

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: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/31/2016 7:54 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: _____ Time: _____
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No. _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: _____ 11. Contractor's Vendor Code: _____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE MERCY MEDICAL CENTER (140174) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	211,292	-29,600	874,574	0	1.00
2.00 Subprovider - IPF	0	95,323	619		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	306,615	-28,981	874,574	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: 140174		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 7:54 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1325 NORTH HIGHLAND AVENUE			PO Box:						1.00	
2.00	City: AURORA			State: IL		Zip Code: 60506		County: KANE		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		PRESENCE MERCY MEDICAL CENTER	140174	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF		PRESENCE PSYCH UNIT	14S174	16974	4	07/01/1985	N	P	0	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:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2015	12/31/2015		20.00	
21.00	Type of Control (see instructions)						1		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,930	2,102	0	0	868	663			24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 7:54 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	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
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
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.			N		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	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	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:	0	0	4,286,207			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: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 7:54 am				
		1.00	2.00					
140.00	All Providers Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	148003	140.00				
		1.00	2.00	3.00				
141.00	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number. Name: PRESENCE PRV HEALTH Contractor's Name: NATIONAL GOVERNMENT SERVICES Contractor's Number: 06101				141.00			
142.00	Street: 200 SOUTH WACKER DRIVE PO Box:				142.00			
143.00	City: CHI CAGO State: IL Zip Code: 60606				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			
155.00	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
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				
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00			
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y			167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				168.00			
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50			169.00			
		Beginning		Ending				
		1.00		2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2014		09/30/2015		170.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 7:54 am
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/31/2016 7:54 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	06/30/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2016	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140174

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

Worksheet S-2
Part II
Date/Time Prepared:
5/31/2016 7:54 am

	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	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 relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
						Y/N
						Date
						1.00
						2.00
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
						1.00
						2.00
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TENNILLE		TUCKER		41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(630) 914-2652		TENNI LLE. TUCKER@PRESENCEHEAL TH. ORG		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	04/30/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
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.	SENIOR ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part IX Date/Time Prepared: 5/31/2016 7:54 am	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140174

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2016 7:54 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	181	66,065	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)		181	66,065	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	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)		197	71,905	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	95	34,675		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		292				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: 140174

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2016 7:54 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,338	1,927	20,171			1.00
2.00 HMO and other (see instructions)	3,855	3,376				2.00
3.00 HMO IPF Subprovider	0	2,205				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)	8,338	1,927	20,171			7.00
8.00 INTENSIVE CARE UNIT	1,354	210	3,399			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		272	432			13.00
14.00 Total (see instructions)	9,692	2,409	24,002	0.00	681.20	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,466	3,099	16,022	0.00	62.52	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	743.72	27.00
28.00 Observation Bed Days		741	6,901			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			162			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140174

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2016 7:54 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,215	560	6,178	1.00
2.00 HMO and other (see instructions)				901	1,036		2.00
3.00 HMO IPF Subprovider					453		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		2,215	560	6,178	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		421	556	2,812	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140174		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/31/2016 7:54 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	49,910,289	0	49,910,289	1,546,938.00	32.26	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		352,582	0	352,582	2,475.00	142.46	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		9,180	0	9,180	84.00	109.29	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)		6,739,429	-257,425	6,482,004	146,341.00	44.29	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		3,554,985	0	3,554,985	80,236.00	44.31	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		352,582	0	352,582	2,475.50	142.43	13.00
14.00	Home office salaries & wage-related costs		8,226,555	0	8,226,555	149,999.00	54.84	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)		11,907,870	0	11,907,870			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,261,038	0	1,261,038			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		780	0	780			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	83,748	0	83,748	3,002.00	27.90	26.00
27.00	Administrative & General	5.00	5,335,542	0	5,335,542	42,495.00	125.56	27.00
28.00	Administrative & General under contract (see inst.)		110,834	0	110,834	1,496.00	74.09	28.00
29.00	Maintenance & Repairs	6.00	1,300	0	1,300	52.00	25.00	29.00
30.00	Operation of Plant	7.00	1,605,279	0	1,605,279	57,842.00	27.75	30.00
31.00	Laundry & Linen Service	8.00	3,023	0	3,023	140.00	21.59	31.00
32.00	Housekeeping	9.00	1,278,386	0	1,278,386	80,512.00	15.88	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	822,403	-465,979	356,424	22,954.00	15.53	34.00
35.00	Dietary under contract (see instructions)		345,719	0	345,719	12,457.00	27.75	35.00
36.00	Cafeteria	11.00	0	465,979	465,979	30,009.00	15.53	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,834,902	0	1,834,902	40,683.00	45.10	38.00
39.00	Central Services and Supply	14.00	376,222	0	376,222	20,137.00	18.68	39.00
40.00	Pharmacy	15.00	2,097,765	0	2,097,765	40,850.00	51.35	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140174

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

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2016 7:54 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	1,242,828	0	1,242,828	50,029.00	24.84	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140174

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

Worksheet S-3
Part III
Date/Time Prepared:
5/31/2016 7:54 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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)	50,357,662	0	50,357,662	1,560,807.00	32.26	1.00
2.00	Excluded area salaries (see instructions)	6,739,429	-257,425	6,482,004	146,341.00	44.29	2.00
3.00	Subtotal salaries (line 1 minus line 2)	43,618,233	257,425	43,875,658	1,414,466.00	31.02	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,134,122	0	12,134,122	232,710.50	52.14	4.00
5.00	Subtotal wage-related costs (see inst.)	11,907,870	0	11,907,870	0.00	27.14	5.00
6.00	Total (sum of lines 3 thru 5)	67,660,225	257,425	67,917,650	1,647,176.50	41.23	6.00
7.00	Total overhead cost (see instructions)	15,137,951	0	15,137,951	402,658.00	37.60	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2016 7:54 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,820,119 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,700,045 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)			4,679,141 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			120,292 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			41,012 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			208,284 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			700,573 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			3,623,540 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			148,347 19.00
20.00	State or Federal Unemployment Taxes			0 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			128,335 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			13,169,688 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/31/2016 7:54 am
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		4,479,299	0 1.00
2.00	Hospital		4,467,225	0 2.00
3.00	Subprovider - IPF		12,074	0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/31/2016 7:54 am
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			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)		0.175067	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		39,036,004	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		196,077,532	6.00
7.00	Medicaid cost (line 1 times line 6)		34,326,705	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
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)		0	19.00
			Uninsured patients	Insured patients
			1.00	2.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		27,752,449	2,441,090
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		4,858,538	427,354
22.00	Partial payment by patients approved for charity care		87,453	348,204
23.00	Cost of charity care (line 21 minus line 22)		4,771,085	79,150
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		16,654,462	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		767,753	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		15,886,709	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,781,238	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,631,473	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,631,473	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/31/2016 7:54 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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		5,942,546		1,816,247	7,758,793	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0		2,572,537	2,572,537	2.00
3.00	00300	OTHER CAP REL COSTS		0		0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	83,748	10,618,645	10,702,393	-266	10,702,127	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,335,542	35,421,189	40,756,731	-68,405	40,688,326	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,300	2,306,862	2,308,162	-53,597	2,254,565	6.00
7.00	00700	OPERATION OF PLANT	1,605,279	3,401,752	5,007,031	-18,315	4,988,716	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,023	406,562	409,585	-159,641	249,944	8.00
9.00	00900	HOUSEKEEPING	1,278,386	352,543	1,630,929	-8,836	1,622,093	9.00
10.00	01000	DIETARY	822,403	1,594,521	2,416,924	-1,380,531	1,036,393	10.00
11.00	01100	CAFETERIA	0	0	0	1,369,446	1,369,446	11.00
13.00	01300	NURSING ADMINISTRATION	1,834,902	175,527	2,010,429	-86,323	1,924,106	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	376,222	789,400	1,165,622	-622,560	543,062	14.00
15.00	01500	PHARMACY	2,097,765	4,289,911	6,387,676	-3,910,838	2,476,838	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,242,828	660,121	1,902,949	-973	1,901,976	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,517,076	1,307,855	9,824,931	-1,159,283	8,665,648	30.00
31.00	03100	INTENSIVE CARE UNIT	2,529,372	1,033,552	3,562,924	-272,171	3,290,753	31.00
40.00	04000	SUBPROVIDER - I/PF	6,152,586	793,023	6,945,609	-368,915	6,576,694	40.00
43.00	04300	NURSERY	277,178	406,892	684,070	-11,811	672,259	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,574,902	6,565,305	8,140,207	-5,134,992	3,005,215	50.00
51.00	05100	RECOVERY ROOM	1,156,751	176,757	1,333,508	-26,444	1,307,064	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,421,199	1,074,166	2,495,365	-59,448	2,435,917	52.00
53.00	05300	ANESTHESIOLOGY	90,261	1,209,063	1,299,324	-177,643	1,121,681	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,648,161	613,353	2,261,514	-432,144	1,829,370	54.00
54.02	03630	ULTRA SOUND	470,460	198,346	668,806	-25,811	642,995	54.02
57.00	05700	CT SCAN	522,688	305,343	828,031	-176,863	651,168	57.00
58.00	05800	MRI	213,903	44,162	258,065	-23,216	234,849	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,139,622	7,928,156	9,067,778	-7,453,668	1,614,110	59.00
60.00	06000	LABORATORY	9,956	4,608,858	4,618,814	-59,156	4,559,658	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	734,679	734,679	0	734,679	63.00
65.00	06500	RESPIRATORY THERAPY	879,692	192,262	1,071,954	-101,928	970,026	65.00
66.00	06600	PHYSICAL THERAPY	170,890	944,819	1,115,709	-23,688	1,092,021	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,084	231,964	280,048	-1,157	278,891	67.00
68.00	06800	SPEECH PATHOLOGY	86,968	277,174	364,142	-663	363,479	68.00
69.00	06900	ELECTROCARDIOLOGY	392,310	47,136	439,446	-25,235	414,211	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	924	924	-747	177	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,894,975	13,894,975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,455,992	2,455,992	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,904,969	3,904,969	73.00
74.00	07400	RENAL DIALYSIS	0	571,925	571,925	0	571,925	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	524,666	16,189	540,855	132,883	673,738	75.01
76.00	03950	OCCUPATIONAL HEALTH	312,129	622,276	934,405	-28,345	906,060	76.00
76.97	07697	CARDIAC REHABILITATION	238,529	36,869	275,398	-11,335	264,063	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	608,335	423,889	1,032,224	-7,668	1,024,556	90.00
90.01	09001	OUTPATIENT PROCEDURES	6,138	43,542	49,680	734,261	783,941	90.01
90.02	09002	PRCC	2,158,826	27,771,892	29,930,718	-609,182	29,321,536	90.02
91.00	09100	EMERGENCY	3,491,366	2,660,606	6,151,972	-1,045,179	5,106,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		3,331,911	3,331,911	-3,331,911	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	49,323,446	130,132,467	179,455,913	2,422	179,458,335	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	56,330	56,330	-1,626	54,704	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	1,151	1,151	0	1,151	192.01
193.01	19301	MASSAGE THERAPY	28,043	2,030	30,073	-86	29,987	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	8,763	622	9,385	2,253	11,638	193.03
193.04	19304	FOUNDATION	130,811	93,466	224,277	-2,963	221,314	193.04
193.05	19305	LEASED BLDG	0	57,504	57,504	0	57,504	193.05
193.07	19307	PARI SH NURSING	180,383	4,769	185,152	0	185,152	193.07
194.00	07950	OP PHARMACY	238,843	1,408,216	1,647,059	0	1,647,059	194.00
200.00		TOTAL (SUM OF LINES 118-199)	49,910,289	131,756,555	181,666,844	0	181,666,844	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140174

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

Worksheet A
Date/Time Prepared:
5/31/2016 7:54 am

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	-1,160,316	6,598,477	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,060	2,571,477	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,867,653	12,569,780	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,058,832	37,629,494	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,254,565	6.00
7.00	00700	OPERATION OF PLANT	-16,345	4,972,371	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	40,991	290,935	8.00
9.00	00900	HOUSEKEEPING	0	1,622,093	9.00
10.00	01000	DIETARY	-538,194	498,199	10.00
11.00	01100	CAFETERIA	0	1,369,446	11.00
13.00	01300	NURSING ADMINISTRATION	-17,547	1,906,559	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	286,272	829,334	14.00
15.00	01500	PHARMACY	-2,400	2,474,438	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-7,023	1,894,953	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	8,665,648	30.00
31.00	03100	INTENSIVE CARE UNIT	17,548	3,308,301	31.00
40.00	04000	SUBPROVIDER - IPF	-449,420	6,127,274	40.00
43.00	04300	NURSERY	-373,576	298,683	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-47,866	2,957,349	50.00
51.00	05100	RECOVERY ROOM	0	1,307,064	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-903,131	1,532,786	52.00
53.00	05300	ANESTHESIOLOGY	-900,000	221,681	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-617	1,828,753	54.00
54.02	03630	ULTRA SOUND	-358	642,637	54.02
57.00	05700	CT SCAN	-418	650,750	57.00
58.00	05800	MRI	-909	233,940	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,614,110	59.00
60.00	06000	LABORATORY	49,859	4,609,517	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	734,679	63.00
65.00	06500	RESPIRATORY THERAPY	0	970,026	65.00
66.00	06600	PHYSICAL THERAPY	0	1,092,021	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	278,891	67.00
68.00	06800	SPEECH PATHOLOGY	0	363,479	68.00
69.00	06900	ELECTROCARDIOLOGY	-764	413,447	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	177	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,894,975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,455,992	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,904,969	73.00
74.00	07400	RENAL DIALYSIS	0	571,925	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	673,738	75.01
76.00	03950	OCCUPATIONAL HEALTH	-155,776	750,284	76.00
76.97	07697	CARDIAC REHABILITATION	-54	264,009	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-7,039	1,017,517	90.00
90.01	09001	OUTPATIENT PROCEDURES	-45,142	738,799	90.01
90.02	09002	PRCC	-7,193,573	22,127,963	90.02
91.00	09100	EMERGENCY	-844,981	4,261,812	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,463,018	165,995,317	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-48,507	6,197	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	1,151	192.01
193.01	19301	MASSAGE THERAPY	0	29,987	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	193.02
193.03	19303	ADOL SCHOOL	0	11,638	193.03
193.04	19304	FOUNDATION	0	221,314	193.04
193.05	19305	LEASED BLDG	0	57,504	193.05
193.07	19307	PARI SH NURSING	0	185,152	193.07
194.00	07950	OP PHARMACY	0	1,647,059	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-13,511,525	168,155,319	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet Non-CMS W
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Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - I/PF	04000		40.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.02	ULTRA SOUND	03630	ULTRA SOUND	54.02
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.01	ELECTROSHOCK THERAPY	03320	ELECTROSHOCK THERAPY	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01
76.00	OCCUPATIONAL HEALTH	03950		76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
90.01	OUTPATIENT PROCEDURES	09001		90.01
90.02	PRCC	09002		90.02
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.01	PHYSICIAN PRACTICE MANAGEMENT	19201		192.01
193.01	MASSAGE THERAPY	19301		193.01
193.02	IDOL SPACE/HOME HEALTH	19302		193.02
193.03	ADOL SCHOOL	19303		193.03
193.04	FOUNDATION	19304		193.04
193.05	LEASED BLDG	19305		193.05
193.07	PARI SH NURSING	19307		193.07
194.00	OP PHARMACY	07950		194.00
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140174

