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: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 3/28/2016 3:43 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 3/28/2016 Time: 3:43 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE SAINTS MARY & ELIZABETH MED (140180) 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	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	4,057,599	-591,822	952,490	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	60,093	431		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	1,960	-26		0	7.00
200.00	Total	0	4,119,652	-591,417	952,490	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I | Date/Time Prepared: 3/28/2016 3:42 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2233 WEST DIVISION STREET	PO Box:			1.00
2.00	City: CHICAGO	State: IL	Zip Code: 60622	County: COOK	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	PRESENCE SAINTS MARY & ELIZABETH MED	140180	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	ST. MARY OF NAZARETH REHAB UNIT	14T180	16974	5	01/01/1984	N	P	O	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	ST. ELIZABETH'S SNF	145541	16974		01/28/1986	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2015	12/31/2015	20.00
21.00	Type of Control (see instructions)	1		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	30,770	17,531	0	0	4,389	1,726	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.	754	0	0	0	648		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 3/28/2016 3:42 pm

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	Y	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.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I | Date/Time Prepared: 3/28/2016 3:42 pm

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N	63.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 3/28/2016 3:42 pm

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

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

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00

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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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			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				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.	0			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	0	118.01

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

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		1.00	2.00	
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	148082	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: PRESENCE HEALTH	Contractor's Name: NGS	Contractor's Number: 00131	141.00
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:		142.00
143.00	City: CHICAGO	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	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50	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: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 3/28/2016 3:42 pm

			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II | Date/Time Prepared: 3/28/2016 3:42 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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	05/31/2016	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	N	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

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

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		Y	03/03/2016	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II Date/Time Prepared: 3/28/2016 3:42 pm

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					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?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	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.	ALICIA	JUMPER	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTHCARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 813-3713	ALICIA.JUMPER@PRESENCEHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II | Date/Time Prepared: 3/28/2016 3:42 pm

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	03/03/2016			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)				17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		SYSTEM DIR. OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I | Date/Time Prepared: 3/28/2016 3:42 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	382	139,430	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)		382	139,430	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	26	9,454	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)		408	148,884	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	15	5,475		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	28	10,220		0	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)		451				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)		8	2,920			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: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I | Date/Time Prepared: 3/28/2016 3:42 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	22,677	19,847	87,913			1.00
2.00	HMO and other (see instructions)	7,962	32,146				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	277	1,277				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)	22,677	19,847	87,913			7.00
8.00	INTENSIVE CARE UNIT	912	392	4,862			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		2,031	4,016			13.00
14.00	Total (see instructions)	23,589	22,270	96,791	49.49	1,440.62	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,108	125	3,068	0.00	14.63	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	5,459	275	8,006	0.00	30.31	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)				49.49	1,485.56	27.00
28.00	Observation Bed Days		602	4,818			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I | Date/Time Prepared: 3/28/2016 3:42 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,126	3,964	18,698	1.00
2.00	HMO and other (see instructions)			1,395	6,442		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				91		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,126	3,964	18,698	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	86	16	276	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					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: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part II Date/Time Prepared: 3/28/2016 3:42 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	95,768,416	0	95,768,416	3,063,523.00	31.26	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		1,033,108	0	1,033,108	10,334.00	99.97	4.00
4.01	Physicians - Part A - Teaching		867,450	0	867,450	9,688.00	89.54	4.01
5.00	Physician-Part B		1,595,395	0	1,595,395	22,171.00	71.96	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	4,008,610	-1,902,460	2,106,150	81,716.00	25.77	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	2,060,336	0	2,060,336	62,291.00	33.08	9.00
10.00	Excluded area salaries (see instructions)		898,639	22,277	920,916	30,794.00	29.91	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,453,066	0	3,453,066	114,004.00	30.29	11.00
12.00	Contract labor: Top level management and other management and administrative services		9,590,234	0	9,590,234	196,096.00	48.91	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		24,865,996	0	24,865,996	453,522.00	54.83	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)		21,020,343	0	21,020,343			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		703,229	0	703,229			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		109,423	0	109,423			22.00
22.01	Physician Part A - Teaching		102,583	0	102,583			22.01
23.00	Physician Part B		234,761	0	234,761			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		450,848	0	450,848			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	432,417	0	432,417	2,080.00	207.89	26.00
27.00	Administrative & General	5.00	7,188,798	236	7,189,034	297,977.00	24.13	27.00
28.00	Administrative & General under contract (see inst.)		1,116,107	0	1,116,107	7,440.00	150.01	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,408,589	-22,277	2,386,312	68,406.00	34.88	30.00
31.00	Laundry & Linen Service	8.00	237,012	0	237,012	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,811,698	0	1,811,698	137,470.00	13.18	32.00
33.00	Housekeeping under contract (see instructions)		842,643	0	842,643	28,088.00	30.00	33.00
34.00	Dietary	10.00	2,020,202	-855,661	1,164,541	84,929.00	13.71	34.00
35.00	Dietary under contract (see instructions)		871,217	0	871,217	29,041.00	30.00	35.00
36.00	Cafeteria	11.00	9,965	855,661	865,626	62,403.00	13.87	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	6,535,869	0	6,535,869	158,052.00	41.35	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	4,221,175	0	4,221,175	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part II Date/Time Prepared: 3/28/2016 3:42 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	1,740,941	0	1,740,941	71,408.00	24.38	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: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part III Date/Time Prepared: 3/28/2016 3:42 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		92,126,928	1,902,460	94,029,388	3,014,517.00	31.19	1.00
2.00	Excluded area salaries (see instructions)		2,958,975	22,277	2,981,252	93,085.00	32.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)		89,167,953	1,880,183	91,048,136	2,921,432.00	31.17	3.00
4.00	Subtotal other wages & related costs (see inst.)		37,909,296	0	37,909,296	763,622.00	49.64	4.00
5.00	Subtotal wage-related costs (see inst.)		21,129,766	0	21,129,766	0.00	23.21	5.00
6.00	Total (sum of lines 3 thru 5)		148,207,015	1,880,183	150,087,198	3,685,054.00	40.73	6.00
7.00	Total overhead cost (see instructions)		29,436,633	-22,041	29,414,592	947,294.00	31.05	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part IV Date/Time Prepared: 3/28/2016 3:42 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	4,585,920	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)	8,727,312	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	218,592	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	45,760	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)	390,655	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,313,835	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	6,825,277	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	278,173	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	235,664	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,621,188	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part V Date/Time Prepared: 3/28/2016 3:42 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	3,453,066	0	1.00
2.00	Hospital	3,453,066	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-7 | Date/Time Prepared: 3/28/2016 3:42 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	33	0	33	3.00
4.00		RUL	157	0	157	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	103	0	103	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	514	0	514	12.00
13.00		RUB	2,319	0	2,319	13.00
14.00		RUA	825	0	825	14.00
15.00		RVC	73	0	73	15.00
16.00		RVB	1,026	0	1,026	16.00
17.00		RVA	242	0	242	17.00
18.00		RHC	0	0	0	18.00
19.00		RHB	16	0	16	19.00
20.00		RHA	14	0	14	20.00
21.00		RMC	0	0	0	21.00
22.00		RMB	23	0	23	22.00
23.00		RMA	5	0	5	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	24	0	24	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	14	0	14	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	22	0	22	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	0	0	0	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	0	0	0	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	0	0	0	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	15	0	15	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	21	0	21	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	3	0	3	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-7 | Date/Time Prepared: 3/28/2016 3:42 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	5	0	5	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	5	0	5	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		5,459	0	5,459	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16974		201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	7,628,388			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-10 | Date/Time Prepared: 3/28/2016 3:42 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.210036	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	145,328,484	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	453,860,084	6.00
7.00	Medicaid cost (line 1 times line 6)	95,326,957	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	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	41,907,952	1,498,028	43,405,980	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	8,802,179	314,640	9,116,819	21.00
22.00	Partial payment by patients approved for charity care	33,912	0	33,912	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,768,267	314,640	9,082,907	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	16,347,532	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,918,909	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	14,428,623	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	3,030,530	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	12,113,437	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	12,113,437	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	13,142,312	13,142,312	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		11,990,919	11,990,919	-5,562,056	6,428,863	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	432,417	705,156	1,137,573	21,916,257	23,053,830	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,188,798	68,808,924	75,997,722	-3,916,420	72,081,302	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,408,589	8,550,709	10,959,298	-1,031,973	9,927,325	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	237,012	901,568	1,138,580	-89,433	1,049,147	8.00
9.00	00900	HOUSEKEEPING	1,811,698	2,015,907	3,827,605	-851,106	2,976,499	9.00
10.00	01000	DIETARY	2,020,202	3,807,045	5,827,247	-3,036,069	2,791,178	10.00
11.00	01100	CAFETERIA	9,965	3,008	12,973	2,047,845	2,060,818	11.00
13.00	01300	NURSING ADMINISTRATION	6,535,869	2,026,866	8,562,735	-1,341,368	7,221,367	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-631,021	-631,021	973,160	342,139	14.00
15.00	01500	PHARMACY	4,221,175	14,977,540	19,198,715	-14,224,328	4,974,387	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,740,941	1,188,725	2,929,666	-479,139	2,450,527	16.00
17.00	01700	SOCIAL SERVICE	0	1,193	1,193	-1,193	0	17.00
20.00	02000	NURSING SCHOOL	0	2,378	2,378	-2,378	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,008,610	1,961,934	5,970,544	-2,698,644	3,271,900	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,902,460	1,902,460	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,561,197	14,790,951	39,352,148	-7,266,904	32,085,244	30.00
31.00	03100	INTENSIVE CARE UNIT	4,365,000	1,472,773	5,837,773	-1,313,085	4,524,688	31.00
41.00	04100	SUBPROVIDER - IRF	898,639	282,801	1,181,440	-238,602	942,838	41.00
43.00	04300	NURSERY	773,068	505,576	1,278,644	-197,934	1,080,710	43.00
44.00	04400	SKILLED NURSING FACILITY	2,060,336	1,201,595	3,261,931	-628,130	2,633,801	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,479,482	13,984,083	18,463,565	-12,432,899	6,030,666	50.00
51.00	05100	RECOVERY ROOM	808,106	227,202	1,035,308	-207,203	828,105	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,293,416	1,573,918	5,867,334	-1,357,839	4,509,495	52.00
53.00	05300	ANESTHESIOLOGY	131,800	1,214,628	1,346,428	-504,529	841,899	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,451,385	2,958,473	7,409,858	-2,518,265	4,891,593	54.00
54.01	03190	OUTPATIENT ONCOLOGY	925,164	540,583	1,465,747	-277,372	1,188,375	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	183,995	224,575	408,570	-130,565	278,005	55.00
59.00	05900	CARDIAC CATHETERIZATION	555,353	981,651	1,537,004	-947,605	589,399	59.00
60.00	06000	LABORATORY	0	8,957,470	8,957,470	-81,187	8,876,283	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	48,655	48,655	-21,439	27,216	63.00
65.00	06500	RESPIRATORY THERAPY	1,565,763	736,187	2,301,950	-641,999	1,659,951	65.00
66.00	06600	PHYSICAL THERAPY	2,196,122	509,626	2,705,748	-455,971	2,249,777	66.00
67.00	06700	OCCUPATIONAL THERAPY	901,238	179,453	1,080,691	-175,994	904,697	67.00
68.00	06800	SPEECH PATHOLOGY	203,141	38,865	242,006	-38,432	203,574	68.00
69.00	06900	ELECTROCARDIOLOGY	885,291	564,234	1,449,525	-362,351	1,087,174	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	270,331	788,337	1,058,668	-72,377	986,291	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,012,580	9,012,580	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,459,622	6,459,622	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,695,810	14,695,810	73.00
74.00	07400	RENAL DIALYSIS	440,733	267,977	708,710	-176,081	532,629	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,420,094	1,436,170	2,856,264	-1,235,179	1,621,085	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	295	3,648,566	3,648,861	-65,111	3,583,750	76.00
76.97	07697	CARDIAC REHABILITATION	154,623	31,745	186,368	-30,478	155,890	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	2,119,077	4,957,229	7,076,306	-495,260	6,581,046	90.00
91.00	09100	EMERGENCY	6,509,491	5,241,299	11,750,790	-2,456,457	9,294,333	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		2,577,212	2,577,212	-2,577,212	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	2,000	2,000	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	95,768,416	186,252,685	282,021,101	11,479	282,032,580	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	77,907	77,907	-10,304	67,603	194.00
194.01	07951	OUTPATIENT PHARMACY	0	11,087	11,087	-1,175	9,912	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	95,768,416	186,341,679	282,110,095	0	282,110,095	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-166,606	12,975,706		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,064,351	7,493,214		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	654,874	23,708,704		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-15,023,347	57,057,955		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00
7.00	00700	OPERATION OF PLANT	-2,890	9,924,435		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,049,147		8.00
9.00	00900	HOUSEKEEPING	0	2,976,499		9.00
10.00	01000	DIETARY	0	2,791,178		10.00
11.00	01100	CAFETERIA	-1,117,772	943,046		11.00
13.00	01300	NURSING ADMINISTRATION	0	7,221,367		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,217,025	5,559,164		14.00
15.00	01500	PHARMACY	-1,336,397	3,637,990		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-22,639	2,427,888		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
20.00	02000	NURSING SCHOOL	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-440	3,271,460		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,902,460		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-461,771	31,623,473		30.00
31.00	03100	INTENSIVE CARE UNIT	139,735	4,664,423		31.00
41.00	04100	SUBPROVIDER - IRF	-4,583	938,255		41.00
43.00	04300	NURSERY	-252,000	828,710		43.00
44.00	04400	SKILLED NURSING FACILITY	-2,933	2,630,868		44.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-405,288	5,625,378		50.00
51.00	05100	RECOVERY ROOM	0	828,105		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,048,803	3,460,692		52.00
53.00	05300	ANESTHESIOLOGY	-686,729	155,170		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-590	4,891,003		54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	1,188,375		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	148,025	426,030		55.00
59.00	05900	CARDIAC CATHETERIZATION	0	589,399		59.00
60.00	06000	LABORATORY	-82,262	8,794,021		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	27,216		63.00
65.00	06500	RESPIRATORY THERAPY	-6,518	1,653,433		65.00
66.00	06600	PHYSICAL THERAPY	0	2,249,777		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	904,697		67.00
68.00	06800	SPEECH PATHOLOGY	0	203,574		68.00
69.00	06900	ELECTROCARDIOLOGY	-130,193	956,981		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-660,290	326,001		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,012,580		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,459,622		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,695,810		73.00
74.00	07400	RENAL DIALYSIS	0	532,629		74.00
75.00	07500	ASC (NON-DISTINCT PART)	-95,708	1,525,377		75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	-126,240	3,457,510		76.00
76.97	07697	CARDIAC REHABILITATION	-4,220	151,670		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-4,193,361	2,387,685		90.00
91.00	09100	EMERGENCY	-2,321,560	6,972,773		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
114.00	11400	UTILIZATION REVIEW-SNF	-2,000	0		114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-20,931,130	261,101,450		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	CONVENT	0	67,603		194.00
194.01	07951	OUTPATIENT PHARMACY	0	9,912		194.01
194.02	07952	FUND DEVELOPMENT	0	0		194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0		194.03
200.00		TOTAL (SUM OF LINES 118-199)	-20,931,130	261,178,965		200.00

