	0	29,397,163	0.000000	1,712,965	0	91.00
92.00	Allied health cost	0	29,397,163	0.000000	1,712,965	0	92.00
93.00	All other Medical Education	0	29,397,163	0.000000	1,712,965	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D-1 | Date/Time Prepared: 4/27/2016 5:17 pm

Title XIX | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	38,854	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	38,854	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)	36,590	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,180	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)	3,420	15.00
16.00	Nursery days (title V or XIX only)	1,857	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)	29,397,163	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)	29,397,163	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)	29,397,163	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)	756.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,406,020	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)	2,406,020	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D-1 | Date/Time Prepared: 4/27/2016 5:17 pm

Title XIX | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,155,296	3,420	630.20	1,857	1,170,281	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	9,129,637	5,684	1,606.20	1,647	2,645,411	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	6,221,712	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)	531,634	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)	531,634	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	5,690,078	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)	2,264	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	756.61	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,712,965	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D-1 | Date/Time Prepared: 4/27/2016 5:17 pm

Title XIX | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,400,832	29,397,163	0.115686	1,712,965	198,166	90.00
91.00	Nursing School cost	0	29,397,163	0.000000	1,712,965	0	91.00
92.00	Allied health cost	0	29,397,163	0.000000	1,712,965	0	92.00
93.00	All other Medical Education	0	29,397,163	0.000000	1,712,965	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet D-3 | Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		39,718,240		30.00
31.00	03100	INTENSIVE CARE UNIT		11,006,457		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.046177	43,243,522	1,996,856	50.00
51.00	05100	RECOVERY ROOM	0.141906	2,227,821	316,141	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.439792	33,695	14,819	52.00
53.00	05300	ANESTHESIOLOGY	0.075417	902,216	68,042	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.057349	27,762,778	1,592,168	54.00
54.01	05401	ULTRASOUND	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MRI	0.000000	0	0	58.00
60.00	06000	LABORATORY	0.091754	26,875,863	2,465,968	60.00
65.00	06500	RESPIRATORY THERAPY	0.097899	7,971,979	780,449	65.00
66.00	06600	PHYSICAL THERAPY	0.211859	3,894,357	825,055	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060359	16,847,538	1,016,901	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.230821	1,743,097	402,343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.221217	10,513,902	2,325,854	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.084643	36,866,689	3,120,507	73.00
74.00	07400	RENAL DIALYSIS	0.197460	2,473,474	488,412	74.00
76.00	03020	CARDIAC REHAB	0.000000	0	0	76.00
76.02	03951	GUIDANCE	0.924335	11,034	10,199	76.02
76.03	03952	WOUND CARE	0.000000	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	09100	EMERGENCY	0.096804	12,206,536	1,181,642	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.263484	796,110	209,762	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		194,370,611	16,815,118	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)		194,370,611		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet E Part A | Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0			1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		23,157,367			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,437,615			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0			1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0			1.04
2.00	Outlier payments for discharges. (see instructions)		498,613			2.00
2.01	Outlier reconciliation amount		0			2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0			2.02
3.00	Managed Care Simulated Payments		0			3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		183.80			4.00
	Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00			5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00			6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00			7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00			7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00			8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00			8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		0.00			9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00			10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00			11.00
12.00	Current year allowable FTE (see instructions)		0.00			12.00
13.00	Total allowable FTE count for the prior year.		0.00			13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00			14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00			15.00
16.00	Adjustment for residents in initial years of the program		0.00			16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00			17.00
18.00	Adjusted rolling average FTE count		0.00			18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000			19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000			20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000			21.00
22.00	IME payment adjustment (see instructions)		0			22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0			22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00			23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00			24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00			25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000			26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000			27.00
28.00	IME add-on adjustment amount (see instructions)		0			28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0			28.01
29.00	Total IME payment (sum of lines 22 and 28)		0			29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet E Part A Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0			29.01
	Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.99			30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.45			31.00
32.00	Sum of lines 30 and 31		37.44			32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.10			33.00
34.00	Disproportionate share adjustment (see instructions)		1,386,648			34.00