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

Worksheet A-6

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,894,975	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,455,992	2.00
3.00	LABORATORY	60.00	0	22,685	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	611	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
	O		0	16,374,263	
B - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,904,969	1.00
	O		0	3,904,969	
C - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,359,208	1.00
2.00		0.00	0	0	2.00
	O		0	3,359,208	
D - PSYCH ADMIN RECLASS					
1.00		0.00	0	0	1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	90,470	44,436	2.00
3.00	ADOL SCHOOL	193.03	1,511	742	3.00
	O		91,981	45,178	
F - CAFETERIA					
1.00	CAFETERIA	11.00	465,979	903,467	1.00
	O		465,979	903,467	
G - OP PROCEDURES					
1.00	OUTPATIENT PROCEDURES	90.01	643,392	90,869	1.00
2.00		0.00	0	0	2.00
	O		643,392	90,869	
I - EQUIP DEPR					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,572,537	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

Provider CCN: 140174

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

Worksheet A-6

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
	TOTALS		0	2,572,537		
	J - LAB EQUIPMENT					
1.00		0.00	0	0		1.00
	0		0	0		
500.00	Grand Total: Increases		1,201,352	27,250,491		500.00

RECLASSIFICATIONS

Provider CCN: 140174

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

Worksheet A-6
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - RECLASS SUPPLY COSTS						
1.00		0.00	0	0	0	
2.00	LAUNDRY & LINEN SERVICE	8.00	0	159,641	0	
3.00	MAINTENANCE & REPAIRS	6.00	0	256	0	
4.00	OPERATION OF PLANT	7.00	0	94	0	
5.00	HOUSEKEEPING	9.00	0	6,900	0	
6.00	DIETARY	10.00	0	2,150	0	
7.00	NURSING ADMINISTRATION	13.00	0	12,989	0	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	613,115	0	
9.00	PHARMACY	15.00	0	2,282	0	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	5	0	
11.00	ADULTS & PEDIATRICS	30.00	0	592,360	0	
12.00	INTENSIVE CARE UNIT	31.00	0	234,404	0	
13.00	SUBPROVIDER - IPF	40.00	0	32,847	0	
14.00	NURSERY	43.00	0	11,422	0	
15.00	OPERATING ROOM	50.00	0	4,994,556	0	
16.00	RECOVERY ROOM	51.00	0	24,464	0	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	50,321	0	
18.00	ANESTHESIOLOGY	53.00	0	166,569	0	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	398,307	0	
20.00	ULTRA SOUND	54.02	0	16,547	0	
21.00	CT SCAN	57.00	0	176,808	0	
22.00	MRI	58.00	0	22,506	0	
23.00	CARDIAC CATHETERIZATION	59.00	0	7,369,010	0	
24.00	RESPIRATORY THERAPY	65.00	0	97,823	0	
25.00	PHYSICAL THERAPY	66.00	0	7,409	0	
26.00	OCCUPATIONAL THERAPY	67.00	0	1,086	0	
27.00	SPEECH PATHOLOGY	68.00	0	70	0	
28.00	ELECTROCARDIOLOGY	69.00	0	6,118	0	
29.00	ELECTROSHOCK THERAPY	70.01	0	747	0	
30.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	1,954	0	
31.00	OCCUPATIONAL HEALTH	76.00	0	25,801	0	
32.00	CARDIAC REHABILITATION	76.97	0	9,997	0	
33.00	CLINIC	90.00	0	5,317	0	
34.00	PRCC	90.02	0	318,315	0	
35.00	EMERGENCY	91.00	0	1,012,053	0	
36.00	MASSAGE THERAPY	193.01	0	20	0	
	O			16,374,263		
B - PHARMACY						
1.00	PHARMACY	15.00	0	3,904,969	0	
	O			3,904,969		
C - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	3,331,911	11	
2.00	PRCC	90.02	0	27,297	0	
	O			3,359,208		
D - PSYCH ADMIN RECLASS						
1.00	SUBPROVIDER - IPF	40.00	91,981	45,178	0	
2.00		0.00	0	0	0	
3.00		0.00	0	0	0	
	O		91,981	45,178		
F - CAFETERIA						
1.00	DIETARY	10.00	465,979	903,467	0	
	O		465,979	903,467		
G - OP PROCEDURES						
1.00	ADULTS & PEDIATRICS	30.00	476,437	73,160	0	
2.00	SUBPROVIDER - IPF	40.00	166,955	17,709	0	
	O		643,392	90,869		
I - EQUIP DEPR						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,542,961	9	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	266	0	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	69,016	0	
4.00	MAINTENANCE & REPAIRS	6.00	0	53,341	0	
5.00	OPERATION OF PLANT	7.00	0	18,221	0	
6.00	HOUSEKEEPING	9.00	0	1,936	0	
7.00	DIETARY	10.00	0	8,935	0	
8.00	NURSING ADMINISTRATION	13.00	0	73,334	0	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,445	0	
10.00	PHARMACY	15.00	0	3,587	0	
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	968	0	
12.00	ADULTS & PEDIATRICS	30.00	0	17,326	0	
13.00	INTENSIVE CARE UNIT	31.00	0	37,767	0	
14.00	SUBPROVIDER - IPF	40.00	0	14,245	0	
15.00	NURSERY	43.00	0	389	0	

RECLASSIFICATIONS

Provider CCN: 140174

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

Worksheet A-6

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Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
16.00	OPERATING ROOM	50.00	0	140,436	0		16.00	
17.00	RECOVERY ROOM	51.00	0	1,980	0		17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	9,127	0		18.00	
19.00	ANESTHESIOLOGY	53.00	0	11,074	0		19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	33,837	0		20.00	
21.00	ULTRA SOUND	54.02	0	9,264	0		21.00	
22.00	CT SCAN	57.00	0	55	0		22.00	
23.00	MRI	58.00	0	710	0		23.00	
24.00	CARDIAC CATHETERIZATION	59.00	0	84,658	0		24.00	
25.00	LABORATORY	60.00	0	81,841	0		25.00	
26.00	RESPIRATORY THERAPY	65.00	0	4,105	0		26.00	
27.00	PHYSICAL THERAPY	66.00	0	16,279	0		27.00	
28.00	OCCUPATIONAL THERAPY	67.00	0	71	0		28.00	
29.00	SPEECH PATHOLOGY	68.00	0	593	0		29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	19,117	0		30.00	
31.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	69	0		31.00	
32.00	OCCUPATIONAL HEALTH	76.00	0	2,544	0		32.00	
33.00	CARDIAC REHABILITATION	76.97	0	1,338	0		33.00	
34.00	CLINIC	90.00	0	2,351	0		34.00	
35.00	PRCC	90.02	0	263,570	0		35.00	
36.00	EMERGENCY	91.00	0	33,126	0		36.00	
37.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,626	0		37.00	
38.00	MASSAGE THERAPY	193.01	0	66	0		38.00	
39.00	FOUNDATION	193.04	0	2,963	0		39.00	
	TOTALS		0	2,572,537				
J - LAB EQUIPMENT								
1.00		0.00	0	0	0		1.00	
			0	0				
500.00	Grand Total : Decreases		1,201,352	27,250,491			500.00	

RECLASSIFICATIONS

Provider CCN: 140174

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - RECLASS SUPPLY COSTS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,894,975		0	0	0	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,455,992	LAUNDRY & LINEN SERVICE	8.00	0	159,641	2.00
3.00	LABORATORY	60.00	0	22,685	MAINTENANCE & REPAIRS	6.00	0	256	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	611	OPERATION OF PLANT	7.00	0	94	4.00
5.00		0.00	0	0	HOUSEKEEPING	9.00	0	6,900	5.00
6.00		0.00	0	0	DIETARY	10.00	0	2,150	6.00
7.00		0.00	0	0	NURSING	13.00	0	12,989	7.00
8.00		0.00	0	0	ADMINISTRATION				
9.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	613,115	8.00
10.00		0.00	0	0	PHARMACY	15.00	0	2,282	9.00
11.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	5	10.00
12.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	592,360	11.00
13.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	234,404	12.00
14.00		0.00	0	0	SUBPROVIDER - I/PF	40.00	0	32,847	13.00
15.00		0.00	0	0	NURSERY	43.00	0	11,422	14.00
16.00		0.00	0	0	OPERATING ROOM	50.00	0	4,994,556	15.00
17.00		0.00	0	0	RECOVERY ROOM	51.00	0	24,464	16.00
18.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	50,321	17.00
19.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	166,569	18.00
20.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	398,307	19.00
21.00		0.00	0	0	ULTRA SOUND	54.02	0	16,547	20.00
22.00		0.00	0	0	CT SCAN	57.00	0	176,808	21.00
23.00		0.00	0	0	MRI	58.00	0	22,506	22.00
24.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	7,369,010	23.00
25.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	97,823	24.00
26.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	7,409	25.00
27.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	1,086	26.00
28.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	70	27.00
29.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	6,118	28.00
30.00		0.00	0	0	ELECTROSHOCK THERAPY	70.01	0	747	29.00
31.00		0.00	0	0	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	1,954	30.00
32.00		0.00	0	0	OCCUPATIONAL HEALTH	76.00	0	25,801	31.00
33.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	9,997	32.00
34.00		0.00	0	0	CLINIC	90.00	0	5,317	33.00
35.00		0.00	0	0	PRCC	90.02	0	318,315	34.00
36.00		0.00	0	0	EMERGENCY	91.00	0	1,012,053	35.00
		0.00	0	0	MASSAGE THERAPY	193.01	0	20	36.00
			0	16,374,263			0	16,374,263	
B - PHARMACY									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,904,969	PHARMACY	15.00	0	3,904,969	1.00
			0	3,904,969			0	3,904,969	
C - INTEREST									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,359,208	INTEREST EXPENSE	113.00	0	3,331,911	1.00
2.00		0.00	0	0	PRCC	90.02	0	27,297	2.00
			0	3,359,208			0	3,359,208	
D - PSYCH ADMIN RECLASS									
1.00		0.00	0	0	SUBPROVIDER - I/PF	40.00	91,981	45,178	1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	90,470	44,436		0.00	0	0	2.00
3.00	ADOL SCHOOL	193.03	1,511	742		0.00	0	0	3.00
			91,981	45,178			91,981	45,178	
F - CAFETERIA									
1.00	CAFETERIA	11.00	465,979	903,467	DIETARY	10.00	465,979	903,467	1.00
			465,979	903,467			465,979	903,467	
G - OP PROCEDURES									
1.00	OUTPATIENT PROCEDURES	90.01	643,392	90,869	ADULTS & PEDIATRICS	30.00	476,437	73,160	1.00
2.00		0.00	0	0	SUBPROVIDER - I/PF	40.00	166,955	17,709	2.00
			643,392	90,869			643,392	90,869	
I - EQUIP DEPR									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,572,537	CAP REL COSTS-BLDG & FIXT	1.00	0	1,542,961	1.00
2.00		0.00	0	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	266	2.00