RECLASSIFICATIONS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 3/28/2016 3:42 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - EMPLOYEE BENEFITS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,621,189	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
	TOTALS		0	22,621,189	
	B - DRUGS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,695,810	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,099	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	TOTALS		0	14,697,909	
	C - SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,012,580	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,389,535	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
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
41.00		0.00	0	0		41.00
	TOTALS		0	10,402,115		
	D - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,459,622		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
	TOTALS		0	6,459,622		
	E - CAFETERIA					
1.00	CAFETERIA	11.00	855,661	1,195,191		1.00
	TOTALS		855,661	1,195,191		
	F - INTERNS & RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,902,460	0		1.00
	TOTALS		1,902,460	0		
	G - CONVENT MAINT					
1.00	CONVENT	194.00	22,277	45,326		1.00
	TOTALS		22,277	45,326		
	I - BUILDING INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	183,471		1.00
	TOTALS		0	183,471		

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	J - SNF UTILIZATION REVIEW				
1.00	UTILIZATION REVIEW-SNF	114.00	0	2,000	1.00
	TOTALS		0	2,000	
	K - MORTGAGE INTEREST				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,577,212	1.00
	TOTALS		0	2,577,212	
	L - DEPRECIATION				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,819,573	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
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	4,819,573	
	M - PHONE				
1.00	OPERATION OF PLANT	7.00	0	258,182	1.00
2.00	CLINIC	90.00	0	35	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
	TOTALS		0	258,217	
	N - ZERO OUT LINE 20				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	62	1.00
	TOTALS		0	62	
	O - CFMC INFUSION RECLASS				
1.00	CLINIC	90.00	197	0	1.00
2.00	OUTPATIENT ONCOLOGY	54.01	147	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	236	0	3.00
4.00	CLINIC	90.00	0	1,293	4.00
	TOTALS		580	1,293	
	P - B & F DEPRECIATION EXPENSE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,381,629	1.00
	TOTALS		0	10,381,629	
500.00	Grand Total: Increases		2,780,978	73,644,809	500.00