			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
	Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885		6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000357137		0.000356270	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,731,255		2,282,319	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,274,799		380,387	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,655,186			36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0			40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0			46.00
47.00	Subtotal (see instructions)		32,135,429			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0			48.00
49.00	Total payment for inpatient operating costs (see instructions)		32,135,429			49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,469,207			50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0			51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0			52.00
53.00	Nursing and Allied Health Managed Care payment		0			53.00
54.00	Special add-on payments for new technologies		0			54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0			55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0			56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0			57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0			58.00
59.00	Total (sum of amounts on lines 49 through 58)		34,604,636			59.00
60.00	Primary payer payments		7,480			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		34,597,156			61.00
62.00	Deductibles billed to program beneficiaries		3,058,740			62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet E Part A Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
63.00	Coinsurance billed to program beneficiaries		124,681			63.00
64.00	Allowable bad debts (see instructions)		1,328,223			64.00
65.00	Adjusted reimbursable bad debts (see instructions)		863,345			65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,116,567			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		32,277,080			67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0			70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0			70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0			70.91
70.92	Bundled Model 1 discount amount (see instructions)		0			70.92
70.93	HVBP payment adjustment amount (see instructions)		-38,072			70.93
70.94	HRR adjustment amount (see instructions)		-153,199			70.94
70.95	Recovery of accelerated depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0			70.97
70.98	Low Volume Payment-3		0			70.98
70.99	HAC adjustment amount (see instructions)		54,830			70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		32,030,979			71.00
71.01	Sequestration adjustment (see instructions)		640,620			71.01
72.00	Interim payments		30,546,276			72.00
73.00	Tentative settlement (for contractor use only)		0			73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		844,083			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,572,064			75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0			90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00			94.00
95.00	Time value of money for operating expenses (see instructions)		0			95.00
96.00	Time value of money for capital related expenses (see instructions)		0			96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140084	Period: From 12/01/2014 To 11/30/2015	Worksheet E Part A Date/Time Prepared: 4/27/2016 5:17 pm
	Title XVIII	Hospital	PPS

		Prior to 10/1		On/After 10/1	
		1.00	1.01	2.00	
	HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)	0		0	100.00
	HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0	102.00
	HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0	104.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,157,367	23,157,367		23,157,367	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,437,615		4,437,615	4,437,615	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	498,613	409,095	89,518	498,613	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2010	0.2010	0.2010		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,386,648	1,163,658	222,990	1,386,648	11.00
11.01	Uncompensated care payments	36.00	2,655,186	2,274,799	380,387	2,655,186	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	32,135,429	27,004,919	5,130,510	32,135,429	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	32,135,429	27,004,919	5,130,510	32,135,429	15.00
16.00	Payment for inpatient program capital	50.00	2,469,207	2,073,403	395,804	2,469,207	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ aquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			29,078,322	5,526,314	34,604,636	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,207,302	1,851,425	355,877	2,207,302	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	88,190	76,271	11,919	88,190	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0787	0.0787	0.0787		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	173,715	145,707	28,008	173,715	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,469,207	2,073,403	395,804	2,469,207	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-38,072	-15,023	-23,049	-38,072	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-153,199	-132,911	-20,288	-153,199	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	54,830	54,830	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140084	Period: From 12/01/2014 To 11/30/2015	Worksheet E Part B Date/Time Prepared: 4/27/2016 5:17 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	8,338	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	8,757,722	2.00
3.00	PPS payments	10,244,317	3.00
4.00	Outlier payment (see instructions)	40,173	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	8,338	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	96,764	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)	96,764	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 chargebasis 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)	96,764	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	88,426	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)	8,338	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)	10,284,490	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	57,371	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	2,074,277	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)	8,161,180	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	8,161,180	30.00
31.00	Primary payer payments	2,992	31.00
32.00	Subtotal (line 30 minus line 31)	8,158,188	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)	800,366	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	520,238	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	692,002	36.00
37.00	Subtotal (see instructions)	8,678,426	37.00
38.00	MSP-LCC reconciliation amount from PS&R	176	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)	8,678,250	40.00
40.01	Sequestration adjustment (see instructions)	173,565	40.01
41.00	Interim payments	8,462,384	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	42,301	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet E-1 Part I | Date/Time Prepared: 4/27/2016 5:17 pm