Provider CCN: 140174

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/31/2016 7:54 am

	Increases				Decreases					
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
3.00		0.00		0	0 ADMINSTRATIVE & GENERAL	5.00		0	69,016	3.00
4.00		0.00		0	0 MAINTENANCE & REPAIRS	6.00		0	53,341	4.00
5.00		0.00		0	0 OPERATION OF PLANT	7.00		0	18,221	5.00
6.00		0.00		0	0 HOUSEKEEPING	9.00		0	1,936	6.00
7.00		0.00		0	0 DIETARY	10.00		0	8,935	7.00
8.00		0.00		0	0 NURSING	13.00		0	73,334	8.00
9.00		0.00		0	0 ADMINISTRATION					
					0 CENTRAL SERVICES & SUPPLY	14.00		0	9,445	9.00
10.00		0.00		0	0 PHARMACY	15.00		0	3,587	10.00
11.00		0.00		0	0 MEDICAL RECORDS & LIBRARY	16.00		0	968	11.00
12.00		0.00		0	0 ADULTS & PEDIATRICS	30.00		0	17,326	12.00
13.00		0.00		0	0 INTENSIVE CARE UNIT	31.00		0	37,767	13.00
14.00		0.00		0	0 SUBPROVIDER - IPF	40.00		0	14,245	14.00
15.00		0.00		0	0 NURSERY	43.00		0	389	15.00
16.00		0.00		0	0 OPERATING ROOM	50.00		0	140,436	16.00
17.00		0.00		0	0 RECOVERY ROOM	51.00		0	1,980	17.00
18.00		0.00		0	0 DELIVERY ROOM & LABOR ROOM	52.00		0	9,127	18.00
19.00		0.00		0	0 ANESTHESIOLOGY	53.00		0	11,074	19.00
20.00		0.00		0	0 RADIOLOGY-DIAGNOSTIC	54.00		0	33,837	20.00
21.00		0.00		0	0 ULTRA SOUND	54.02		0	9,264	21.00
22.00		0.00		0	0 CT SCAN	57.00		0	55	22.00
23.00		0.00		0	0 MRI	58.00		0	710	23.00
24.00		0.00		0	0 CARDIAC CATHETERIZATION	59.00		0	84,658	24.00
25.00		0.00		0	0 LABORATORY	60.00		0	81,841	25.00
26.00		0.00		0	0 RESPIRATORY THERAPY	65.00		0	4,105	26.00
27.00		0.00		0	0 PHYSICAL THERAPY	66.00		0	16,279	27.00
28.00		0.00		0	0 OCCUPATIONAL THERAPY	67.00		0	71	28.00
29.00		0.00		0	0 SPEECH PATHOLOGY	68.00		0	593	29.00
30.00		0.00		0	0 ELECTROCARDIOLOGY	69.00		0	19,117	30.00
31.00		0.00		0	0 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01		0	69	31.00
32.00		0.00		0	0 OCCUPATIONAL HEALTH	76.00		0	2,544	32.00
33.00		0.00		0	0 CARDIAC REHABILITATION	76.97		0	1,338	33.00
34.00		0.00		0	0 CLINIC	90.00		0	2,351	34.00
35.00		0.00		0	0 PRCC	90.02		0	263,570	35.00
36.00		0.00		0	0 EMERGENCY	91.00		0	33,126	36.00
37.00		0.00		0	0 GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00		0	1,626	37.00
38.00		0.00		0	0 MASSAGE THERAPY	193.01		0	66	38.00
39.00		0.00		0	0 FOUNDATION	193.04		0	2,963	39.00
	TOTALS			0	2,572,537	TOTALS		0	2,572,537	
	J - LAB EQUIPMENT									
1.00		0.00		0	0	0.00		0	0	1.00
	0			0	0			0	0	
500.00	Grand Total : Increases		1,201,352	27,250,491	Grand Total : Decreases		1,201,352	27,250,491		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140174

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

Worksheet A-7
Part I
Date/Time Prepared:
5/31/2016 7:54 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,545,766	0	0	0	1.00
2.00	Land Improvements	4,447,521	80,392	0	80,392	2.00
3.00	Buildings and Fixtures	121,447,692	4,403,536	0	4,403,536	3.00
4.00	Building Improvements	902,212	0	0	0	4.00
5.00	Fixed Equipment	5,102,720	0	0	0	5.00
6.00	Movable Equipment	46,058,105	3,776,353	0	3,776,353	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	182,504,016	8,260,281	0	8,260,281	8.00
9.00	Reconciling Items	210,427	0	0	210,427	9.00
10.00	Total (line 8 minus line 9)	182,293,589	8,260,281	0	8,260,281	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,545,766	0			1.00
2.00	Land Improvements	4,527,913	0			2.00
3.00	Buildings and Fixtures	125,851,228	0			3.00
4.00	Building Improvements	902,212	0			4.00
5.00	Fixed Equipment	5,102,720	0			5.00
6.00	Movable Equipment	45,960,403	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	186,890,242	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	186,890,242	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140174

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

Worksheet A-7
Part II
Date/Time Prepared:
5/31/2016 7:54 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	5,942,546	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,942,546	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	5,942,546				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	5,942,546				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140174

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

Worksheet A-7
Part III
Date/Time Prepared:
5/31/2016 7:54 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	133,171,091	0	133,171,091	0.686590	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	60,789,132	0	60,789,132	0.313410	0	2.00
3.00	Total (sum of lines 1-2)	193,960,223	0	193,960,223	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,811,032	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,572,537	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,383,569	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,787,445	0	0	0	6,598,477	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	-1,060	2,571,477	2.00
3.00	Total (sum of lines 1-2)	1,787,445	0	0	-1,060	9,169,954	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140174

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

Worksheet A-8

Date/Time Prepared:
5/31/2016 7:54 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-180,428	CAP REL COSTS-BLDG & FIXT		1.00	11 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)	B	-19,549	ADMINISTRATIVE & GENERAL		5.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-138,463	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	-11,362,867				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	-946,330				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests		0			0.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-7,023	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		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 MISC MEDICAL STAFF INCOME	A	-10,992	ADMINISTRATIVE & GENERAL		5.00	0 33.00

Provider CCN: 140174

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

Worksheet A-8
Date/Time Prepared:
5/31/2016 7:54 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
34.00 NON-ALLOW DONATIONS, SPONSORSHI	A	-970	OCCUPATIONAL HEALTH	76.00	0	34.00
35.00 MISC A&G INCOME OFFSET	B	-125,525	ADMINISTRATIVE & GENERAL	5.00	0	35.00
37.00 MISC OPERATION OF PLANT INCOME	B	-16,345	OPERATION OF PLANT	7.00	0	37.00
38.00 CAFETERIA AND VENDING SALES	B	-538,194	DIETARY	10.00	0	38.00
38.01 NON-ALLOW DONATIONS, SPONSORSHI	A	-3,025	CLINIC	90.00	0	38.01
39.00 NON-ALLOW DONATIONS, SPONSORSHI	B	-48,507	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	39.00
40.00 MISC INCOME SUBPROVIDER	B	-70,050	SUBPROVIDER - IPF	40.00	0	40.00
41.00 MISC RADIOLOGY INCOME	B	-92	RADIOLOGY-DIAGNOSTIC	54.00	0	41.00
42.00 MISC INCOME PHARMACY	B	-2,400	PHARMACY	15.00	0	42.00
43.00 MISC INCOME - CLINIC	B	-4,014	CLINIC	90.00	0	43.00
44.02 INTEREST INCOME OFFSET HOME OFFICE	B	-1,391,335	CAP REL COSTS-BLDG & FIXT	1.00	11	44.02
44.03 PENSION FUNDING AND AVERAGING	A	1,587,236	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.03
44.04 MISC INCOME CARDIAC REHAB	B	-54	CARDIAC REHABILITATION	76.97	0	44.04
44.05 MISC INCOME NURSING ADMIN	B	-17,547	NURSING ADMINISTRATION	13.00	0	44.05
44.06 NON-ALLOW DONATIONS, SPONSORSHI	A	-243	RADIOLOGY-DIAGNOSTIC	54.00	0	44.06
45.03 RENT INCOME CARDIO PULMONARY	B	0	ELECTROCARDIOLOGY	0.00	0	45.03
45.04 NON-ALLOW DONATIONS, SPONSORSHI	A	-764	ELECTROCARDIOLOGY	69.00	0	45.04
45.06 NON-ALLOW DONATIONS, SPONSORSHI	A	-14,378	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.06
45.07 NON-ALLOW DONATIONS, SPONSORSHI	A	-107,191	ADMINISTRATIVE & GENERAL	5.00	0	45.07
45.13 NON ALLOWABLE MARKETING	A	-432	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.13
45.16 NON ALLOWABLE MARKETING	A	-12,684	ADMINISTRATIVE & GENERAL	5.00	0	45.16
45.18 NON ALLOWABLE LOBBYING DUES	A	-38,886	ADMINISTRATIVE & GENERAL	5.00	0	45.18
45.19 OFFSET UNUSED BUILDING DEPR	A	-1,060	CAP REL COSTS-MVBLE EQUIP	2.00	14	45.19
47.00 OTHER MINISTRY EXPENSES	A	-39,413	ADMINISTRATIVE & GENERAL	5.00	0	47.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,511,525				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: 140174

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

Worksheet A-8-1

Date/Time Prepared: 5/31/2016 7:54 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL-BLDG & FIXTURES	411,447	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	295,227	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	A&G	15,082,735	17,625,647	3.00
3.01	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY	40,991	0	3.01
3.02	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICES	286,272	0	3.02
3.03	31.00	INTENSIVE CARE UNIT	ICU	512,786	0	3.03
3.04	60.00	LABORATORY	LAB	4,549,115	4,499,256	3.04
3.05	0.00			0	0	3.05
4.00	0.00			0	0	4.00
4.01	0.00			0	0	4.01
4.02	0.00			0	0	4.02
4.03	0.00			0	0	4.03
4.04	0.00			0	0	4.04
4.05	0.00			0	0	4.05
4.06	0.00			0	0	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			21,178,573	22,124,903	5.00

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

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

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

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

6.00	B	100.00	PRESENCE PRV HE	100.00	6.00
7.00	C	0.00	ALVERNO LAB	66.67	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: 140174

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

Worksheet A-8-1

Date/Time Prepared:
5/31/2016 7:54 am

	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	411,447	9	1.00
2.00	295,227	0	2.00
3.00	-2,542,912	0	3.00
3.01	40,991	0	3.01
3.02	286,272	0	3.02
3.03	512,786	0	3.03
3.04	49,859	0	3.04
3.05	0	0	3.05
4.00	0	0	4.00
4.01	0	0	4.01
4.02	0	0	4.02
4.03	0	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
5.00	-946,330		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	HEALTHCARE CHAIN	6.00
7.00	LABORATORY	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: 140174

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

Worksheet A-8-2

Date/Time Prepared:
5/31/2016 7:54 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	124,290	0	124,290	211,500	994	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	526,861	292,666	55,680	211,500	311	2.00
3.00	0.00	AGGREGATE-	0	0	0	0	0	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	424,608	354,263	70,345	181,300	519	4.00
5.00	43.00	AGGREGATE-NURSERY	373,576	373,576	0	0	0	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	903,131	903,131	0	0	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	900,000	900,000	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	282	282	0	0	0	8.00
9.00	54.02	AGGREGATE-ULTRA SOUND	358	358	0	0	0	9.00
10.00	57.00	AGGREGATE-CT SCAN	418	418	0	0	0	10.00
11.00	58.00	AGGREGATE-MRI	909	909	0	0	0	11.00
12.00	76.00	AGGREGATE-OCCUPATIONAL HEALTH	154,806	154,806	0	0	0	12.00
13.00	90.01	AGGREGATE-OUTPATIENT PROCEDURES	45,142	45,142	0	0	0	13.00
14.00	90.02	AGGREGATE-PRCC	7,193,573	7,193,573	0	0	0	14.00
15.00	91.00	AGGREGATE-EMERGENCY	934,055	802,603	131,452	211,500	876	15.00
16.00	50.00	AGGREGATE-OPERATING ROOM	47,866	47,866	0	0	0	16.00
200.00			11,629,875	11,069,593	381,767		2,700	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	AGGREGATE-ADMINISTRATIVE & GENERAL	101,073	5,054	0	0	0	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	31,623	1,581	0	0	0	2.00
3.00	0.00	AGGREGATE-	0	0	0	0	0	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	45,238	2,262	0	0	0	4.00
5.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	54.02	AGGREGATE-ULTRA SOUND	0	0	0	0	0	9.00
10.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	10.00
11.00	58.00	AGGREGATE-MRI	0	0	0	0	0	11.00
12.00	76.00	AGGREGATE-OCCUPATIONAL HEALTH	0	0	0	0	0	12.00
13.00	90.01	AGGREGATE-OUTPATIENT PROCEDURES	0	0	0	0	0	13.00
14.00	90.02	AGGREGATE-PRCC	0	0	0	0	0	14.00
15.00	91.00	AGGREGATE-EMERGENCY	89,074	4,454	0	0	0	15.00
16.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	16.00
200.00			267,008	13,351	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	AGGREGATE-ADMINISTRATIVE & GENERAL	0	101,073	23,217	23,217	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	31,623	24,057	495,238	2.00
3.00	0.00	AGGREGATE-	0	0	0	0	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	45,238	25,107	379,370	4.00
5.00	43.00	AGGREGATE-NURSERY	0	0	0	373,576	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	903,131	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	900,000	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	282	8.00
9.00	54.02	AGGREGATE-ULTRA SOUND	0	0	0	358	9.00
10.00	57.00	AGGREGATE-CT SCAN	0	0	0	418	10.00
11.00	58.00	AGGREGATE-MRI	0	0	0	909	11.00
12.00	76.00	AGGREGATE-OCCUPATIONAL HEALTH	0	0	0	154,806	12.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140174

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

Worksheet A-8-2

Date/Time Prepared:
5/31/2016 7:54 am

	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		
13.00	90.01	AGGREGATE-OUTPATIENT PROCEDURES	0	0	0	45,142		13.00
14.00	90.02	AGGREGATE-PRCC	0	0	0	7,193,573		14.00
15.00	91.00	AGGREGATE-EMERGENCY	0	89,074	42,378	844,981		15.00
16.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	47,866		16.00
200.00			0	267,008	114,759	11,362,867		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140174