RECLASSIFICATIONS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 3/28/2016 3:42 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	694,655	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,927,941	0		2.00
3.00	OPERATION OF PLANT	7.00	0	508,011	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	89,354	0		4.00
5.00	HOUSEKEEPING	9.00	0	798,903	0		5.00
6.00	DIETARY	10.00	0	912,886	0		6.00
7.00	CAFETERIA	11.00	0	2,768	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	1,260,721	0		8.00
9.00	PHARMACY	15.00	0	783,750	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	468,879	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	795,176	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	5,871,431	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	822,342	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	214,306	0		14.00
15.00	NURSERY	43.00	0	146,553	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	494,603	0		16.00
17.00	OPERATING ROOM	50.00	0	973,642	0		17.00
18.00	RECOVERY ROOM	51.00	0	148,255	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	861,032	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	35,077	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	968,019	0		21.00
22.00	OUTPATIENT ONCOLOGY	54.01	0	182,343	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	42,453	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	103,255	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	368,449	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	428,409	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	169,908	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	38,432	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	205,961	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	61,128	0		30.00
31.00	RENAL DIALYSIS	74.00	0	96,248	0		31.00
32.00	ASC (NON-DISTINCT PART)	75.00	0	298,397	0		32.00
33.00	MENTAL HEALTH OUTPATIENT	76.00	0	21	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	29,013	0		34.00
35.00	CLINIC	90.00	0	427,247	0		35.00
36.00	EMERGENCY	91.00	0	1,391,621	0		36.00
	TOTALS		0	22,621,189			
	B - DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,287	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	20	0		2.00
3.00	OPERATION OF PLANT	7.00	0	390	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	117	0		4.00
5.00	PHARMACY	15.00	0	13,122,702	0		5.00
6.00	NURSING SCHOOL	20.00	0	127	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	259,666	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	46,706	0		8.00
9.00	SUBPROVIDER - IRF	41.00	0	1,341	0		9.00
10.00	NURSERY	43.00	0	4,843	0		10.00
11.00	SKILLED NURSING FACILITY	44.00	0	18,064	0		11.00
12.00	OPERATING ROOM	50.00	0	79,766	0		12.00
13.00	RECOVERY ROOM	51.00	0	6,575	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	31,411	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	99,716	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	497,954	0		16.00
17.00	OUTPATIENT ONCOLOGY	54.01	0	34,470	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	14,235	0		18.00
19.00	LABORATORY	60.00	0	255	0		19.00
20.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,252	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	559	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	14	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	7,331	0		23.00
24.00	RENAL DIALYSIS	74.00	0	4,235	0		24.00
25.00	ASC (NON-DISTINCT PART)	75.00	0	55,764	0		25.00
26.00	MENTAL HEALTH OUTPATIENT	76.00	0	64,863	0		26.00
27.00	CLINIC	90.00	0	36,407	0		27.00
28.00	EMERGENCY	91.00	0	298,839	0		28.00
	TOTALS		0	14,697,909			
	C - SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	990	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	27,710	0		2.00
3.00	OPERATION OF PLANT	7.00	0	4,357	0		3.00

RECLASSIFICATIONS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 3/28/2016 3:42 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	LAUNDRY & LINEN SERVICE	8.00	0	79	0		4.00
5.00	HOUSEKEEPING	9.00	0	46,640	0		5.00
6.00	DIETARY	10.00	0	57,218	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	3,500	0		7.00
8.00	PHARMACY	15.00	0	228,129	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	15	0		9.00
10.00	NURSING SCHOOL	20.00	0	811	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	150	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	981,119	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	327,806	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	20,204	0		14.00
15.00	NURSERY	43.00	0	44,792	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	103,514	0		16.00
17.00	OPERATING ROOM	50.00	0	5,350,943	0		17.00
18.00	RECOVERY ROOM	51.00	0	29,193	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	453,370	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	281,295	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	207,688	0		21.00
22.00	OUTPATIENT ONCOLOGY	54.01	0	58,096	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	497	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	532,617	0		24.00
25.00	LABORATORY	60.00	0	1,615	0		25.00
26.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	15,989	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	238,297	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	21,860	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	5,811	0		29.00
31.00	ELECTROCARDIOLOGY	69.00	0	13,242	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,088	0		32.00
33.00	RENAL DIALYSIS	74.00	0	65,004	0		33.00
34.00	ASC (NON-DISTINCT PART)	75.00	0	692,406	0		34.00
35.00	MENTAL HEALTH OUTPATIENT	76.00	0	227	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	690	0		36.00
37.00	CLINIC	90.00	0	15,548	0		37.00
38.00	EMERGENCY	91.00	0	564,784	0		38.00
41.00	OUTPATIENT PHARMACY	194.01	0	821	0		41.00
	TOTALS		0	10,402,115			
	D - IMPLANTS						
1.00	OPERATION OF PLANT	7.00	0	100	0		1.00
2.00	HOUSEKEEPING	9.00	0	71	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	308,955	0		3.00
4.00	PHARMACY	15.00	0	54,752	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	70,149	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	19,982	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	161	0		7.00
8.00	NURSERY	43.00	0	119	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	6,397	0		9.00
10.00	OPERATING ROOM	50.00	0	5,713,694	0		10.00
11.00	RECOVERY ROOM	51.00	0	1,197	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,676	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	13,508	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,242	0		14.00
15.00	OUTPATIENT ONCOLOGY	54.01	0	688	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	164,647	0		16.00
17.00	RENAL DIALYSIS	74.00	0	11	0		17.00
18.00	ASC (NON-DISTINCT PART)	75.00	0	43,254	0		18.00
19.00	CLINIC	90.00	0	2,010	0		19.00
20.00	EMERGENCY	91.00	0	42,009	0		20.00
	TOTALS		0	6,459,622			
	E - CAFETERIA						
1.00	DIETARY	10.00	855,661	1,195,191	0		1.00
	TOTALS		855,661	1,195,191			
	F - INTERNS & RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	1,902,460	0	0		1.00
	TOTALS		1,902,460	0			
	G - CONVENT MAINT						
1.00	OPERATION OF PLANT	7.00	22,277	45,326	0		1.00
	TOTALS		22,277	45,326			
	I - BUILDING INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	183,471	12		1.00
	TOTALS		0	183,471			