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		29,826,178		7,995,461	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		720,098		466,923	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)		30,546,276		8,462,384	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		844,083		42,301	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		31,390,359		8,504,685	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: 140084	Period: From 12/01/2014 To 11/30/2015	Worksheet E-1 Part II Date/Time Prepared: 4/27/2016 5:17 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	11,520	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	16,863	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3,250	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	42,274	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,197,361,155	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	11,231,823	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)	489,210	8.00
9.00	Sequestration adjustment amount (see instructions)	9,784	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	479,426	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	489,803	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)	-10,377	32.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet G | Date/Time Prepared: 4/27/2016 5:17 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	-1,394,122	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	47,161,534	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-16,319,062	0	0	0	6.00
7.00	Inventory	3,984,283	0	0	0	7.00
8.00	Prepaid expenses	1,309,157	0	0	0	8.00
9.00	Other current assets	3,066,674	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)	37,808,464	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	11,309,704	0	0	0	12.00
13.00	Land improvements	2,581,275	0	0	0	13.00
14.00	Accumulated depreciation	-1,179,107	0	0	0	14.00
15.00	Buildings	54,503,846	0	0	0	15.00
16.00	Accumulated depreciation	-12,168,428	0	0	0	16.00
17.00	Leasehold improvements	22,891,735	0	0	0	17.00
18.00	Accumulated depreciation	-6,385,718	0	0	0	18.00
19.00	Fixed equipment	4,644,179	0	0	0	19.00
20.00	Accumulated depreciation	-2,430,523	0	0	0	20.00
21.00	Automobiles and trucks	159,270	0	0	0	21.00
22.00	Accumulated depreciation	-109,339	0	0	0	22.00
23.00	Major movable equipment	25,959,905	0	0	0	23.00
24.00	Accumulated depreciation	-21,042,643	0	0	0	24.00
25.00	Minor equipment depreciable	18,198,615	0	0	0	25.00
26.00	Accumulated depreciation	-14,041,053	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)	82,891,718	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	11,003,055	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	11,003,055	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	131,703,237	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	26,604,377	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,417,809	0	0	0	38.00
39.00	Payroll taxes payable	602,888	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				42.00
43.00	Due to other funds	85,374,010	0	0	0	43.00
44.00	Other current liabilities	3,099,827	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	121,098,911	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	0	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	121,098,911	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	10,604,326				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)	10,604,326	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	131,703,237	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet G-1 | Date/Time Prepared: 4/27/2016 5:17 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		20,995,628		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-10,391,306				2.00
3.00	Total (sum of line 1 and line 2)		10,604,322		0		3.00
4.00	ROUNDING	4		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		4		0		10.00
11.00	Subtotal (line 3 plus line 10)		10,604,326		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		10,604,326		0		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	ROUNDING		0			4.00
5.00			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	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 140084 | Period: From 12/01/2014 To 11/30/2015 | Worksheet G-2 Parts I & II | Date/Time Prepared: 4/27/2016 5:17 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	104,088,694		104,088,694	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	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)	104,088,694		104,088,694	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	26,014,017		26,014,017	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	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	26,014,017		26,014,017	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	130,102,711		130,102,711	17.00
18.00	Ancillary services	534,033,343	0	534,033,343	18.00
19.00	Outpatient services	0	533,225,119	533,225,119	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		0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	664,136,054	533,225,119	1,197,361,173	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		190,476,973		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		190,476,973		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140084	Period: From 12/01/2014 To 11/30/2015	Worksheet G-3 Date/Time Prepared: 4/27/2016 5:17 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,197,361,173	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,018,535,284	2.00
3.00	Net patient revenues (line 1 minus line 2)	178,825,889	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	190,476,973	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-11,651,084	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	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	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	1,259,778	24.00
25.00	Total other income (sum of lines 6-24)	1,259,778	25.00
26.00	Total (line 5 plus line 25)	-10,391,306	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-10,391,306	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140084	Period: From 12/01/2014 To 11/30/2015	Worksheet L Parts I-III Date/Time Prepared: 4/27/2016 5:17 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	2,207,302	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	88,190	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	116.61	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	6.99	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	30.45	8.00
9.00	Sum of lines 7 and 8	37.44	9.00
10.00	Allowable disproportionate share percentage (see instructions)	7.87	10.00
11.00	Disproportionate share adjustment (see instructions)	173,715	11.00
12.00	Total prospective capital payments (see instructions)	2,469,207	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00