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2016 7:54 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	6,598,477	6,598,477			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,571,477		2,571,477		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,569,780	49,395	19,250	12,638,425	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	37,629,494	564,711	220,072	1,353,350	5.00
6.00 00600	MAINTENANCE & REPAIRS	2,254,565	1,709,524	666,213	330	6.00
7.00 00700	OPERATION OF PLANT	4,972,371	14,684	5,723	407,176	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	290,935	8,266	3,221	767	8.00
9.00 00900	HOUSEKEEPING	1,622,093	114,364	44,569	324,260	9.00
10.00 01000	DIETARY	498,199	208,277	81,167	208,601	10.00
11.00 01100	CAFETERIA	1,369,446	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,906,559	60,664	23,641	465,419	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	829,334	194,642	75,854	95,428	14.00
15.00 01500	PHARMACY	2,474,438	142,364	55,480	532,094	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,894,953	123,932	48,297	315,241	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	8,665,648	821,453	320,126	2,160,360	30.00
31.00 03100	INTENSIVE CARE UNIT	3,308,301	256,050	99,785	641,570	31.00
40.00 04000	SUBPROVIDER - IPF	6,127,274	599,302	233,553	1,560,591	40.00
43.00 04300	NURSERY	298,683	15,455	6,023	70,306	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,957,349	382,481	149,056	399,471	50.00
51.00 05100	RECOVERY ROOM	1,307,064	300,967	117,289	293,408	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,532,786	232,529	90,618	360,484	52.00
53.00 05300	ANESTHESIOLOGY	221,681	8,412	3,278	22,895	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,828,753	162,988	63,518	418,053	54.00
54.02 03630	ULTRA SOUND	642,637	37,966	14,796	119,331	54.02
57.00 05700	CT SCAN	650,750	18,777	7,318	132,579	57.00
58.00 05800	MRI	233,940	33,953	13,232	54,256	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,614,110	43,548	16,971	289,063	59.00
60.00 06000	LABORATORY	4,609,517	8,744	3,408	2,525	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	734,679	7,163	2,791	0	63.00
65.00 06500	RESPIRATORY THERAPY	970,026	13,913	5,422	223,132	65.00
66.00 06600	PHYSICAL THERAPY	1,092,021	1,821	709	43,346	66.00
67.00 06700	OCCUPATIONAL THERAPY	278,891	0	0	12,196	67.00
68.00 06800	SPEECH PATHOLOGY	363,479	4,106	1,600	22,059	68.00
69.00 06900	ELECTROCARDIOLOGY	413,447	43,122	16,805	99,509	69.00
70.01 03320	ELECTROSHOCK THERAPY	177	0	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,894,975	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,455,992	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,904,969	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	571,925	6,963	2,714	0	74.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	673,738	116,530	45,413	133,080	75.01
76.00 03950	OCCUPATIONAL HEALTH	750,284	1,701	663	79,171	76.00
76.97 07697	CARDIAC REHABILITATION	264,009	37,328	14,547	60,502	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,017,517	12,797	4,987	154,303	90.00
90.01 09001	OUTPATIENT PROCEDURES	738,799	0	0	1,557	90.01
90.02 09002	PRCC	22,127,963	0	0	547,582	90.02
91.00 09100	EMERGENCY	4,261,812	215,586	84,015	885,578	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	165,995,317	6,574,478	2,562,124	12,489,573	165,813,113
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,197	0	0	0	190.00
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	1,151	0	0	0	192.01
193.01 19301	MASSAGE THERAPY	29,987	5,302	2,066	7,113	193.01
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03 19303	ADOL SCHOOL	11,638	0	0	2,223	193.03
193.04 19304	FOUNDATION	221,314	9,262	3,610	33,180	193.04
193.05 19305	LEASED BLDG	57,504	5,648	2,201	0	193.05
193.07 19307	PARI SH NURSING	185,152	3,787	1,476	45,754	193.07
194.00 07950	OP PHARMACY	1,647,059	0	0	60,582	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	168,155,319	6,598,477	2,571,477	12,638,425	168,155,319

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/31/2016 7:54 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	39,767,627			5.00		
6.00	00600	MAINTENANCE & REPAIRS	1,434,320	6,064,952		6.00		
7.00	00700	OPERATION OF PLANT	1,672,614	20,833	7,093,401	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	93,912	11,727	13,763	422,591	8.00	
9.00	00900	HOUSEKEEPING	652,104	162,254	190,422	0	3,110,066	9.00
10.00	01000	DIETARY	308,583	295,493	346,792	0	156,556	10.00
11.00	01100	CAFETERIA	424,180	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	760,824	86,067	101,008	0	45,599	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	370,226	276,149	324,090	0	146,307	14.00
15.00	01500	PHARMACY	992,543	201,979	237,043	0	107,011	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	737,946	175,829	206,354	0	93,156	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,706,912	1,165,439	1,367,764	216,207	617,461	30.00
31.00	03100	INTENSIVE CARE UNIT	1,333,675	363,272	426,337	35,743	192,466	31.00
40.00	04000	SUBPROVIDER - I/PF	2,639,259	850,261	997,870	168,485	450,478	40.00
43.00	04300	NURSERY	120,946	21,927	25,733	2,156	11,617	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,204,403	542,645	636,851	0	287,500	50.00
51.00	05100	RECOVERY ROOM	625,293	426,997	501,126	0	226,228	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	686,526	329,901	387,173	0	174,785	52.00
53.00	05300	ANESTHESIOLOGY	79,377	11,934	14,006	0	6,323	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	766,098	231,240	271,384	0	122,514	54.00
54.02	03630	ULTRA SOUND	252,359	53,865	63,216	0	28,538	54.02
57.00	05700	CT SCAN	250,716	26,640	31,265	0	14,114	57.00
58.00	05800	MRI	103,883	48,171	56,534	0	25,522	58.00
59.00	05900	CARDIAC CATHETERIZATION	608,246	61,783	72,509	0	32,734	59.00
60.00	06000	LABORATORY	1,432,326	12,406	14,559	0	6,573	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	230,647	10,162	11,926	0	5,384	63.00
65.00	06500	RESPIRATORY THERAPY	375,565	19,740	23,167	0	10,458	65.00
66.00	06600	PHYSICAL THERAPY	352,459	2,583	3,031	0	1,368	66.00
67.00	06700	OCCUPATIONAL THERAPY	90,163	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	121,186	5,826	6,837	0	3,087	68.00
69.00	06900	ELECTROCARDIOLOGY	177,448	61,180	71,801	0	32,414	69.00
70.01	03320	ELECTROSHOCK THERAPY	55	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,303,913	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	760,734	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,209,549	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	180,149	9,879	11,594	0	5,234	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	300,070	165,328	194,029	0	87,592	75.01
76.00	03950	OCCUPATIONAL HEALTH	257,653	2,413	2,832	0	1,279	76.00
76.97	07697	CARDIAC REHABILITATION	116,584	52,960	62,154	0	28,059	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	368,475	18,156	21,308	0	9,619	90.00
90.01	09001	OUTPATIENT PROCEDURES	229,322	0	0	0	0	90.01
90.02	09002	PRCC	7,023,711	0	0	0	0	90.02
91.00	09100	EMERGENCY	1,687,184	305,863	358,962	0	162,050	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	39,042,138	6,030,902	7,053,440	422,591	3,092,026	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,919	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	357	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	13,774	7,523	8,829	0	3,986	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	4,293	0	0	0	0	193.03
193.04	19304	FOUNDATION	82,816	13,141	15,422	0	6,962	193.04
193.05	19305	LEASED BLDG	20,243	8,013	9,404	0	4,245	193.05
193.07	19307	PARI SH NURSING	73,152	5,373	6,306	0	2,847	193.07
194.00	07950	OP PHARMACY	528,935	0	0	0	0	194.00
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)	39,767,627	6,064,952	7,093,401	422,591	3,110,066	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/31/2016 7:54 am
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	2,103,668					10.00
11.00	01100	0	1,793,626				11.00
13.00	01300	0	0	3,449,781			13.00
14.00	01400	0	0	0	2,312,030		14.00
15.00	01500	0	0	133,075	0	4,876,027	15.00
16.00	01600	0	0	0	2,189	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,083,781	924,052	851,757	169,790	71,647	30.00
31.00	03100	120,730	102,936	206,681	61,866	21,728	31.00
40.00	04000	836,138	712,907	557,855	15,696	144	40.00
43.00	04300	5,412	4,615	24,100	3,361	544	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	140,789	1,216,366	27,925	50.00
51.00	05100	0	0	98,856	10,255	4,769	51.00
52.00	05200	40,406	34,451	117,083	14,384	2,907	52.00
53.00	05300	0	0	14,239	42,726	4,987	53.00
54.00	05400	0	0	149,777	100,526	2,176	54.00
54.02	03630	0	0	32,661	4,069	0	54.02
57.00	05700	0	0	39,180	45,453	26,527	57.00
58.00	05800	0	0	15,630	6,230	304	58.00
59.00	05900	0	0	88,409	0	15,259	59.00
60.00	06000	0	0	785	0	59	60.00
63.00	06300	0	0	0	179,331	0	63.00
65.00	06500	0	0	85,956	38,618	0	65.00
66.00	06600	0	0	14,363	4,054	0	66.00
67.00	06700	0	0	3,075	524	0	67.00
68.00	06800	0	0	6,391	1,403	0	68.00
69.00	06900	0	0	39,206	3,217	1,625	69.00
70.01	03320	0	0	0	182	69	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.01	03550	0	0	61,068	1,017	0	75.01
76.00	03950	0	0	40,851	8,411	4,680	76.00
76.97	07697	0	0	24,556	3,993	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	60,605	8,872	1,810	90.00
90.01	09001	0	0	65,016	0	0	90.01
90.02	09002	17,201	14,665	250,545	100,717	4,560,415	90.02
91.00	09100	0	0	327,272	268,059	58,090	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		2,103,668	1,793,626	3,449,781	2,311,309	4,805,665	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	307	0	190.00
192.01	19201	0	0	0	0	0	192.01
193.01	19301	0	0	0	5	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
193.04	19304	0	0	0	403	0	193.04
193.05	19305	0	0	0	6	0	193.05
193.07	19307	0	0	0	0	0	193.07
194.00	07950	0	0	0	0	70,362	194.00
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		2,103,668	1,793,626	3,449,781	2,312,030	4,876,027	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140174

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2016 7:54 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	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
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,597,897				16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	213,390	22,355,787	0	22,355,787	30.00
31.00	03100	INTENSIVE CARE UNIT	72,626	7,243,766	0	7,243,766	31.00
40.00	04000	SUBPROVIDER - I/PF	136,423	15,886,236	0	15,886,236	40.00
43.00	04300	NURSERY	3,444	614,322	0	614,322	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	366,246	8,311,082	0	8,311,082	50.00
51.00	05100	RECOVERY ROOM	96,219	4,008,471	0	4,008,471	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,662	4,019,695	0	4,019,695	52.00
53.00	05300	ANESTHESIOLOGY	41,335	471,193	0	471,193	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	108,351	4,225,378	0	4,225,378	54.00
54.02	03630	ULTRA SOUND	54,322	1,303,760	0	1,303,760	54.02
57.00	05700	CT SCAN	209,998	1,453,317	0	1,453,317	57.00
58.00	05800	MRI	43,649	635,304	0	635,304	58.00
59.00	05900	CARDIAC CATHETERIZATION	208,227	3,050,859	0	3,050,859	59.00
60.00	06000	LABORATORY	266,398	6,357,300	0	6,357,300	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,483	1,190,566	0	1,190,566	63.00
65.00	06500	RESPIRATORY THERAPY	38,335	1,804,332	0	1,804,332	65.00
66.00	06600	PHYSICAL THERAPY	27,880	1,543,635	0	1,543,635	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,133	390,982	0	390,982	67.00
68.00	06800	SPEECH PATHOLOGY	6,255	542,229	0	542,229	68.00
69.00	06900	ELECTROCARDIOLOGY	95,782	1,055,556	0	1,055,556	69.00
70.01	03320	ELECTROSHOCK THERAPY	764	1,247	0	1,247	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	230,722	18,429,610	0	18,429,610	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	115,783	3,332,509	0	3,332,509	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	320,071	5,434,589	0	5,434,589	73.00
74.00	07400	RENAL DIALYSIS	18,809	807,267	0	807,267	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	16,474	1,794,339	0	1,794,339	75.01
76.00	03950	OCCUPATIONAL HEALTH	4,297	1,154,235	0	1,154,235	76.00
76.97	07697	CARDIAC REHABILITATION	8,826	673,518	0	673,518	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,813	1,686,262	0	1,686,262	90.00
90.01	09001	OUTPATIENT PROCEDURES	25,409	1,060,103	0	1,060,103	90.01
90.02	09002	PRCC	454,768	35,097,567	0	35,097,567	90.02
91.00	09100	EMERGENCY	375,003	8,989,474	0	8,989,474	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,597,897	164,924,490	0	164,924,490	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,423	0	8,423	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	1,508	0	1,508	192.01
193.01	19301	MASSAGE THERAPY	0	78,585	0	78,585	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	18,154	0	18,154	193.03
193.04	19304	FOUNDATION	0	386,110	0	386,110	193.04
193.05	19305	LEASED BLDG	0	107,264	0	107,264	193.05
193.07	19307	PARISH NURSING	0	323,847	0	323,847	193.07
194.00	07950	OP PHARMACY	0	2,306,938	0	2,306,938	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,597,897	168,155,319	0	168,155,319	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140174