RECLASSIFICATIONS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 3/28/2016 3:42 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	J - SNF UTILIZATION REVIEW						
1.00	SKILLED NURSING FACILITY	44.00	0	2,000	0		1.00
	TOTALS		0	2,000			
	K - MORTGAGE INTEREST						
1.00	INTEREST EXPENSE	113.00	0	2,577,212	11		1.00
	TOTALS		0	2,577,212			
	L - DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,527,788	9		1.00
2.00	OPERATION OF PLANT	7.00	0	709,038	0		2.00
3.00	HOUSEKEEPING	9.00	0	5,142	0		3.00
4.00	DIETARY	10.00	0	13,042	0		4.00
5.00	CAFETERIA	11.00	0	239	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	73,749	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	109,519	0		7.00
8.00	PHARMACY	15.00	0	34,995	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,723	0		9.00
10.00	SOCIAL SERVICE	17.00	0	1,193	0		10.00
11.00	NURSING SCHOOL	20.00	0	1,378	0		11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	858	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	84,539	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	96,249	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	2,590	0		15.00
16.00	NURSERY	43.00	0	1,627	0		16.00
17.00	SKILLED NURSING FACILITY	44.00	0	3,552	0		17.00
18.00	OPERATING ROOM	50.00	0	314,854	0		18.00
19.00	RECOVERY ROOM	51.00	0	21,983	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,350	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	74,933	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	832,362	0		22.00
23.00	OUTPATIENT ONCOLOGY	54.01	0	49	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	87,615	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	132,851	0		25.00
26.00	LABORATORY	60.00	0	79,317	0		26.00
27.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,198	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	34,694	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	5,513	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	275	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	135,817	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,787	0		32.00
33.00	RENAL DIALYSIS	74.00	0	10,583	0		33.00
34.00	ASC (NON-DISTINCT PART)	75.00	0	145,358	0		34.00
35.00	CARDIAC REHABILITATION	76.97	0	775	0		35.00
36.00	CLINIC	90.00	0	15,573	0		36.00
37.00	EMERGENCY	91.00	0	159,204	0		37.00
38.00	CONVENT	194.00	0	77,907	0		38.00
39.00	OUTPATIENT PHARMACY	194.01	0	354	0		39.00
	TOTALS		0	4,819,573			
	M - PHONE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	249,788	0		1.00
2.00	OPERATION OF PLANT	7.00	0	656	0		2.00
3.00	HOUSEKEEPING	9.00	0	350	0		3.00
4.00	DIETARY	10.00	0	2,071	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	3,281	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	522	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	175	0		7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,374	0		8.00
	TOTALS		0	258,217			
	N - ZERO OUT LINE 20						
1.00	NURSING SCHOOL	20.00	0	62	0		1.00
	TOTALS		0	62			
	O - CFMC INFUSION RECLASS						
1.00	OUTPATIENT ONCOLOGY	54.01	580	1,293	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		580	1,293			
	P - B & F DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,381,629	11		1.00
	TOTALS		0	10,381,629			
500.00	Grand Total: Decreases		2,780,978	73,644,809			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part I | Date/Time Prepared: 3/28/2016 3:42 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,370,865	0	0	0	0	1.00
2.00	Land Improvements	775,588	0	0	0	0	2.00
3.00	Buildings and Fixtures	129,432,157	0	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	93,083,203	11,688,013	0	11,688,013	34,087,156	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	228,661,813	11,688,013	0	11,688,013	34,087,156	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	228,661,813	11,688,013	0	11,688,013	34,087,156	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	5,370,865	0	1.00
2.00	Land Improvements	775,588	0	2.00
3.00	Buildings and Fixtures	129,432,157	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	70,684,060	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	206,262,670	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	206,262,670	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part II | Date/Time Prepared: 3/28/2016 3:42 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,990,919	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	11,990,919	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	11,990,919		2.00
3.00	Total (sum of lines 1-2)	0	11,990,919		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part III Date/Time Prepared: 3/28/2016 3:42 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	139,317,543	0	139,317,543	0.675438	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	66,945,127	0	66,945,127	0.324562	0	2.00
3.00	Total (sum of lines 1-2)	206,262,670	0	206,262,670	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	17,874,843	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,874,843	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	12,792,235	183,471	0	0	12,975,706	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-10,381,629	0	0	0	7,493,214	2.00
3.00	Total (sum of lines 1-2)	2,410,606	183,471	0	0	20,468,920	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8 | Date/Time Prepared: 3/28/2016 3:42 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-10,961,187			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	-6,338,668			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		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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)	A	-2,000	UTILIZATION REVIEW-SNF	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 REV OFFSET	B	-271,575	CAP REL COSTS-BLDG & FIXT	1.00	11	33.00
34.00	MISC REV OFFSET	B	-31	CAP REL COSTS-BLDG & FIXT	1.00	11	34.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8 | Date/Time Prepared: 3/28/2016 3:42 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
36.00	MISC REV OFFSET	B	105,000	CAP REL COSTS-BLDG & FIXT	1.00	11	36.00
37.00	MISC REV OFFSET	B	-380	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.00
38.00	MISC REV OFFSET	B	-540,800	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	MISC REV OFFSET	B	-12,500	ADMINISTRATIVE & GENERAL	5.00	0	39.00
41.00	MISC REV OFFSET	B	-80	ADMINISTRATIVE & GENERAL	5.00	0	41.00
43.00	MISC REV OFFSET	B	-3,210	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00	MISC REV OFFSET	B	-203,360	ADMINISTRATIVE & GENERAL	5.00	0	44.00
45.00	MISC REV OFFSET	B	-44	ADMINISTRATIVE & GENERAL	5.00	0	45.00
46.00	MISC REV OFFSET	B	-40	ADMINISTRATIVE & GENERAL	5.00	0	46.00
47.00	MISC REV OFFSET	B	-20,622	ADMINISTRATIVE & GENERAL	5.00	0	47.00
48.00	MISC REV OFFSET	B	-2,890	OPERATION OF PLANT	7.00	0	48.00
48.01	VENDING MACHINES	B	-40,071	CAFETERIA	11.00	0	48.01
48.02	CAFETERIA REVENUE	B	-866,195	CAFETERIA	11.00	0	48.02
48.03	CAFETERIA REVENUE	B	-211,506	CAFETERIA	11.00	0	48.03
48.04	MISC REV OFFSET	B	-1,336,397	PHARMACY	15.00	0	48.04
48.05	MISC REV OFFSET	B	-22,639	MEDICAL RECORDS & LIBRARY	16.00	0	48.05
48.06	MISC REV OFFSET	B	-440	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	48.06
48.07	MISC REV OFFSET	B	-590	RADIOLOGY-DIAGNOSTIC	54.00	0	48.07
48.08	MISC REV OFFSET	B	148,025	RADIOLOGY-THERAPEUTIC	55.00	0	48.08
48.09	MISC REV OFFSET	B	-12,713	LABORATORY	60.00	0	48.09
48.10	MISC REV OFFSET	B	-95,708	ASC (NON-DISTINCT PART)	75.00	0	48.10
48.11	MISC REV OFFSET	B	-126,240	MENTAL HEALTH OUTPATIENT	76.00	0	48.11
48.12	MISC REV OFFSET	B	-4,220	CARDIAC REHABILITATION	76.97	0	48.12
48.13	MISC REV OFFSET	B	-79,179	CLINIC	90.00	0	48.13
48.14	MISC REV OFFSET	B	-19,895	CLINIC	90.00	0	48.14
48.15	MISC REV OFFSET	B	-10,975	CLINIC	90.00	0	48.15
48.16			0		0.00	0	48.16
48.17			0		0.00	0	48.17
48.18			0		0.00	0	48.18
48.19			0		0.00	0	48.19
48.20			0		0.00	0	48.20
48.21			0		0.00	0	48.21
48.22			0		0.00	0	48.22
48.23			0		0.00	0	48.23
48.24			0		0.00	0	48.24
48.25			0		0.00	0	48.25
48.26			0		0.00	0	48.26
48.27			0		0.00	0	48.27
48.28			0		0.00	0	48.28
48.29			0		0.00	0	48.29
48.30			0		0.00	0	48.30
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,931,130				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: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8-1 | Date/Time Prepared: 3/28/2016 3:42 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	928,385	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	19,826,099	34,068,790	2.00
3.00	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	5,217,025	0	3.00
3.01	31.00	INTENSIVE CARE UNIT	HOME OFFICE	694,262	0	3.01
3.02	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	1,064,351	0	3.02
4.00	0.00		HOME OFFICE	0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			27,730,122	34,068,790	5.00

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

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

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

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

6.00	B		100.00	RESURRECTION HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8-1 | Date/Time Prepared: 3/28/2016 3:42 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	928,385	0		1.00
2.00	-14,242,691	0		2.00
3.00	5,217,025	0		3.00
3.01	694,262	0		3.01
3.02	1,064,351	9		3.02
4.00	0	0		4.00
5.00	-6,338,668			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	SOLE CORPORATE MEMBER		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8-2 | Date/Time Prepared: 3/28/2016 3:42 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	519,763	461,771	57,992	211,500	650	1.00
2.00	31.00	INTENSIVE CARE UNIT	554,527	554,527	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	4,583	4,583	0	0	0	3.00
4.00	43.00	NURSERY	252,000	252,000	0	0	0	4.00
5.00	44.00	SKILLED NURSING FACILITY	2,933	2,933	0	0	0	5.00
6.00	50.00	OPERATING ROOM	405,288	405,288	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	1,091,207	1,031,925	59,282	237,100	372	7.00
8.00	53.00	ANESTHESIOLOGY	686,729	686,729	0	0	0	8.00
9.00	60.00	LABORATORY	69,549	69,549	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	16,518	6,518	10,000	211,500	120	10.00
11.00	69.00	ELECTROCARDIOLOGY	130,193	130,193	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	660,290	660,290	0	0	0	12.00
13.00	90.00	CLINIC	4,201,555	4,081,590	119,965	179,000	1,374	13.00
14.00	91.00	EMERGENCY	2,321,560	2,321,560	0	0	0	14.00
15.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	273,131	273,131	0	0	0	15.00
200.00			11,189,826	10,942,587	247,239		2,516	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	66,094	3,305	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	44.00	SKILLED NURSING FACILITY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	42,404	2,120	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	12,202	610	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	12.00
13.00	90.00	CLINIC	118,243	5,912	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
15.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	15.00
200.00			238,943	11,947	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	66,094	0	461,771		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	554,527		2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	4,583		3.00
4.00	43.00	NURSERY	0	0	0	252,000		4.00
5.00	44.00	SKILLED NURSING FACILITY	0	0	0	2,933		5.00
6.00	50.00	OPERATING ROOM	0	0	0	405,288		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	42,404	16,878	1,048,803		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	686,729		8.00
9.00	60.00	LABORATORY	0	0	0	69,549		9.00
10.00	65.00	RESPIRATORY THERAPY	0	12,202	0	6,518		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	130,193		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	660,290		12.00
13.00	90.00	CLINIC	0	118,243	1,722	4,083,312		13.00
14.00	91.00	EMERGENCY	0	0	0	2,321,560		14.00
15.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	273,131		15.00
200.00			0	238,943	18,600	10,961,187		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	12,975,706	12,975,706				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,493,214		7,493,214			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	23,708,704	136,373	78,752	23,923,829		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	57,057,955	917,039	529,572	1,804,031	60,308,597	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	9,924,435	3,033,659	1,751,878	598,826	15,308,798	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,049,147	66,063	38,150	59,476	1,212,836	8.00
9.00	00900	HOUSEKEEPING	2,976,499	198,772	114,787	454,631	3,744,689	9.00
10.00	01000	DIETARY	2,791,178	394,493	227,812	292,232	3,705,715	10.00
11.00	01100	CAFETERIA	943,046	59,002	34,073	217,222	1,253,343	11.00
13.00	01300	NURSING ADMINISTRATION	7,221,367	37,112	21,432	1,640,124	8,920,035	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,559,164	309,779	178,891	0	6,047,834	14.00
15.00	01500	PHARMACY	3,637,990	101,886	58,837	1,059,270	4,857,983	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,427,888	191,396	110,528	436,875	3,166,687	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,271,460	44,897	25,927	528,521	3,870,805	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,902,460	46,595	26,908	477,407	2,453,370	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	31,623,473	3,338,329	1,927,816	6,163,462	43,053,080	30.00
31.00	03100	INTENSIVE CARE UNIT	4,664,423	160,527	92,701	1,095,362	6,013,013	31.00
41.00	04100	SUBPROVIDER - IRF	938,255	130,224	75,202	225,506	1,369,187	41.00
43.00	04300	NURSERY	828,710	29,155	16,837	193,995	1,068,697	43.00
44.00	04400	SKILLED NURSING FACILITY	2,630,868	170,544	98,486	517,025	3,416,923	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,625,378	822,245	474,830	1,124,090	8,046,543	50.00
51.00	05100	RECOVERY ROOM	828,105	57,509	33,210	202,788	1,121,612	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,460,692	384,475	222,027	1,077,398	5,144,592	52.00
53.00	05300	ANESTHESIOLOGY	155,170	8,083	4,668	33,074	200,995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,891,003	381,330	220,211	1,117,039	6,609,583	54.00
54.01	03190	OUTPATIENT ONCOLOGY	1,188,375	0	0	232,054	1,420,429	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	426,030	20,286	11,715	46,172	504,203	55.00
59.00	05900	CARDIAC CATHETERIZATION	589,399	88,252	50,964	139,361	867,976	59.00
60.00	06000	LABORATORY	8,794,021	296,192	171,045	0	9,261,258	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	27,216	24,611	14,212	0	66,039	63.00
65.00	06500	RESPIRATORY THERAPY	1,653,433	17,770	10,262	392,916	2,074,381	65.00
66.00	06600	PHYSICAL THERAPY	2,249,777	121,229	70,007	551,099	2,992,112	66.00
67.00	06700	OCCUPATIONAL THERAPY	904,697	17,723	10,235	226,158	1,158,813	67.00
68.00	06800	SPEECH PATHOLOGY	203,574	6,306	3,642	50,977	264,499	68.00
69.00	06900	ELECTROCARDIOLOGY	956,981	132,551	76,546	222,157	1,388,235	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	326,001	0	0	67,837	393,838	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,012,580	0	0	0	9,012,580	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,459,622	0	0	0	6,459,622	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,695,810	0	0	0	14,695,810	73.00
74.00	07400	RENAL DIALYSIS	532,629	14,153	8,173	110,598	665,553	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,525,377	0	0	356,361	1,881,738	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	3,457,510	189,808	109,610	74	3,757,002	76.00
76.97	07697	CARDIAC REHABILITATION	151,670	55,511	32,057	38,801	278,039	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	2,387,685	495,923	286,386	531,815	3,701,809	90.00
91.00	09100	EMERGENCY	6,972,773	462,993	267,370	1,633,505	9,336,641	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	261,101,450	12,962,795	7,485,759	23,918,239	261,075,494	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	67,603	0	0	5,590	73,193	194.00
194.01	07951	OUTPATIENT PHARMACY	9,912	8,602	4,967	0	23,481	194.01
194.02	07952	FUND DEVELOPMENT	0	4,309	2,488	0	6,797	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments					0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 3/28/2016 3:42 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	261,178,965	12,975,706	7,493,214	23,923,829	261,178,965	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	60,308,597					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	4,596,252	0	19,905,050			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	364,137	0	147,941	1,724,914		8.00
9.00	00900	HOUSEKEEPING	1,124,290	0	445,126	91,751	5,405,856	9.00
10.00	01000	DIETARY	1,112,589	0	883,420	0	247,289	10.00
11.00	01100	CAFETERIA	376,299	0	132,129	0	36,986	11.00
13.00	01300	NURSING ADMINISTRATION	2,678,116	0	83,109	0	23,264	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,815,777	0	693,713	13,362	194,186	14.00
15.00	01500	PHARMACY	1,458,541	0	228,162	0	63,868	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	950,753	0	428,610	0	119,977	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,162,155	0	100,541	0	28,144	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	736,590	0	104,344	0	29,208	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,926,169	0	7,475,791	874,236	2,092,640	30.00
31.00	03100	INTENSIVE CARE UNIT	1,805,323	0	359,481	61,799	100,627	31.00
41.00	04100	SUBPROVIDER - IRF	411,079	0	291,621	0	81,631	41.00
43.00	04300	NURSERY	320,861	0	65,290	0	18,276	43.00
44.00	04400	SKILLED NURSING FACILITY	1,025,883	0	381,914	0	106,906	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,415,862	0	1,841,321	193,890	515,427	50.00
51.00	05100	RECOVERY ROOM	336,748	0	128,784	27,323	36,049	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,544,592	0	860,988	0	241,010	52.00
53.00	05300	ANESTHESIOLOGY	60,346	0	18,101	0	5,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,984,435	0	853,944	109,813	239,038	54.00
54.01	03190	OUTPATIENT ONCOLOGY	426,464	0	0	5,432	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	151,380	0	45,428	0	12,716	55.00
59.00	05900	CARDIAC CATHETERIZATION	260,598	0	197,630	6,756	55,321	59.00
60.00	06000	LABORATORY	2,780,563	0	663,287	0	185,669	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,827	0	55,112	0	15,427	63.00
65.00	06500	RESPIRATORY THERAPY	622,804	0	39,794	0	11,139	65.00
66.00	06600	PHYSICAL THERAPY	898,340	0	271,477	33,143	75,993	66.00
67.00	06700	OCCUPATIONAL THERAPY	347,917	0	39,688	0	11,110	67.00
68.00	06800	SPEECH PATHOLOGY	79,412	0	14,121	0	3,953	68.00
69.00	06900	ELECTROCARDIOLOGY	416,798	0	296,833	17,112	83,090	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	118,244	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,705,901	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,939,411	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,412,211	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	199,823	0	31,694	4,145	8,872	74.00
75.00	07500	ASC (NON-DISTINCT PART)	564,965	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	1,127,987	0	425,053	0	118,982	76.00
76.97	07697	CARDIAC REHABILITATION	83,477	0	124,311	405	34,798	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	1,111,416	0	1,110,561	2,398	310,871	90.00
91.00	09100	EMERGENCY	2,803,196	0	1,036,819	280,159	290,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	60,277,531	0	19,876,138	1,721,724	5,397,763	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,190	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	21,975	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	7,050	0	19,263	0	5,392	194.01
194.02	07952	FUND DEVELOPMENT	2,041	0	9,649	0	2,701	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
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)	60,308,597	0	19,905,050	1,724,914	5,405,856	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	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	5,949,013					10.00
11.00	01100	CAFETERIA	0	1,798,757				11.00
13.00	01300	NURSING ADMINISTRATION	0	143,933	11,848,457			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	8,764,872		14.00
15.00	01500	PHARMACY	0	92,959	0	0	6,701,513	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	38,339	540,628	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	46,382	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	41,896	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,989,709	540,847	6,370,136	2,516,339	1,923,648	30.00
31.00	03100	INTENSIVE CARE UNIT	311,809	96,126	785,784	232,448	177,738	31.00
41.00	04100	SUBPROVIDER - IRF	175,691	19,790	230,128	76,851	58,763	41.00
43.00	04300	NURSERY	207,804	17,025	148,787	96,195	73,554	43.00
44.00	04400	SKILLED NURSING FACILITY	264,000	45,373	476,797	90,248	69,007	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	98,647	1,002,184	471,932	360,857	50.00
51.00	05100	RECOVERY ROOM	0	17,796	139,672	90,606	69,281	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	94,550	0	329,945	252,289	52.00
53.00	05300	ANESTHESIOLOGY	0	2,902	0	112,514	86,033	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	98,028	0	407,486	311,579	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	20,364	0	163	125	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,052	0	8,433	6,448	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,230	0	122,000	93,286	59.00
60.00	06000	LABORATORY	0	0	0	930,239	711,296	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	64,958	49,669	63.00
65.00	06500	RESPIRATORY THERAPY	0	34,481	0	234,804	179,540	65.00
66.00	06600	PHYSICAL THERAPY	0	48,363	0	98,846	75,581	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	19,847	0	75,224	57,519	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,474	0	13,857	10,596	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,496	0	200,871	153,594	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,953	0	3,196	2,444	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	423,490	323,817	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	166,436	127,263	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,529,657	1,169,633	73.00
74.00	07400	RENAL DIALYSIS	0	9,706	0	50,572	38,669	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	31,273	291,386	54,532	41,697	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	6	0	71	54	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,405	0	853	653	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	46,671	422,436	153	117	90.00
91.00	09100	EMERGENCY	0	143,352	1,440,519	361,953	276,763	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,949,013	1,798,266	11,848,457	8,764,872	6,701,513	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	491	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,949,013	1,798,757	11,848,457	8,764,872	6,701,513	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