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

Worksheet Non-CMS W
Date/Time Prepared:
5/31/2016 7:54 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	3	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	4	PATIENT DAYS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	5	MEALS SERVED	10.00
11.00	CAFETERIA	5	MEALS SERVED	11.00
13.00	NURSING ADMINISTRATION	6	DIRECT NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	7	COSTED REQUIS.	14.00
15.00	PHARMACY	8	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	9	GROSS CHAR GES	16.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 7:54 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	49,395	19,250	68,645	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	564,711	220,072	784,783	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	1,709,524	666,213	2,375,737	6.00
7.00 00700	OPERATION OF PLANT	0	14,684	5,723	20,407	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	8,266	3,221	11,487	8.00
9.00 00900	HOUSEKEEPING	0	114,364	44,569	158,933	9.00
10.00 01000	DIETARY	0	208,277	81,167	289,444	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	60,664	23,641	84,305	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	194,642	75,854	270,496	14.00
15.00 01500	PHARMACY	0	142,364	55,480	197,844	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	123,932	48,297	172,229	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	821,453	320,126	1,141,579	30.00
31.00 03100	INTENSIVE CARE UNIT	0	256,050	99,785	355,835	31.00
40.00 04000	SUBPROVIDER - I/PF	0	599,302	233,553	832,855	40.00
43.00 04300	NURSERY	0	15,455	6,023	21,478	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	382,481	149,056	531,537	50.00
51.00 05100	RECOVERY ROOM	0	300,967	117,289	418,256	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	232,529	90,618	323,147	52.00
53.00 05300	ANESTHESIOLOGY	0	8,412	3,278	11,690	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	162,988	63,518	226,506	54.00
54.02 03630	ULTRA SOUND	0	37,966	14,796	52,762	54.02
57.00 05700	CT SCAN	0	18,777	7,318	26,095	57.00
58.00 05800	MRI	0	33,953	13,232	47,185	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	43,548	16,971	60,519	59.00
60.00 06000	LABORATORY	0	8,744	3,408	12,152	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	7,163	2,791	9,954	63.00
65.00 06500	RESPIRATORY THERAPY	0	13,913	5,422	19,335	65.00
66.00 06600	PHYSICAL THERAPY	0	1,821	709	2,530	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	4,106	1,600	5,706	68.00
69.00 06900	ELECTROCARDIOLOGY	0	43,122	16,805	59,927	69.00
70.01 03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	6,963	2,714	9,677	74.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	116,530	45,413	161,943	75.01
76.00 03950	OCCUPATIONAL HEALTH	0	1,701	663	2,364	76.00
76.97 07697	CARDIAC REHABILITATION	0	37,328	14,547	51,875	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	12,797	4,987	17,784	90.00
90.01 09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
90.02 09002	PRCC	0	0	0	0	90.02
91.00 09100	EMERGENCY	0	215,586	84,015	299,601	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,574,478	2,562,124	9,136,602	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	192.01
193.01 19301	MASSAGE THERAPY	0	5,302	2,066	7,368	193.01
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03 19303	ADOL SCHOOL	0	0	0	0	193.03
193.04 19304	FOUNDATION	0	9,262	3,610	12,872	193.04
193.05 19305	LEASED BLDG	0	5,648	2,201	7,849	193.05
193.07 19307	PARI SH NURSING	0	3,787	1,476	5,263	193.07
194.00 07950	OP PHARMACY	0	0	0	0	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	6,598,477	2,571,477	9,169,954	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 7:54 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	792,135			5.00		
6.00	00600	MAINTENANCE & REPAIRS	28,571	2,404,310		6.00		
7.00	00700	OPERATION OF PLANT	33,318	8,259	64,196	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	1,871	4,649	125	18,136	8.00	
9.00	00900	HOUSEKEEPING	12,990	64,322	1,723	0	239,730	9.00
10.00	01000	DIETARY	6,147	117,141	3,139	0	12,068	10.00
11.00	01100	CAFETERIA	8,449	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,155	34,119	914	0	3,515	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,375	109,473	2,933	0	11,278	14.00
15.00	01500	PHARMACY	19,771	80,070	2,145	0	8,249	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,700	69,703	1,868	0	7,181	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	73,840	462,013	12,376	9,278	47,594	30.00
31.00	03100	INTENSIVE CARE UNIT	26,566	144,011	3,858	1,534	14,836	31.00
40.00	04000	SUBPROVIDER - IPF	52,573	337,067	9,031	7,231	34,724	40.00
43.00	04300	NURSERY	2,409	8,692	233	93	895	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,991	215,119	5,764	0	22,161	50.00
51.00	05100	RECOVERY ROOM	12,456	169,273	4,535	0	17,438	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,675	130,782	3,504	0	13,473	52.00
53.00	05300	ANESTHESIOLOGY	1,581	4,731	127	0	487	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,260	91,670	2,456	0	9,444	54.00
54.02	03630	ULTRA SOUND	5,027	21,353	572	0	2,200	54.02
57.00	05700	CT SCAN	4,994	10,561	283	0	1,088	57.00
58.00	05800	MRI	2,069	19,096	512	0	1,967	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,116	24,493	656	0	2,523	59.00
60.00	06000	LABORATORY	28,531	4,918	132	0	507	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,594	4,029	108	0	415	63.00
65.00	06500	RESPIRATORY THERAPY	7,481	7,825	210	0	806	65.00
66.00	06600	PHYSICAL THERAPY	7,021	1,024	27	0	105	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,796	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,414	2,309	62	0	238	68.00
69.00	06900	ELECTROCARDIOLOGY	3,535	24,253	650	0	2,499	69.00
70.01	03320	ELECTROSHOCK THERAPY	1	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	85,732	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,153	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,094	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,588	3,916	105	0	403	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,977	65,540	1,756	0	6,752	75.01
76.00	03950	OCCUPATIONAL HEALTH	5,132	957	26	0	99	76.00
76.97	07697	CARDIAC REHABILITATION	2,322	20,995	562	0	2,163	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,340	7,198	193	0	741	90.00
90.01	09001	OUTPATIENT PROCEDURES	4,568	0	0	0	0	90.01
90.02	09002	PRCC	139,893	0	0	0	0	90.02
91.00	09100	EMERGENCY	33,608	121,252	3,249	0	12,491	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	777,684	2,390,813	63,834	18,136	238,340	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	7	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	274	2,982	80	0	307	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	86	0	0	0	0	193.03
193.04	19304	FOUNDATION	1,650	5,209	140	0	537	193.04
193.05	19305	LEASED BLDG	403	3,176	85	0	327	193.05
193.07	19307	PARISH NURSING	1,457	2,130	57	0	219	193.07
194.00	07950	OP PHARMACY	10,536	0	0	0	0	194.00
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)	792,135	2,404,310	64,196	18,136	239,730	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 7:54 am
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	429,072					10.00
11.00	01100	0	8,449				11.00
13.00	01300	0	0	140,536			13.00
14.00	01400	0	0	0	402,073		14.00
15.00	01500	0	0	5,421	0	316,391	15.00
16.00	01600	0	0	0	381	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	221,052	4,353	34,697	29,527	4,649	30.00
31.00	03100	24,625	485	8,420	10,759	1,410	31.00
40.00	04000	170,542	3,358	22,726	2,730	9	40.00
43.00	04300	1,104	22	982	585	35	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	5,735	211,533	1,812	50.00
51.00	05100	0	0	4,027	1,783	309	51.00
52.00	05200	8,241	162	4,770	2,501	189	52.00
53.00	05300	0	0	580	7,430	324	53.00
54.00	05400	0	0	6,102	17,482	141	54.00
54.02	03630	0	0	1,331	708	0	54.02
57.00	05700	0	0	1,596	7,904	1,721	57.00
58.00	05800	0	0	637	1,083	20	58.00
59.00	05900	0	0	3,602	0	990	59.00
60.00	06000	0	0	32	0	4	60.00
63.00	06300	0	0	0	31,186	0	63.00
65.00	06500	0	0	3,502	6,716	0	65.00
66.00	06600	0	0	585	705	0	66.00
67.00	06700	0	0	125	91	0	67.00
68.00	06800	0	0	260	244	0	68.00
69.00	06900	0	0	1,597	559	105	69.00
70.01	03320	0	0	0	32	4	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.01	03550	0	0	2,488	177	0	75.01
76.00	03950	0	0	1,664	1,463	304	76.00
76.97	07697	0	0	1,000	694	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	2,469	1,543	117	90.00
90.01	09001	0	0	2,649	0	0	90.01
90.02	09002	3,508	69	10,207	17,515	295,913	90.02
91.00	09100	0	0	13,332	46,617	3,769	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		429,072	8,449	140,536	401,948	311,825	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	53	0	190.00
192.01	19201	0	0	0	0	0	192.01
193.01	19301	0	0	0	1	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
193.04	19304	0	0	0	70	0	193.04
193.05	19305	0	0	0	1	0	193.05
193.07	19307	0	0	0	0	0	193.07
194.00	07950	0	0	0	0	4,566	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		429,072	8,449	140,536	402,073	316,391	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 7:54 am		
Cost Center Description		MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	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
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	267,775			16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,859	2,068,541	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,398	601,222	0	31.00
40.00	04000	SUBPROVIDER - IPF	10,139	1,491,463	0	40.00
43.00	04300	NURSERY	256	37,166	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,220	1,047,042	0	50.00
51.00	05100	RECOVERY ROOM	7,151	636,822	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,164	503,566	0	52.00
53.00	05300	ANESTHESIOLOGY	3,072	30,146	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,053	379,385	0	54.00
54.02	03630	ULTRA SOUND	4,037	88,638	0	54.02
57.00	05700	CT SCAN	15,607	70,569	0	57.00
58.00	05800	MRI	3,244	76,108	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,476	121,945	0	59.00
60.00	06000	LABORATORY	19,799	66,089	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	630	50,916	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,849	49,936	0	65.00
66.00	06600	PHYSICAL THERAPY	2,072	14,304	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	456	2,534	0	67.00
68.00	06800	SPEECH PATHOLOGY	465	11,818	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,119	100,785	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	57	94	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,147	102,879	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,605	23,758	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,788	47,882	0	73.00
74.00	07400	RENAL DIALYSIS	1,398	19,087	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,224	246,580	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	319	12,758	0	76.00
76.97	07697	CARDIAC REHABILITATION	656	80,596	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	581	38,804	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	1,888	9,113	0	90.01
90.02	09002	PRCC	34,175	504,255	0	90.02
91.00	09100	EMERGENCY	27,871	566,601	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	267,775	9,101,402	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	91	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	7	0	192.01
193.01	19301	MASSAGE THERAPY	0	11,051	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	98	0	193.03
193.04	19304	FOUNDATION	0	20,658	0	193.04
193.05	19305	LEASED BLDG	0	11,841	0	193.05
193.07	19307	PARISH NURSING	0	9,375	0	193.07
194.00	07950	OP PHARMACY	0	15,431	0	194.00
200.00		Cross Foot Adjustments		0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	267,775	9,169,954	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140174

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

Worksheet B-1
Date/Time Prepared:
5/31/2016 7:54 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	496,541				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		496,541			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,717	3,717	49,826,541		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	42,495	42,495	5,335,542	-39,767,627	5.00
6.00 00600	MAINTENANCE & REPAIRS	128,643	128,643	1,300	0	6.00
7.00 00700	OPERATION OF PLANT	1,105	1,105	1,605,279	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	622	622	3,023	0	8.00
9.00 00900	HOUSEKEEPING	8,606	8,606	1,278,386	0	9.00
10.00 01000	DIETARY	15,673	15,673	822,403	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	4,565	4,565	1,834,902	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	14,647	14,647	376,222	0	14.00
15.00 01500	PHARMACY	10,713	10,713	2,097,765	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	9,326	9,326	1,242,828	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	61,815	61,815	8,517,076	0	30.00
31.00 03100	INTENSIVE CARE UNIT	19,268	19,268	2,529,372	0	31.00
40.00 04000	SUBPROVIDER - I/PF	45,098	45,098	6,152,586	0	40.00
43.00 04300	NURSERY	1,163	1,163	277,178	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	28,782	28,782	1,574,902	0	50.00
51.00 05100	RECOVERY ROOM	22,648	22,648	1,156,751	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	17,498	17,498	1,421,199	0	52.00
53.00 05300	ANESTHESIOLOGY	633	633	90,261	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,265	12,265	1,648,161	0	54.00
54.02 03630	ULTRA SOUND	2,857	2,857	470,460	0	54.02
57.00 05700	CT SCAN	1,413	1,413	522,688	0	57.00
58.00 05800	MRI	2,555	2,555	213,903	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,277	3,277	1,139,622	0	59.00
60.00 06000	LABORATORY	658	658	9,956	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	539	539	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,047	1,047	879,692	0	65.00
66.00 06600	PHYSICAL THERAPY	137	137	170,890	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	48,084	0	67.00
68.00 06800	SPEECH PATHOLOGY	309	309	86,968	0	68.00
69.00 06900	ELECTROCARDIOLOGY	3,245	3,245	392,310	0	69.00
70.01 03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	524	524	0	0	74.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,769	8,769	524,666	0	75.01
76.00 03950	OCCUPATIONAL HEALTH	128	128	312,129	0	76.00
76.97 07697	CARDIAC REHABILITATION	2,809	2,809	238,529	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	963	963	608,335	0	90.00
90.01 09001	OUTPATIENT PROCEDURES	0	0	6,138	0	90.01
90.02 09002	PRCC	0	0	2,158,826	0	90.02
91.00 09100	EMERGENCY	16,223	16,223	3,491,366	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	494,735	494,735	49,239,698	-39,767,627	126,045,486
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	192.01
193.01 19301	MASSAGE THERAPY	399	399	28,043	0	193.01
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03 19303	ADOL SCHOOL	0	0	8,763	0	193.03
193.04 19304	FOUNDATION	697	697	130,811	0	193.04
193.05 19305	LEASED BLDG	425	425	0	0	193.05
193.07 19307	PARI SH NURSING	285	285	180,383	0	193.07
194.00 07950	OP PHARMACY	0	0	238,843	0	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140174

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

Worksheet B-1
Date/Time Prepared:
5/31/2016 7:54 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	6,598,477	2,571,477	12,638,425	5A	39,767,627	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.288887	5.178781	0.253648		0.309746	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			68,645		792,135	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001378		0.006170	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140174

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 7:54 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	321,686					6.00
7.00	00700	1,105	320,581				7.00
8.00	00800	622	622	40,186			8.00
9.00	00900	8,606	8,606	0	311,353		9.00
10.00	01000	15,673	15,673	0	15,673	141,871	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	4,565	4,565	0	4,565	0	13.00
14.00	01400	14,647	14,647	0	14,647	0	14.00
15.00	01500	10,713	10,713	0	10,713	0	15.00
16.00	01600	9,326	9,326	0	9,326	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	61,815	61,815	20,560	61,815	73,090	30.00
31.00	03100	19,268	19,268	3,399	19,268	8,142	31.00
40.00	04000	45,098	45,098	16,022	45,098	56,389	40.00
43.00	04300	1,163	1,163	205	1,163	365	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,782	28,782	0	28,782	0	50.00
51.00	05100	22,648	22,648	0	22,648	0	51.00
52.00	05200	17,498	17,498	0	17,498	2,725	52.00
53.00	05300	633	633	0	633	0	53.00
54.00	05400	12,265	12,265	0	12,265	0	54.00
54.02	03630	2,857	2,857	0	2,857	0	54.02
57.00	05700	1,413	1,413	0	1,413	0	57.00
58.00	05800	2,555	2,555	0	2,555	0	58.00
59.00	05900	3,277	3,277	0	3,277	0	59.00
60.00	06000	658	658	0	658	0	60.00
63.00	06300	539	539	0	539	0	63.00
65.00	06500	1,047	1,047	0	1,047	0	65.00
66.00	06600	137	137	0	137	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	309	309	0	309	0	68.00
69.00	06900	3,245	3,245	0	3,245	0	69.00
70.01	03320	0	0	0	0	0	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	524	524	0	524	0	74.00
75.01	03550	8,769	8,769	0	8,769	0	75.01
76.00	03950	128	128	0	128	0	76.00
76.97	07697	2,809	2,809	0	2,809	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	963	963	0	963	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	1,160	90.02
91.00	09100	16,223	16,223	0	16,223	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		319,880	318,775	40,186	309,547	141,871	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.01	19201	0	0	0	0	0	192.01
193.01	19301	399	399	0	399	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
193.04	19304	697	697	0	697	0	193.04
193.05	19305	425	425	0	425	0	193.05
193.07	19307	285	285	0	285	0	193.07
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		6,064,952	7,093,401	422,591	3,110,066	2,103,668	202.00
203.00		18,853,640	22,126,704	10,515,876	9,988,874	14,828,034	203.00
204.00		2,404,310	64,196	18,136	239,730	429,072	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140174