			16.00	17.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,244,994					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
20.00	02000	NURSING SCHOOL	0	0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		5,208,027		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			3,365,408	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,399,216	0	0	4,710,092	3,043,644	30.00
31.00	03100	INTENSIVE CARE UNIT	274,908	0	0	370,258	239,260	31.00
41.00	04100	SUBPROVIDER - IRF	154,900	0	0	0	0	41.00
43.00	04300	NURSERY	183,212	0	0	127,677	82,504	43.00
44.00	04400	SKILLED NURSING FACILITY	232,758	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	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	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,244,994	0	0	5,208,027	3,365,408	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,244,994	0	0	5,208,027	3,365,408	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			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					16.00
17.00	01700	SOCIAL SERVICE					17.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	94,915,547	-7,753,736	87,161,811		30.00
31.00	03100	INTENSIVE CARE UNIT	10,828,574	-609,518	10,219,056		31.00
41.00	04100	SUBPROVIDER - IRF	2,869,641	0	2,869,641		41.00
43.00	04300	NURSERY	2,409,882	-210,181	2,199,701		43.00
44.00	04400	SKILLED NURSING FACILITY	6,109,809	0	6,109,809		44.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	14,946,663	0	14,946,663		50.00
51.00	05100	RECOVERY ROOM	1,967,871	0	1,967,871		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,467,966	0	8,467,966		52.00
53.00	05300	ANESTHESIOLOGY	485,958	0	485,958		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,613,906	0	10,613,906		54.00
54.01	03190	OUTPATIENT ONCOLOGY	1,872,977	0	1,872,977		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	732,660	0	732,660		55.00
59.00	05900	CARDIAC CATHETERIZATION	1,615,797	0	1,615,797		59.00
60.00	06000	LABORATORY	14,532,312	0	14,532,312		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	271,032	0	271,032		63.00
65.00	06500	RESPIRATORY THERAPY	3,196,943	0	3,196,943		65.00
66.00	06600	PHYSICAL THERAPY	4,493,855	0	4,493,855		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,710,118	0	1,710,118		67.00
68.00	06800	SPEECH PATHOLOGY	390,912	0	390,912		68.00
69.00	06900	ELECTROCARDIOLOGY	2,576,029	0	2,576,029		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	523,675	0	523,675		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,465,788	0	12,465,788		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,692,732	0	8,692,732		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,807,311	0	21,807,311		73.00
74.00	07400	RENAL DIALYSIS	1,009,034	0	1,009,034		74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,865,591	0	2,865,591		75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	5,429,155	0	5,429,155		76.00
76.97	07697	CARDIAC REHABILITATION	525,941	0	525,941		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	6,706,432	0	6,706,432		90.00
91.00	09100	EMERGENCY	15,969,631	0	15,969,631		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	261,003,742	-8,573,435	252,430,307		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,190	0	3,190		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	CONVENT	95,659	0	95,659		194.00
194.01	07951	OUTPATIENT PHARMACY	55,186	0	55,186		194.01
194.02	07952	FUND DEVELOPMENT	21,188	0	21,188		194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0		194.03
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	261,178,965	-8,573,435	252,605,530		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	136,373	78,752	215,125	215,125	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	917,039	529,572	1,446,611	16,218	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	3,033,659	1,751,878	4,785,537	5,384	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	66,063	38,150	104,213	535	8.00
9.00	00900	HOUSEKEEPING	0	198,772	114,787	313,559	4,087	9.00
10.00	01000	DIETARY	0	394,493	227,812	622,305	2,627	10.00
11.00	01100	CAFETERIA	0	59,002	34,073	93,075	1,953	11.00
13.00	01300	NURSING ADMINISTRATION	0	37,112	21,432	58,544	14,745	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	309,779	178,891	488,670	0	14.00
15.00	01500	PHARMACY	0	101,886	58,837	160,723	9,523	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	191,396	110,528	301,924	3,928	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	44,897	25,927	70,824	4,751	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	46,595	26,908	73,503	4,292	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	3,338,329	1,927,816	5,266,145	55,460	30.00
31.00	03100	INTENSIVE CARE UNIT	0	160,527	92,701	253,228	9,847	31.00
41.00	04100	SUBPROVIDER - IRF	0	130,224	75,202	205,426	2,027	41.00
43.00	04300	NURSERY	0	29,155	16,837	45,992	1,744	43.00
44.00	04400	SKILLED NURSING FACILITY	0	170,544	98,486	269,030	4,648	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	822,245	474,830	1,297,075	10,106	50.00
51.00	05100	RECOVERY ROOM	0	57,509	33,210	90,719	1,823	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	384,475	222,027	606,502	9,686	52.00
53.00	05300	ANESTHESIOLOGY	0	8,083	4,668	12,751	297	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	381,330	220,211	601,541	10,042	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	2,086	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,286	11,715	32,001	415	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	88,252	50,964	139,216	1,253	59.00
60.00	06000	LABORATORY	0	296,192	171,045	467,237	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	24,611	14,212	38,823	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	17,770	10,262	28,032	3,532	65.00
66.00	06600	PHYSICAL THERAPY	0	121,229	70,007	191,236	4,954	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,723	10,235	27,958	2,033	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,306	3,642	9,948	458	68.00
69.00	06900	ELECTROCARDIOLOGY	0	132,551	76,546	209,097	1,997	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	610	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	14,153	8,173	22,326	994	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	3,204	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	189,808	109,610	299,418	1	76.00
76.97	07697	CARDIAC REHABILITATION	0	55,511	32,057	87,568	349	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	495,923	286,386	782,309	4,781	90.00
91.00	09100	EMERGENCY	0	462,993	267,370	730,363	14,685	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	12,962,795	7,485,759	20,448,554	215,075	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	0	0	0	50	194.00
194.01	07951	OUTPATIENT PHARMACY	0	8,602	4,967	13,569	0	194.01
194.02	07952	FUND DEVELOPMENT	0	4,309	2,488	6,797	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 3/28/2016 3:42 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
202.00	TOTAL (sum lines 118-201)	0	12,975,706	7,493,214	20,468,920	215,125	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,462,829					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	111,479	0	4,902,400			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,832	0	36,436	150,016		8.00
9.00	00900	HOUSEKEEPING	27,269	0	109,630	7,980	462,525	9.00
10.00	01000	DIETARY	26,985	0	217,577	0	21,158	10.00
11.00	01100	CAFETERIA	9,127	0	32,542	0	3,165	11.00
13.00	01300	NURSING ADMINISTRATION	64,956	0	20,469	0	1,990	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	44,040	0	170,854	1,162	16,615	14.00
15.00	01500	PHARMACY	35,376	0	56,194	0	5,465	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,060	0	105,562	0	10,265	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	28,187	0	24,762	0	2,408	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,865	0	25,699	0	2,499	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	313,601	0	1,841,208	76,033	179,046	30.00
31.00	03100	INTENSIVE CARE UNIT	43,787	0	88,536	5,375	8,610	31.00
41.00	04100	SUBPROVIDER - IRF	9,970	0	71,823	0	6,984	41.00
43.00	04300	NURSERY	7,782	0	16,080	0	1,564	43.00
44.00	04400	SKILLED NURSING FACILITY	24,882	0	94,061	0	9,147	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	58,595	0	453,498	16,863	44,100	50.00
51.00	05100	RECOVERY ROOM	8,168	0	31,718	2,376	3,084	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,463	0	212,052	0	20,621	52.00
53.00	05300	ANESTHESIOLOGY	1,464	0	4,458	0	434	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,131	0	210,317	9,550	20,452	54.00
54.01	03190	OUTPATIENT ONCOLOGY	10,344	0	0	472	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,672	0	11,188	0	1,088	55.00
59.00	05900	CARDIAC CATHETERIZATION	6,321	0	48,674	588	4,733	59.00
60.00	06000	LABORATORY	67,440	0	163,360	0	15,886	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	481	0	13,574	0	1,320	63.00
65.00	06500	RESPIRATORY THERAPY	15,106	0	9,801	0	953	65.00
66.00	06600	PHYSICAL THERAPY	21,789	0	66,862	2,882	6,502	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,438	0	9,775	0	951	67.00
68.00	06800	SPEECH PATHOLOGY	1,926	0	3,478	0	338	68.00
69.00	06900	ELECTROCARDIOLOGY	10,109	0	73,107	1,488	7,109	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,868	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,630	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,039	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,015	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,847	0	7,806	360	759	74.00
75.00	07500	ASC (NON-DISTINCT PART)	13,703	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	27,358	0	104,686	0	10,180	76.00
76.97	07697	CARDIAC REHABILITATION	2,025	0	30,617	35	2,977	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	26,957	0	273,519	209	26,598	90.00
91.00	09100	EMERGENCY	67,989	0	255,357	24,366	24,832	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,462,076	0	4,895,280	149,739	461,833	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	277	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	533	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	171	0	4,744	0	461	194.01
194.02	07952	FUND DEVELOPMENT	49	0	2,376	0	231	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,462,829	0	4,902,400	150,016	462,525	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	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	890,652					10.00
11.00	01100	CAFETERIA	0	139,862				11.00
13.00	01300	NURSING ADMINISTRATION	0	11,189	171,893			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	721,341		14.00
15.00	01500	PHARMACY	0	7,227	0	0	274,508	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,980	7,843	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	3,606	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,257	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	747,030	42,071	92,416	207,073	78,694	30.00
31.00	03100	INTENSIVE CARE UNIT	46,682	7,473	11,400	19,131	7,284	31.00
41.00	04100	SUBPROVIDER - IRF	26,304	1,538	3,339	6,325	2,408	41.00
43.00	04300	NURSERY	31,111	1,323	2,159	7,917	3,015	43.00
44.00	04400	SKILLED NURSING FACILITY	39,525	3,527	6,917	7,428	2,828	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	7,669	14,539	38,841	14,789	50.00
51.00	05100	RECOVERY ROOM	0	1,383	2,026	7,457	2,839	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,350	0	27,155	10,340	52.00
53.00	05300	ANESTHESIOLOGY	0	226	0	9,260	3,526	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,621	0	33,537	12,770	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	1,583	0	13	5	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	315	0	694	264	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	951	0	10,041	3,823	59.00
60.00	06000	LABORATORY	0	0	0	76,561	29,151	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,346	2,036	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,681	0	19,325	7,358	65.00
66.00	06600	PHYSICAL THERAPY	0	3,760	0	8,135	3,098	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,543	0	6,191	2,357	67.00
68.00	06800	SPEECH PATHOLOGY	0	348	0	1,140	434	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,516	0	16,532	6,295	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	463	0	263	100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	34,854	13,271	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,698	5,216	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	125,895	47,936	73.00
74.00	07400	RENAL DIALYSIS	0	755	0	4,162	1,585	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	2,431	4,227	4,488	1,709	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	1	0	6	2	76.00
76.97	07697	CARDIAC REHABILITATION	0	265	0	70	27	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	3,628	6,129	13	5	90.00
91.00	09100	EMERGENCY	0	11,144	20,898	29,790	11,343	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	890,652	139,824	171,893	721,341	274,508	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	38	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
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)	890,652	139,862	171,893	721,341	274,508	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
			16.00	17.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	455,562					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
20.00	02000	NURSING SCHOOL	0	0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		134,538		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			127,115	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	382,100	0				30.00
31.00	03100	INTENSIVE CARE UNIT	23,878	0				31.00
41.00	04100	SUBPROVIDER - IRF	13,454	0				41.00
43.00	04300	NURSERY	15,913	0				43.00
44.00	04400	SKILLED NURSING FACILITY	20,217	0				44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0				50.00
51.00	05100	RECOVERY ROOM	0	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00	05300	ANESTHESIOLOGY	0	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0				54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	0	0				60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0				62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