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 7:54 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	7.474090	0.200249	0.451301	0.769962	3.024381	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140174

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 7:54 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	141,871					11.00
13.00	01300	0	1,058,981				13.00
14.00	01400	0	0	9,471,888			14.00
15.00	01500	0	40,850	0	12,400,571		15.00
16.00	01600	0	0	8,966	0	922,124,564	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	73,090	261,464	695,592	182,211	54,687,382	30.00
31.00	03100	8,142	63,445	253,452	55,257	18,612,555	31.00
40.00	04000	56,389	171,245	64,304	365	34,962,199	40.00
43.00	04300	365	7,398	13,770	1,383	882,690	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	43,218	4,983,192	71,018	93,861,144	50.00
51.00	05100	0	30,346	42,013	12,129	24,658,920	51.00
52.00	05200	2,725	35,941	58,928	7,393	4,013,941	52.00
53.00	05300	0	4,371	175,041	12,683	10,593,358	53.00
54.00	05400	0	45,977	411,833	5,535	27,767,965	54.00
54.02	03630	0	10,026	16,669	0	13,921,509	54.02
57.00	05700	0	12,027	186,210	67,463	53,818,052	57.00
58.00	05800	0	4,798	25,524	773	11,186,196	58.00
59.00	05900	0	27,139	0	38,806	53,364,285	59.00
60.00	06000	0	241	0	150	68,272,289	60.00
63.00	06300	0	0	734,679	0	2,173,981	63.00
65.00	06500	0	26,386	158,209	0	9,824,505	65.00
66.00	06600	0	4,409	16,608	0	7,145,010	66.00
67.00	06700	0	944	2,146	0	1,571,661	67.00
68.00	06800	0	1,962	5,749	0	1,603,149	68.00
69.00	06900	0	12,035	13,180	4,132	24,546,869	69.00
70.01	03320	0	0	747	176	195,829	70.01
71.00	07100	0	0	0	0	59,129,066	71.00
72.00	07200	0	0	0	0	29,672,620	72.00
73.00	07300	0	0	0	0	82,027,309	73.00
74.00	07400	0	0	0	0	4,820,381	74.00
75.01	03550	0	18,746	4,166	0	4,221,843	75.01
76.00	03950	0	12,540	34,456	11,901	1,101,210	76.00
76.97	07697	0	7,538	16,360	0	2,261,892	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	18,604	36,348	4,604	2,002,229	90.00
90.01	09001	0	19,958	0	0	6,511,698	90.01
90.02	09002	1,160	76,910	412,614	11,597,915	116,607,523	90.02
91.00	09100	0	100,463	1,098,180	147,734	96,105,304	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		141,871	1,058,981	9,468,936	12,221,628	922,124,564	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	1,256	0	0	190.00
192.01	19201	0	0	0	0	0	192.01
193.01	19301	0	0	20	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
193.04	19304	0	0	1,651	0	0	193.04
193.05	19305	0	0	25	0	0	193.05
193.07	19307	0	0	0	0	0	193.07
194.00	07950	0	0	0	178,943	0	194.00
200.00							200.00
201.00							201.00
202.00		1,793,626	3,449,781	2,312,030	4,876,027	3,597,897	202.00
203.00		12.642654	3.257642	0.244094	0.393210	0.003902	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140174

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 7:54 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	8,449	140,536	402,073	316,391	267,775	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.059554	0.132709	0.042449	0.025514	0.000290	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/31/2016 7:54 am
			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		22,355,787	0	22,355,787
31.00	03100 INTENSIVE CARE UNIT		7,243,766	24,057	7,267,823
40.00	04000 SUBPROVIDER - I/PF		15,886,236	25,107	15,911,343
43.00	04300 NURSERY		614,322	0	614,322
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		8,311,082	0	8,311,082
51.00	05100 RECOVERY ROOM		4,008,471	0	4,008,471
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,019,695	0	4,019,695
53.00	05300 ANESTHESIOLOGY		471,193	0	471,193
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,225,378	0	4,225,378
54.02	03630 ULTRA SOUND		1,303,760	0	1,303,760
57.00	05700 CT SCAN		1,453,317	0	1,453,317
58.00	05800 MRI		635,304	0	635,304
59.00	05900 CARDIAC CATHETERIZATION		3,050,859	0	3,050,859
60.00	06000 LABORATORY		6,357,300	0	6,357,300
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,190,566	0	1,190,566
65.00	06500 RESPIRATORY THERAPY	0	1,804,332	0	1,804,332
66.00	06600 PHYSICAL THERAPY	0	1,543,635	0	1,543,635
67.00	06700 OCCUPATIONAL THERAPY	0	390,982	0	390,982
68.00	06800 SPEECH PATHOLOGY	0	542,229	0	542,229
69.00	06900 ELECTROCARDIOLOGY		1,055,556	0	1,055,556
70.01	03320 ELECTROSHOCK THERAPY		1,247	0	1,247
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		18,429,610	0	18,429,610
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		3,332,509	0	3,332,509
73.00	07300 DRUGS CHARGED TO PATIENTS		5,434,589	0	5,434,589
74.00	07400 RENAL DIALYSIS		807,267	0	807,267
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		1,794,339	0	1,794,339
76.00	03950 OCCUPATIONAL HEALTH		1,154,235	0	1,154,235
76.97	07697 CARDIAC REHABILITATION		673,518	0	673,518
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0
76.99	07699 LI THOTRI PSY		0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		1,686,262	0	1,686,262
90.01	09001 OUTPATIENT PROCEDURES		1,060,103	0	1,060,103
90.02	09002 PRCC		35,097,567	0	35,097,567
91.00	09100 EMERGENCY		8,989,474	42,378	9,031,852
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		5,698,777	0	5,698,777
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)		170,623,267	91,542	170,714,809
201.00	Less Observation Beds		5,698,777		5,698,777
202.00	Total (see instructions)		164,924,490	91,542	165,016,032

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140174		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/31/2016 7:54 am	
			Title XVIIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,032,120		56,032,120			30.00
31.00	03100	INTENSIVE CARE UNIT	18,612,555		18,612,555			31.00
40.00	04000	SUBPROVIDER - IPF	33,617,461		33,617,461			40.00
43.00	04300	NURSERY	882,690		882,690			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,705,214	42,155,930	93,861,144	0.088547	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,261,986	15,396,934	24,658,920	0.162557	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,511,879	502,062	4,013,941	1.001434	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,955,927	6,637,431	10,593,358	0.044480	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,824,459	21,943,506	27,767,965	0.152167	0.000000	54.00
54.02	03630	ULTRA SOUND	3,169,067	10,752,441	13,921,508	0.093651	0.000000	54.02
57.00	05700	CT SCAN	10,070,685	43,747,367	53,818,052	0.027004	0.000000	57.00
58.00	05800	MRI	2,507,493	8,678,703	11,186,196	0.056794	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,272,695	33,091,591	53,364,286	0.057170	0.000000	59.00
60.00	06000	LABORATORY	32,009,693	36,262,596	68,272,289	0.093117	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,496,995	676,986	2,173,981	0.547643	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	8,069,387	1,755,118	9,824,505	0.183656	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,997,144	4,147,866	7,145,010	0.216044	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	869,752	701,909	1,571,661	0.248770	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	532,155	1,070,994	1,603,149	0.338227	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,786,556	15,760,313	24,546,869	0.043002	0.000000	69.00
70.01	03320	ELECTROSHOCK THERAPY	67,587	128,242	195,829	0.006368	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,732,739	31,396,327	59,129,066	0.311684	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,725,452	17,947,168	29,672,620	0.112309	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,181,993	25,845,316	82,027,309	0.066253	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,534,066	286,315	4,820,381	0.167470	0.000000	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,337	4,213,506	4,221,843	0.425013	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	1,101,210	1,101,210	1.048152	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	806	2,261,086	2,261,892	0.297768	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,955	1,994,274	2,002,229	0.842192	0.000000	90.00
90.01	09001	OUTPATIENT PROCEDURES	7,219	6,504,479	6,511,698	0.162800	0.000000	90.01
90.02	09002	PRCC	0	116,607,523	116,607,523	0.300989	0.000000	90.02
91.00	09100	EMERGENCY	21,388,105	74,717,198	96,105,303	0.093538	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,075,822	14,864,985	19,940,807	0.285785	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	400,915,994	541,149,376	942,065,370			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	400,915,994	541,149,376	942,065,370			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/31/2016 7:54 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.088547		50.00
51.00	05100 RECOVERY ROOM	0.162557		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.001434		52.00
53.00	05300 ANESTHESIOLOGY	0.044480		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152167		54.00
54.02	03630 ULTRA SOUND	0.093651		54.02
57.00	05700 CT SCAN	0.027004		57.00
58.00	05800 MRI	0.056794		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.057170		59.00
60.00	06000 LABORATORY	0.093117		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.547643		63.00
65.00	06500 RESPIRATORY THERAPY	0.183656		65.00
66.00	06600 PHYSICAL THERAPY	0.216044		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.248770		67.00
68.00	06800 SPEECH PATHOLOGY	0.338227		68.00
69.00	06900 ELECTROCARDIOLOGY	0.043002		69.00
70.01	03320 ELECTROSHOCK THERAPY	0.006368		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.311684		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.112309		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.066253		73.00
74.00	07400 RENAL DIALYSIS	0.167470		74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.425013		75.01
76.00	03950 OCCUPATIONAL HEALTH	1.048152		76.00
76.97	07697 CARDIAC REHABILITATION	0.297768		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.842192		90.00
90.01	09001 OUTPATIENT PROCEDURES	0.162800		90.01
90.02	09002 PRCC	0.300989		90.02
91.00	09100 EMERGENCY	0.093979		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.285785		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/31/2016 7:54 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,068,541	0	2,068,541	27,072	76.41	30.00
31.00	INTENSIVE CARE UNIT	601,222	0	601,222	3,399	176.88	31.00
40.00	SUBPROVIDER - IPF	1,491,463	0	1,491,463	16,022	93.09	40.00
43.00	NURSERY	37,166		37,166	432	86.03	43.00
200.00	Total (lines 30-199)	4,198,392		4,198,392	46,925		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	8,338	637,107				30.00
31.00	INTENSIVE CARE UNIT	1,354	239,496				31.00
40.00	SUBPROVIDER - IPF	3,466	322,650				40.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	13,158	1,199,253				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140174

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

Worksheet D
Part II
Date/Time Prepared:
5/31/2016 7:54 am

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)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,047,042	93,861,144	0.011155	19,791,459	220,774	50.00
51.00	05100	RECOVERY ROOM	636,822	24,658,920	0.025825	3,123,761	80,671	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	503,566	4,013,941	0.125454	11,709	1,469	52.00
53.00	05300	ANESTHESIOLOGY	30,146	10,593,358	0.002846	1,539,429	4,381	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	379,385	27,767,965	0.013663	3,463,041	47,316	54.00
54.02	03630	ULTRA SOUND	88,638	13,921,508	0.006367	1,490,656	9,491	54.02
57.00	05700	CT SCAN	70,569	53,818,052	0.001311	6,507,504	8,531	57.00
58.00	05800	MRI	76,108	11,186,196	0.006804	1,170,930	7,967	58.00
59.00	05900	CARDIAC CATHETERIZATION	121,945	53,364,286	0.002285	8,879,673	20,290	59.00
60.00	06000	LABORATORY	66,089	68,272,289	0.000968	12,418,115	12,021	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,916	2,173,981	0.023421	661,005	15,481	63.00
65.00	06500	RESPIRATORY THERAPY	49,936	9,824,505	0.005083	3,734,749	18,984	65.00
66.00	06600	PHYSICAL THERAPY	14,304	7,145,010	0.002002	1,597,663	3,199	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,534	1,571,661	0.001612	491,557	792	67.00
68.00	06800	SPEECH PATHOLOGY	11,818	1,603,149	0.007372	282,848	2,085	68.00
69.00	06900	ELECTROCARDIOLOGY	100,785	24,546,869	0.004106	4,451,286	18,277	69.00
70.01	03320	ELECTROSHOCK THERAPY	94	195,829	0.000480	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	102,879	59,129,066	0.001740	11,438,423	19,903	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,758	29,672,620	0.000801	4,835,955	3,874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,882	82,027,309	0.000584	20,821,759	12,160	73.00
74.00	07400	RENAL DIALYSIS	19,087	4,820,381	0.003960	2,590,382	10,258	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	246,580	4,221,843	0.058406	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	12,758	1,101,210	0.011585	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	80,596	2,261,892	0.035632	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	38,804	2,002,229	0.019380	5,079	98	90.00
90.01	09001	OUTPATIENT PROCEDURES	9,113	6,511,698	0.001399	0	0	90.01
90.02	09002	PRCC	504,255	116,607,523	0.004324	0	0	90.02
91.00	09100	EMERGENCY	566,601	96,105,303	0.005896	9,224,946	54,390	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	527,296	19,940,807	0.026443	1,935,183	51,172	92.00
200.00		Total (lines 50-199)	5,430,306	832,920,544		120,467,112	623,584	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/31/2016 7:54 am
		Title XVIII		Hospital

Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
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)	PSA Adj. Nursing School
			6.00	7.00	8.00	9.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,072	0.00	8,338	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,399	0.00	1,354	0	31.00
40.00	04000	SUBPROVIDER - IPF	16,022	0.00	3,466	0	40.00
43.00	04300	NURSERY	432	0.00	0	0	43.00
200.00		Total (lines 30-199)	46,925		13,158	0	200.00

Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
			12.00	13.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0
40.00	04000	SUBPROVIDER - IPF	0	0
43.00	04300	NURSERY	0	0
200.00		Total (lines 30-199)	0	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140174

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

Worksheet D
Part IV
Date/Time Prepared:
5/31/2016 7:54 am

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 7:54 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	93,861,144	0.000000	0.000000	19,791,459	50.00
51.00	05100 RECOVERY ROOM	0	24,658,920	0.000000	0.000000	3,123,761	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,013,941	0.000000	0.000000	11,709	52.00
53.00	05300 ANESTHESIOLOGY	0	10,593,358	0.000000	0.000000	1,539,429	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	27,767,965	0.000000	0.000000	3,463,041	54.00
54.02	03630 ULTRA SOUND	0	13,921,508	0.000000	0.000000	1,490,656	54.02
57.00	05700 CT SCAN	0	53,818,052	0.000000	0.000000	6,507,504	57.00
58.00	05800 MRI	0	11,186,196	0.000000	0.000000	1,170,930	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	53,364,286	0.000000	0.000000	8,879,673	59.00
60.00	06000 LABORATORY	0	68,272,289	0.000000	0.000000	12,418,115	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,173,981	0.000000	0.000000	661,005	63.00
65.00	06500 RESPIRATORY THERAPY	0	9,824,505	0.000000	0.000000	3,734,749	65.00
66.00	06600 PHYSICAL THERAPY	0	7,145,010	0.000000	0.000000	1,597,663	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,571,661	0.000000	0.000000	491,557	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,603,149	0.000000	0.000000	282,848	68.00
69.00	06900 ELECTROCARDIOLOGY	0	24,546,869	0.000000	0.000000	4,451,286	69.00
70.01	03320 ELECTROSHOCK THERAPY	0	195,829	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	59,129,066	0.000000	0.000000	11,438,423	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	29,672,620	0.000000	0.000000	4,835,955	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	82,027,309	0.000000	0.000000	20,821,759	73.00
74.00	07400 RENAL DIALYSIS	0	4,820,381	0.000000	0.000000	2,590,382	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,221,843	0.000000	0.000000	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	0	1,101,210	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,261,892	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	2,002,229	0.000000	0.000000	5,079	90.00
90.01	09001 OUTPATIENT PROCEDURES	0	6,511,698	0.000000	0.000000	0	90.01
90.02	09002 PRCC	0	116,607,523	0.000000	0.000000	0	90.02
91.00	09100 EMERGENCY	0	96,105,303	0.000000	0.000000	9,224,946	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	19,940,807	0.000000	0.000000	1,935,183	92.00
200.00	Total (lines 50-199)	0	832,920,544			120,467,112	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 7:54 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
Title VIII		11.00	12.00	13.00	21.00	22.00	
Hospital							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	8,289,775	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	3,132,788	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	636	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,543,448	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,586,991	0	0	0	54.00
54.02	03630 ULTRA SOUND	0	1,263,167	0	0	0	54.02
57.00	05700 CT SCAN	0	7,531,174	0	0	0	57.00
58.00	05800 MRI	0	1,575,834	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	11,251,801	0	0	0	59.00
60.00	06000 LABORATORY	0	4,490,852	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	194,368	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	217,842	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	2,207	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	589	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,673,182	0	0	0	69.00
70.01	03320 ELECTROSHOCK THERAPY	0	57,189	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,023,248	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,575,328	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,012,951	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	110,681	0	0	0	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	224,851	0	0	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	0	251	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	850,787	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	238,843	0	0	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	0	1,553,578	0	0	0	90.01
90.02	09002 PRCC	0	52,149,063	0	0	0	90.02
91.00	09100 EMERGENCY	0	9,447,383	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,986,803	0	0	0	92.00
200.00	Total (lines 50-199)	0	136,985,610	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140174

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

Worksheet D
Part IV
Date/Time Prepared:
5/31/2016 7:54 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
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
54.02	03630 ULTRA SOUND	0	0			54.02
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.01	03320 ELECTROSHOCK THERAPY	0	0			70.01
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	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			75.01
76.00	03950 OCCUPATIONAL HEALTH	0	0			76.00
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
76.99	07699 LI THOTRIPSY	0	0			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
90.01	09001 OUTPATIENT PROCEDURES	0	0			90.01
90.02	09002 PRCC	0	0			90.02
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 7:54 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.088547	8,289,775	0	0	734,035	50.00
51.00	05100 RECOVERY ROOM	0.162557	3,132,788	0	0	509,257	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.001434	636	0	0	637	52.00
53.00	05300 ANESTHESIOLOGY	0.044480	1,543,448	0	0	68,653	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152167	3,586,991	8,927	0	545,822	54.00
54.02	03630 ULTRA SOUND	0.093651	1,263,167	0	0	118,297	54.02
57.00	05700 CT SCAN	0.027004	7,531,174	0	0	203,372	57.00
58.00	05800 MRI	0.056794	1,575,834	0	0	89,498	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.057170	11,251,801	0	0	643,265	59.00
60.00	06000 LABORATORY	0.093117	4,490,852	801	0	418,175	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.547643	194,368	0	0	106,444	63.00
65.00	06500 RESPIRATORY THERAPY	0.183656	217,842	0	0	40,008	65.00
66.00	06600 PHYSICAL THERAPY	0.216044	2,207	0	0	477	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.248770	589	0	0	147	67.00
68.00	06800 SPEECH PATHOLOGY	0.338227	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.043002	3,673,182	0	0	157,954	69.00
70.01	03320 ELECTROSHOCK THERAPY	0.006368	57,189	0	0	364	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.311684	8,023,248	0	0	2,500,718	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.112309	6,575,328	0	0	738,469	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.066253	7,012,951	0	212,836	464,629	73.00
74.00	07400 RENAL DIALYSIS	0.167470	110,681	0	0	18,536	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.425013	224,851	0	0	95,565	75.01
76.00	03950 OCCUPATIONAL HEALTH	1.048152	251	0	0	263	76.00
76.97	07697 CARDIAC REHABILITATION	0.297768	850,787	0	0	253,337	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.842192	238,843	0	0	201,152	90.00
90.01	09001 OUTPATIENT PROCEDURES	0.162800	1,553,578	0	0	252,922	90.01
90.02	09002 PRCC	0.300989	52,149,063	0	0	15,696,294	90.02
91.00	09100 EMERGENCY	0.093538	9,447,383	0	0	883,689	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.285785	3,986,803	0	0	1,139,368	92.00
200.00	Subtotal (see instructions)		136,985,610	9,728	212,836	25,881,347	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)		136,985,610	9,728	212,836	25,881,347	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 7:54 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
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	1,358	0		54.00
54.02 03630 ULTRASOUND	0	0		54.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	75	0		60.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.01 03320 ELECTROSHOCK THERAPY	0	0		70.01
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	0	14,101		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
76.00 03950 OCCUPATIONAL HEALTH	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OUTPATIENT PROCEDURES	0	0		90.01
90.02 09002 PRCC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	1,433	14,101		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,433	14,101		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/31/2016 7:54 am
		Component CCN: 14S174	Title XVIII	Subprovider - IPF

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	1,047,042	93,861,144	0.011155	0	50.00
51.00	05100	RECOVERY ROOM	636,822	24,658,920	0.025825	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	503,566	4,013,941	0.125454	0	52.00
53.00	05300	ANESTHESIOLOGY	30,146	10,593,358	0.002846	23,256	66 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	379,385	27,767,965	0.013663	65,443	894 54.00
54.02	03630	ULTRA SOUND	88,638	13,921,508	0.006367	37,358	238 54.02
57.00	05700	CT SCAN	70,569	53,818,052	0.001311	164,828	216 57.00
58.00	05800	MRI	76,108	11,186,196	0.006804	9,318	63 58.00
59.00	05900	CARDIAC CATHETERIZATION	121,945	53,364,286	0.002285	0	0 59.00
60.00	06000	LABORATORY	66,089	68,272,289	0.000968	762,562	738 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,916	2,173,981	0.023421	316	7 63.00
65.00	06500	RESPIRATORY THERAPY	49,936	9,824,505	0.005083	6,468	33 65.00
66.00	06600	PHYSICAL THERAPY	14,304	7,145,010	0.002002	24,910	50 66.00
67.00	06700	OCCUPATIONAL THERAPY	2,534	1,571,661	0.001612	1,178	2 67.00
68.00	06800	SPEECH PATHOLOGY	11,818	1,603,149	0.007372	8,135	60 68.00
69.00	06900	ELECTROCARDIOLOGY	100,785	24,546,869	0.004106	48,746	200 69.00
70.01	03320	ELECTROSHOCK THERAPY	94	195,829	0.000480	20,796	10 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	102,879	59,129,066	0.001740	7,189	13 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,758	29,672,620	0.000801	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,882	82,027,309	0.000584	2,373,705	1,386 73.00
74.00	07400	RENAL DIALYSIS	19,087	4,820,381	0.003960	70,091	278 74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	246,580	4,221,843	0.058406	1,482	87 75.01
76.00	03950	OCCUPATIONAL HEALTH	12,758	1,101,210	0.011585	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	80,596	2,261,892	0.035632	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	38,804	2,002,229	0.019380	69	1 90.00
90.01	09001	OUTPATIENT PROCEDURES	9,113	6,511,698	0.001399	0	0 90.01
90.02	09002	PRCC	504,255	116,607,523	0.004324	0	0 90.02
91.00	09100	EMERGENCY	566,601	96,105,303	0.005896	661,420	3,900 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	19,940,807	0.000000	52,005	0 92.00
200.00		Total (Lines 50-199)	4,903,010	832,920,544		4,339,275	8,242 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 7:54 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
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
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
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
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.00 03950 OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02 09002 PRCC	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 7:54 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	93,861,144	0.000000	0.000000	0 50.00
51.00 05100 RECOVERY ROOM	0	24,658,920	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,013,941	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	10,593,358	0.000000	0.000000	23,256 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	27,767,965	0.000000	0.000000	65,443 54.00
54.02 03630 ULTRA SOUND	0	13,921,508	0.000000	0.000000	37,358 54.02
57.00 05700 CT SCAN	0	53,818,052	0.000000	0.000000	164,828 57.00
58.00 05800 MRI	0	11,186,196	0.000000	0.000000	9,318 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	53,364,286	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	68,272,289	0.000000	0.000000	762,562 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,173,981	0.000000	0.000000	316 63.00
65.00 06500 RESPIRATORY THERAPY	0	9,824,505	0.000000	0.000000	6,468 65.00
66.00 06600 PHYSICAL THERAPY	0	7,145,010	0.000000	0.000000	24,910 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,571,661	0.000000	0.000000	1,178 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,603,149	0.000000	0.000000	8,135 68.00
69.00 06900 ELECTROCARDIOLOGY	0	24,546,869	0.000000	0.000000	48,746 69.00
70.01 03320 ELECTROSHOCK THERAPY	0	195,829	0.000000	0.000000	20,796 70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	59,129,066	0.000000	0.000000	7,189 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	29,672,620	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	82,027,309	0.000000	0.000000	2,373,705 73.00
74.00 07400 RENAL DIALYSIS	0	4,820,381	0.000000	0.000000	70,091 74.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,221,843	0.000000	0.000000	1,482 75.01
76.00 03950 OCCUPATIONAL HEALTH	0	1,101,210	0.000000	0.000000	0 76.00
76.97 07697 CARDIAC REHABILITATION	0	2,261,892	0.000000	0.000000	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0 76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	2,002,229	0.000000	0.000000	69 90.00
90.01 09001 OUTPATIENT PROCEDURES	0	6,511,698	0.000000	0.000000	0 90.01
90.02 09002 PRCC	0	116,607,523	0.000000	0.000000	0 90.02
91.00 09100 EMERGENCY	0	96,105,303	0.000000	0.000000	661,420 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	19,940,807	0.000000	0.000000	52,005 92.00
200.00 Total (Lines 50-199)	0	832,920,544			4,339,275 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 7:54 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
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
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
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
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,296	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	1,296	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 7:54 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
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
54.02 03630 ULTRA SOUND	0	0	54.02
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.01 03320 ELECTROSHOCK THERAPY	0	0	70.01
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	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.00 03950 OCCUPATIONAL HEALTH	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 OUTPATIENT PROCEDURES	0	0	90.01
90.02 09002 PRCC	0	0	90.02
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 7:54 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	PPS Services (see inst.)	
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services (see inst.)			Costs (see inst.)
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.088547	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0.162557	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	1.001434	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.044480	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.152167	0	0	0	0	54.00	
54.02 03630 ULTRA SOUND	0.093651	0	0	0	0	54.02	
57.00 05700 CT SCAN	0.027004	0	0	0	0	57.00	
58.00 05800 MRI	0.056794	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.057170	0	0	0	0	59.00	
60.00 06000 LABORATORY	0.093117	0	0	0	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.547643	0	0	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0.183656	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0.216044	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.248770	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.338227	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.043002	0	0	0	0	69.00	
70.01 03320 ELECTROSHOCK THERAPY	0.006368	0	0	0	0	70.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.311684	0	2,805	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.112309	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.066253	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0.167470	0	0	0	0	74.00	
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.425013	0	0	0	0	75.01	
76.00 03950 OCCUPATIONAL HEALTH	1.048152	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0.297768	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99 07699 LI THOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.842192	1,296	0	0	1,091	90.00	
90.01 09001 OUTPATIENT PROCEDURES	0.162800	0	0	0	0	90.01	
90.02 09002 PRCC	0.300989	0	0	0	0	90.02	
91.00 09100 EMERGENCY	0.093538	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.285785	0	0	0	0	92.00	
200.00	Subtotal (see instructions)		1,296	2,805	0	1,091	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		1,296	2,805	0	1,091	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 7:54 am
	Component CCN: 14S174	Title XVIII	Subprovider - IPF