65.00	06500	RESPIRATORY THERAPY	0	0				65.00
66.00	06600	PHYSICAL THERAPY	0	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.00	07500	ASC (NON-DISTINCT PART)	0	0				75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	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	LITHOTRIPSY	0	0				76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0				90.00
91.00	09100	EMERGENCY	0	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	455,562	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
193.00	19300	NONPAID WORKERS	0	0				193.00
194.00	07950	CONVENT	0	0				194.00
194.01	07951	OUTPATIENT PHARMACY	0	0				194.01
194.02	07952	FUND DEVELOPMENT	0	0				194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0				194.03
200.00		Cross Foot Adjustments			0	134,538	127,115	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	455,562	0	0	134,538	127,115	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			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					16.00
17.00	01700	SOCIAL SERVICE					17.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	9,280,877	0	9,280,877		30.00
31.00	03100	INTENSIVE CARE UNIT	525,231	0	525,231		31.00
41.00	04100	SUBPROVIDER - IRF	349,598	0	349,598		41.00
43.00	04300	NURSERY	134,600	0	134,600		43.00
44.00	04400	SKILLED NURSING FACILITY	482,210	0	482,210		44.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,956,075	0	1,956,075		50.00
51.00	05100	RECOVERY ROOM	151,593	0	151,593		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	931,169	0	931,169		52.00
53.00	05300	ANESTHESIOLOGY	32,416	0	32,416		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	953,961	0	953,961		54.00
54.01	03190	OUTPATIENT ONCOLOGY	14,503	0	14,503		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	49,637	0	49,637		55.00
59.00	05900	CARDIAC CATHETERIZATION	215,600	0	215,600		59.00
60.00	06000	LABORATORY	819,635	0	819,635		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	61,580	0	61,580		63.00
65.00	06500	RESPIRATORY THERAPY	86,788	0	86,788		65.00
66.00	06600	PHYSICAL THERAPY	309,218	0	309,218		66.00
67.00	06700	OCCUPATIONAL THERAPY	59,246	0	59,246		67.00
68.00	06800	SPEECH PATHOLOGY	18,070	0	18,070		68.00
69.00	06900	ELECTROCARDIOLOGY	327,250	0	327,250		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,304	0	4,304		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	113,755	0	113,755		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,953	0	65,953		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	280,846	0	280,846		73.00
74.00	07400	RENAL DIALYSIS	43,594	0	43,594		74.00
75.00	07500	ASC (NON-DISTINCT PART)	29,762	0	29,762		75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	441,652	0	441,652		76.00
76.97	07697	CARDIAC REHABILITATION	123,933	0	123,933		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	1,124,148	0	1,124,148		90.00
91.00	09100	EMERGENCY	1,190,767	0	1,190,767		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,177,971	0	20,177,971		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	277	0	277		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	CONVENT	621	0	621		194.00
194.01	07951	OUTPATIENT PHARMACY	18,945	0	18,945		194.01
194.02	07952	FUND DEVELOPMENT	9,453	0	9,453		194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0		194.03
200.00		Cross Foot Adjustments	261,653	0	261,653		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	20,468,920	0	20,468,920		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	825,132					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		825,132				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,672	8,672	95,335,999			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	58,315	58,315	7,189,034	-60,308,597	200,870,368	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	192,912	192,912	2,386,312	0	15,308,798	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,201	4,201	237,012	0	1,212,836	8.00
9.00	00900	HOUSEKEEPING	12,640	12,640	1,811,698	0	3,744,689	9.00
10.00	01000	DIETARY	25,086	25,086	1,164,541	0	3,705,715	10.00
11.00	01100	CAFETERIA	3,752	3,752	865,626	0	1,253,343	11.00
13.00	01300	NURSING ADMINISTRATION	2,360	2,360	6,535,869	0	8,920,035	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,699	19,699	0	0	6,047,834	14.00
15.00	01500	PHARMACY	6,479	6,479	4,221,175	0	4,857,983	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,171	12,171	1,740,941	0	3,166,687	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,855	2,855	2,106,150	0	3,870,805	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,963	2,963	1,902,460	0	2,453,370	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	212,286	212,286	24,561,197	0	43,053,080	30.00
31.00	03100	INTENSIVE CARE UNIT	10,208	10,208	4,365,000	0	6,013,013	31.00
41.00	04100	SUBPROVIDER - IRF	8,281	8,281	898,639	0	1,369,187	41.00
43.00	04300	NURSERY	1,854	1,854	773,068	0	1,068,697	43.00
44.00	04400	SKILLED NURSING FACILITY	10,845	10,845	2,060,336	0	3,416,923	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	52,287	52,287	4,479,482	0	8,046,543	50.00
51.00	05100	RECOVERY ROOM	3,657	3,657	808,106	0	1,121,612	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,449	24,449	4,293,416	0	5,144,592	52.00
53.00	05300	ANESTHESIOLOGY	514	514	131,800	0	200,995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,249	24,249	4,451,385	0	6,609,583	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	924,731	0	1,420,429	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,290	1,290	183,995	0	504,203	55.00
59.00	05900	CARDIAC CATHETERIZATION	5,612	5,612	555,353	0	867,976	59.00
60.00	06000	LABORATORY	18,835	18,835	0	0	9,261,258	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,565	1,565	0	0	66,039	63.00
65.00	06500	RESPIRATORY THERAPY	1,130	1,130	1,565,763	0	2,074,381	65.00
66.00	06600	PHYSICAL THERAPY	7,709	7,709	2,196,122	0	2,992,112	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,127	1,127	901,238	0	1,158,813	67.00
68.00	06800	SPEECH PATHOLOGY	401	401	203,141	0	264,499	68.00
69.00	06900	ELECTROCARDIOLOGY	8,429	8,429	885,291	0	1,388,235	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	270,331	0	393,838	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	9,012,580	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,459,622	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	14,695,810	73.00
74.00	07400	RENAL DIALYSIS	900	900	440,733	0	665,553	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	1,420,094	0	1,881,738	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	12,070	12,070	295	0	3,757,002	76.00
76.97	07697	CARDIAC REHABILITATION	3,530	3,530	154,623	0	278,039	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	31,536	31,536	2,119,274	0	3,701,809	90.00
91.00	09100	EMERGENCY	29,442	29,442	6,509,491	0	9,336,641	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	824,311	824,311	95,313,722	-60,308,597	200,766,897	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	0	22,277	0	73,193	194.00
194.01	07951	OUTPATIENT PHARMACY	547	547	0	0	23,481	194.01
194.02	07952	FUND DEVELOPMENT	274	274	0	0	6,797	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	12,975,706	7,493,214	23,923,829		60,308,597	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.725612	9.081231	0.250942		0.300236	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			215,125		1,462,829	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002256		0.007282	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	565,233				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,201	1,730,338			8.00
9.00	00900	HOUSEKEEPING	0	12,640	92,040	548,392		9.00
10.00	01000	DIETARY	0	25,086	0	25,086	115,600	10.00
11.00	01100	CAFETERIA	0	3,752	0	3,752	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,360	0	2,360	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,699	13,404	19,699	0	14.00
15.00	01500	PHARMACY	0	6,479	0	6,479	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,171	0	12,171	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,855	0	2,855	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,963	0	2,963	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	212,286	876,985	212,286	96,959	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,208	61,993	10,208	6,059	31.00
41.00	04100	SUBPROVIDER - IRF	0	8,281	0	8,281	3,414	41.00
43.00	04300	NURSERY	0	1,854	0	1,854	4,038	43.00
44.00	04400	SKILLED NURSING FACILITY	0	10,845	0	10,845	5,130	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	52,287	194,500	52,287	0	50.00
51.00	05100	RECOVERY ROOM	0	3,657	27,409	3,657	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,449	0	24,449	0	52.00
53.00	05300	ANESTHESIOLOGY	0	514	0	514	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,249	110,158	24,249	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	5,449	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,290	0	1,290	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,612	6,777	5,612	0	59.00
60.00	06000	LABORATORY	0	18,835	0	18,835	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,565	0	1,565	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,130	0	1,130	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,709	33,247	7,709	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,127	0	1,127	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	401	0	401	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,429	17,166	8,429	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	900	4,158	900	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	12,070	0	12,070	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,530	406	3,530	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	31,536	2,406	31,536	0	90.00
91.00	09100	EMERGENCY	0	29,442	281,040	29,442	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	564,412	1,727,138	547,571	115,600	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,200	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	547	0	547	0	194.01
194.02	07952	FUND DEVELOPMENT	0	274	0	274	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	19,905,050	1,724,914	5,405,856	5,949,013	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	35.215654	0.996865	9.857649	51.462050	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	4,902,400	150,016	462,525	890,652	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	8.673237	0.086698	0.843420	7.704602	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (INPATIENT REVENUE)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	81,681,776					11.00
13.00	01300	NURSING ADMINISTRATION	6,535,869	1,566,476				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	722,799,330			14.00
15.00	01500	PHARMACY	4,221,175	0	0	722,799,330		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,740,941	71,476	0	0	115,600	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,106,150	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,902,460	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,561,197	842,191	207,498,876	207,498,876	96,959	30.00
31.00	03100	INTENSIVE CARE UNIT	4,365,000	103,888	19,169,358	19,169,358	6,059	31.00
41.00	04100	SUBPROVIDER - IRF	898,639	30,425	6,337,705	6,337,705	3,414	41.00
43.00	04300	NURSERY	773,068	19,671	7,932,928	7,932,928	4,038	43.00
44.00	04400	SKILLED NURSING FACILITY	2,060,336	63,037	7,442,554	7,442,554	5,130	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,479,482	132,498	38,919,002	38,919,002	0	50.00
51.00	05100	RECOVERY ROOM	808,106	18,466	7,472,037	7,472,037	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,293,416	0	27,209,728	27,209,728	0	52.00
53.00	05300	ANESTHESIOLOGY	131,800	0	9,278,759	9,278,759	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,451,385	0	33,604,290	33,604,290	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	924,731	0	13,448	13,448	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	183,995	0	695,438	695,438	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	555,353	0	10,061,029	10,061,029	0	59.00
60.00	06000	LABORATORY	0	0	76,714,455	76,714,455	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	5,356,906	5,356,906	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,565,763	0	19,363,654	19,363,654	0	65.00
66.00	06600	PHYSICAL THERAPY	2,196,122	0	8,151,554	8,151,554	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	901,238	0	6,203,553	6,203,553	0	67.00
68.00	06800	SPEECH PATHOLOGY	203,141	0	1,142,785	1,142,785	0	68.00
69.00	06900	ELECTROCARDIOLOGY	885,291	0	16,565,320	16,565,320	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	270,331	0	263,552	263,552	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	34,924,170	34,924,170	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	13,725,562	13,725,562	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	126,146,835	126,146,835	0	73.00
74.00	07400	RENAL DIALYSIS	440,733	0	4,170,542	4,170,542	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,420,094	38,524	4,497,119	4,497,119	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	295	0	5,826	5,826	0	76.00
76.97	07697	CARDIAC REHABILITATION	154,623	0	70,384	70,384	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	2,119,274	55,850	12,621	12,621	0	90.00
91.00	09100	EMERGENCY	6,509,491	190,450	29,849,340	29,849,340	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	81,659,499	1,566,476	722,799,330	722,799,330	115,600	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	22,277	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (INPATIENT REVENUE)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	
			11.00	13.00	14.00	15.00	16.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	1,798,757	11,848,457	8,764,872	6,701,513	5,244,994	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.022022	7.563765	0.012126	0.009272	45.371920	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	139,862	171,893	721,341	274,508	455,562	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001712	0.109732	0.000998	0.000380	3.940848	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 3/28/2016 3:42 pm