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
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
54.02 03630 ULTRA SOUND	0	0		54.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.01 03320 ELECTROSHOCK THERAPY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	874	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
76.00 03950 OCCUPATIONAL HEALTH	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OUTPATIENT PROCEDURES	0	0		90.01
90.02 09002 PRCC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	874	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	874	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2016 7:54 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		27,072	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		27,072	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)		20,171	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		8,338	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)		22,355,787	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)		22,355,787	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)		22,355,787	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)		825.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,885,437	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)		6,885,437	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/31/2016 7:54 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,267,823	3,399	2,138.22	1,354	2,895,150		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							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,061,564		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					23,842,151		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)					876,603		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					623,584		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,500,187		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,341,964		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					6,901		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					825.79		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,698,777		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 7:54 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,068,541	22,355,787	0.092528	5,698,777	527,296	90.00
91.00	Nursing School cost	0	22,355,787	0.000000	5,698,777	0	91.00
92.00	Allied health cost	0	22,355,787	0.000000	5,698,777	0	92.00
93.00	All other Medical Education	0	22,355,787	0.000000	5,698,777	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14S174		Date/Time Prepared: 5/31/2016 7:54 am
		Title XVIII	Subprovider - IPF	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)		16,022	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,022	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)		16,022	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)		3,466	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)		15,911,343	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)		15,911,343	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)		15,911,343	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)		993.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,442,050	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,442,050	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 14S174				Date/Time Prepared: 5/31/2016 7:54 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					351,447		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,793,497		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)					322,650		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,242		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					330,892		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,462,605		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174 Component CCN: 14S174		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 7:54 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,491,463	15,911,343	0.093736	0	0	90.00
91.00	Nursing School cost	0	15,911,343	0.000000	0	0	91.00
92.00	Allied health cost	0	15,911,343	0.000000	0	0	92.00
93.00	All other Medical Education	0	15,911,343	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/31/2016 7:54 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		24,184,850	30.00
31.00	03100	INTENSIVE CARE UNIT		8,420,854	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.088547	19,791,459	50.00
51.00	05100	RECOVERY ROOM	0.162557	3,123,761	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.001434	11,709	52.00
53.00	05300	ANESTHESIOLOGY	0.044480	1,539,429	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152167	3,463,041	54.00
54.02	03630	ULTRA SOUND	0.093651	1,490,656	54.02
57.00	05700	CT SCAN	0.027004	6,507,504	57.00
58.00	05800	MRI	0.056794	1,170,930	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057170	8,879,673	59.00
60.00	06000	LABORATORY	0.093117	12,418,115	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.547643	661,005	63.00
65.00	06500	RESPIRATORY THERAPY	0.183656	3,734,749	65.00
66.00	06600	PHYSICAL THERAPY	0.216044	1,597,663	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.248770	491,557	67.00
68.00	06800	SPEECH PATHOLOGY	0.338227	282,848	68.00
69.00	06900	ELECTROCARDIOLOGY	0.043002	4,451,286	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.006368	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.311684	11,438,423	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.112309	4,835,955	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.066253	20,821,759	73.00
74.00	07400	RENAL DIALYSIS	0.167470	2,590,382	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.425013	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	1.048152	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.297768	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.842192	5,079	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.162800	0	90.01
90.02	09002	PRCC	0.300989	0	90.02
91.00	09100	EMERGENCY	0.093979	9,224,946	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.285785	1,935,183	92.00
200.00		Total (sum of lines 50-94 and 96-98)		120,467,112	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)		120,467,112	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14S174		Date/Time Prepared: 5/31/2016 7:54 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
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		7,011,332		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.088547	0	0	50.00
51.00	05100 RECOVERY ROOM	0.162557	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.001434	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.044480	23,256	1,034	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152167	65,443	9,958	54.00
54.02	03630 ULTRA SOUND	0.093651	37,358	3,499	54.02
57.00	05700 CT SCAN	0.027004	164,828	4,451	57.00
58.00	05800 MRI	0.056794	9,318	529	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.057170	0	0	59.00
60.00	06000 LABORATORY	0.093117	762,562	71,007	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.547643	316	173	63.00
65.00	06500 RESPIRATORY THERAPY	0.183656	6,468	1,188	65.00
66.00	06600 PHYSICAL THERAPY	0.216044	24,910	5,382	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.248770	1,178	293	67.00
68.00	06800 SPEECH PATHOLOGY	0.338227	8,135	2,751	68.00
69.00	06900 ELECTROCARDIOLOGY	0.043002	48,746	2,096	69.00
70.01	03320 ELECTROSHOCK THERAPY	0.006368	20,796	132	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.311684	7,189	2,241	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.112309	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.066253	2,373,705	157,265	73.00
74.00	07400 RENAL DIALYSIS	0.167470	70,091	11,738	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.425013	1,482	630	75.01
76.00	03950 OCCUPATIONAL HEALTH	1.048152	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.297768	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.842192	69	58	90.00
90.01	09001 OUTPATIENT PROCEDURES	0.162800	0	0	90.01
90.02	09002 PRCC	0.300989	0	0	90.02
91.00	09100 EMERGENCY	0.093979	661,420	62,160	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.285785	52,005	14,862	92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,339,275	351,447	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		4,339,275		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 7:54 am
		Title XVIII	Hospital	PPS
		0	1.00	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)		15,317,588	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,105,863	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)		131,231	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		7,980,725	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		178.09	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
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)		3.89	30.00
31.00	Percentage of Medicaid patient days (see instructions)		27.16	31.00
32.00	Sum of lines 30 and 31		31.05	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.85	33.00
34.00	Disproportionate share adjustment (see instructions)		605,045	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 7:54 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.00000000	0.00000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,749,009	1,447,822	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,308,163	363,933	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,672,096		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 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		22,831,823		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)		22,831,823		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,745,664		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 instructions)		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)		24,577,487		59.00
60.00	Primary payer payments		10,851		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		24,566,636		61.00
62.00	Deductibles billed to program beneficiaries		1,881,516		62.00
63.00	Coinurance billed to program beneficiaries		49,107		63.00
64.00	Allowable bad debts (see instructions)		530,455		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		344,796		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		507,934		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		22,980,809		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	NEW TECHNOLOGY		388		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)		0		70.93
70.94	HRR adjustment amount (see instructions)		0		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 7:54 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		22,981,197		71.00
71.01	Sequestration adjustment (see instructions)		459,624		71.01
72.00	Interim payments		22,310,281		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)		211,292		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		26,549		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140174		Period: From 01/01/2015 To 12/31/2015		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/31/2016 7:54 am	
		PPS					
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	3.89	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	27.16	0.00			27.16	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	31.05	0.00			27.16	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	178.09	0.00			178.09	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	11.85	0.00			11.62	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	3.89	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	2,930	0			2,930	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	2,102	0			2,102	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	868	0			868	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	663	0			663	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	6,563	0			6,563	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	24,002	0			24,002	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	162	0			162	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	24,164	0			24,164	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	27.16	0.00			27.16	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140174		Period: From 01/01/2015 To 12/31/2015		Worksheet DSH Date/Time Prepared: 5/31/2016 7:54 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	14.83		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		14.83		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		14.83		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet DSH Date/Time Prepared: 5/31/2016 7:54 am
		Title XVIII	Hospital	PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	11.62	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	11.62	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	11.62	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/31/2016 7:54 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,534	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25,881,347	2.00
3.00	PPS payments		22,570,439	3.00
4.00	Outlier payment (see instructions)		474,736	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)		15,534	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		222,564	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)		222,564	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		222,564	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		207,030	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)		15,534	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)		23,045,175	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		4,117,086	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		18,943,623	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)		18,943,623	30.00
31.00	Primary payer payments		3,280	31.00
32.00	Subtotal (line 30 minus line 31)		18,940,343	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)		501,128	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		325,733	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		471,843	36.00
37.00	Subtotal (see instructions)		19,266,076	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00			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)		19,266,076	40.00
40.01	Sequestration adjustment (see instructions)		385,322	40.01
41.00	Interim payments		18,910,354	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-29,600	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/31/2016 7:54 am
		Component CCN: 14S174	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		874	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,091	2.00
3.00	PPS payments		634	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		874	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,805	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)		2,805	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		2,805	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,931	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)		874	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)		634	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		1,508	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)		1,508	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,508	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,508	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,508	40.00
40.01	Sequestration adjustment (see instructions)		30	40.01
41.00	Interim payments		859	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		619	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
		Overrides		
		1.00		
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140174

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

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2016 7:54 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		22,169,262		18,909,119	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/21/2015	141,019	07/21/2015	1,235	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)		141,019		1,235	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)		22,310,281		18,910,354	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		211,292		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		29,600	6.02
7.00	Total Medicare program liability (see instructions)		22,521,573		18,880,754	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140174
Component CCN: 14S174

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

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2016 7:54 am
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,702,328		859	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,702,328		859	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		95,323		619	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,797,651		1,478	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: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/31/2016 7:54 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		6,178	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		9,692	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3,855	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		23,570	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		942,065,370	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		30,193,539	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)		892,422	8.00
9.00	Sequestration adjustment amount (see instructions)		17,848	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		874,574	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		874,574	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part I Date/Time Prepared: 5/31/2016 7:54 am
		Title XVIII	Hospital	PPS
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)			0 1.00
2.00	Organ acquisition			0 2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			0 4.00
5.00	Primary payer payments			0 5.00
6.00	Subtotal (line 4 less line 5).			0 6.00
7.00	Deductibles			0 7.00
8.00	Subtotal (line 6 minus line 7)			0 8.00
9.00	Coinsurance			0 9.00
10.00	Subtotal (line 8 minus line 9)			0 10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 11.00
12.00	Adjusted reimbursable bad debts (see instructions)			0 12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 13.00
14.00	Subtotal (sum of lines 10 and 12)			0 14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 15.00
16.00	DO NOT USE THIS LINE			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 17.50
17.99	Recovery of Accelerated Depreciation			0 17.99
18.00	Total amount payable to the provider (see instructions)			0 18.00
18.01	Sequestration adjustment (see instructions)			0 18.01
19.00	Interim payments			0 19.00
20.00	Tentative settlement (for contractor use only)			0 20.00
21.00	Balance due provider/program (line 18 minus lines 18.01, 19, and 20)			0 21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/31/2016 7:54 am
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			3,062,489 1.00
2.00	Net IPF PPS Outlier Payments			47,023 2.00
3.00	Net IPF PPS ECT Payments			3,872 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			43.895890 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,113,384 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,113,384 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			3,113,384 18.00
19.00	Deductibles			309,872 19.00
20.00	Subtotal (line 18 minus line 19)			2,803,512 20.00
21.00	Coinsurance			45,990 21.00
22.00	Subtotal (line 20 minus line 21)			2,757,522 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			149,576 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			97,224 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			149,576 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,854,746 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,854,746 31.00
31.01	Sequestration adjustment (see instructions)			57,095 31.01
32.00	Interim payments			2,702,328 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			95,323 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			47,023 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 140174

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

Worksheet G

Date/Time Prepared:
5/31/2016 7:54 am

		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	6,867,775	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	29,670,013	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,969,503	0	0	0	7.00
8.00	Prepaid expenses	254,427	0	0	0	8.00
9.00	Other current assets	5,928,782	0	0	0	9.00
10.00	Due from other funds	1,374,731	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	49,065,231	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,545,766	0	0	0	12.00
13.00	Land improvements	4,527,913	0	0	0	13.00
14.00	Accumulated depreciation	-3,495,317	0	0	0	14.00
15.00	Buildings	125,851,228	0	0	0	15.00
16.00	Accumulated depreciation	-75,961,318	0	0	0	16.00
17.00	Leasehold improvements	902,212	0	0	0	17.00
18.00	Accumulated depreciation	-672,939	0	0	0	18.00
19.00	Fixed equipment	5,102,720	0	0	0	19.00
20.00	Accumulated depreciation	-1,675,599	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	-158,670	0	0	0	22.00
23.00	Major movable equipment	45,960,403	0	0	0	23.00
24.00	Accumulated depreciation	-40,794,958	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	64,131,441	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,867,677	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	1,411,436	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,279,113	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	119,475,785	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,913,519	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	371,616	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	17,256,538	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	24,541,673	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	780,885	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	1,194,501	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,975,386	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	26,517,059	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	92,958,726				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)	92,958,726	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	119,475,785	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140174

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

Worksheet G-1

Date/Time Prepared:
5/31/2016 7:54 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		85,181,182		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		603,627			2.00
3.00	Total (sum of line 1 and line 2)		85,784,809		0	3.00
4.00	ADJUSTMENT	7,173,917		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		7,173,917		0	10.00
11.00	Subtotal (line 3 plus line 10)		92,958,726		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		92,958,726		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	ADJUSTMENT		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: 140174

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/31/2016 7:54 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	41,429,854		41,429,854	1.00
2.00	SUBPROVIDER - IPF	25,066,668		25,066,668	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	66,496,522		66,496,522	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,528,810		19,528,810	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)	19,528,810		19,528,810	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	86,025,332		86,025,332	17.00
18.00	Ancillary services	314,889,828	541,149,376	856,039,204	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	400,915,160	541,149,376	942,064,536	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		181,666,844		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)		181,666,844		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140174

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

Worksheet G-3

Date/Time Prepared:
5/31/2016 7:54 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	942,064,536	1.00
2.00	Less contractual allowances and discounts on patients' accounts	768,592,586	2.00
3.00	Net patient revenues (line 1 minus line 2)	173,471,950	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	181,666,844	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,194,894	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	56,351	6.00
7.00	Income from investments	63,368	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	522,087	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 OPERATING REVENUE	8,156,715	24.00
25.00	Total other income (sum of lines 6-24)	8,798,521	25.00
26.00	Total (line 5 plus line 25)	603,627	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)	603,627	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet I-5 Date/Time Prepared: 5/31/2016 7:54 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140174	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/31/2016 7:54 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,634,342	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,253	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)		65.02	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)		3.89	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		27.16	8.00
9.00	Sum of lines 7 and 8		31.05	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.49	10.00
11.00	Disproportionate share adjustment (see instructions)		106,069	11.00
12.00	Total prospective capital payments (see instructions)		1,745,664	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