		Cost Center Description	SOCIAL SERVICE (DAYS)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (PATIENT DAYS)		
			17.00	20.00	21.00	22.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
20.00	02000	NURSING SCHOOL	0	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		105,607			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			105,607		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	95,510	95,510		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	7,508	7,508		31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
43.00	04300	NURSERY	0	0	2,589	2,589		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	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	0	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	105,607	105,607		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	CONVENT	0	0	0	0		194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0		194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0		194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0		194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 3/28/2016 3:42 pm

	Cost Center Description	SOCIAL SERVICE (DAYS)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (PATIENT DAYS)		
		17.00	20.00	21.00	22.00		
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	5,208,027	3,365,408		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	49.315169	31.867282		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	134,538	127,115		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	1.273950	1.203661		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 3/28/2016 3:42 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	87,161,811		87,161,811	0	87,161,811	30.00
31.00	03100	INTENSIVE CARE UNIT	10,219,056		10,219,056	0	10,219,056	31.00
41.00	04100	SUBPROVIDER - IRF	2,869,641		2,869,641	0	2,869,641	41.00
43.00	04300	NURSERY	2,199,701		2,199,701	0	2,199,701	43.00
44.00	04400	SKILLED NURSING FACILITY	6,109,809		6,109,809	0	6,109,809	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,946,663		14,946,663	0	14,946,663	50.00
51.00	05100	RECOVERY ROOM	1,967,871		1,967,871	0	1,967,871	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,467,966		8,467,966	16,878	8,484,844	52.00
53.00	05300	ANESTHESIOLOGY	485,958		485,958	0	485,958	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,613,906		10,613,906	0	10,613,906	54.00
54.01	03190	OUTPATIENT ONCOLOGY	1,872,977		1,872,977	0	1,872,977	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	732,660		732,660	0	732,660	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,615,797		1,615,797	0	1,615,797	59.00
60.00	06000	LABORATORY	14,532,312		14,532,312	0	14,532,312	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	271,032		271,032	0	271,032	63.00
65.00	06500	RESPIRATORY THERAPY	3,196,943	0	3,196,943	0	3,196,943	65.00
66.00	06600	PHYSICAL THERAPY	4,493,855	0	4,493,855	0	4,493,855	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,710,118	0	1,710,118	0	1,710,118	67.00
68.00	06800	SPEECH PATHOLOGY	390,912	0	390,912	0	390,912	68.00
69.00	06900	ELECTROCARDIOLOGY	2,576,029		2,576,029	0	2,576,029	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	523,675		523,675	0	523,675	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,465,788		12,465,788	0	12,465,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,692,732		8,692,732	0	8,692,732	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,807,311		21,807,311	0	21,807,311	73.00
74.00	07400	RENAL DIALYSIS	1,009,034		1,009,034	0	1,009,034	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,865,591		2,865,591	0	2,865,591	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	5,429,155		5,429,155	0	5,429,155	76.00
76.97	07697	CARDIAC REHABILITATION	525,941		525,941	0	525,941	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	6,706,432		6,706,432	1,722	6,708,154	90.00
91.00	09100	EMERGENCY	15,969,631		15,969,631	0	15,969,631	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,528,631		4,528,631		4,528,631	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	256,958,938	0	256,958,938	18,600	256,977,538	200.00
201.00		Less Observation Beds	4,528,631		4,528,631		4,528,631	201.00
202.00		Total (see instructions)	252,430,307	0	252,430,307	18,600	252,448,907	202.00

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	205,440,813		205,440,813			30.00
31.00	03100	INTENSIVE CARE UNIT	19,169,358		19,169,358			31.00
41.00	04100	SUBPROVIDER - IRF	6,337,705		6,337,705			41.00
43.00	04300	NURSERY	7,932,928		7,932,928			43.00
44.00	04400	SKILLED NURSING FACILITY	7,442,554		7,442,554			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,919,002	40,253,707	79,172,709	0.188786	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,472,037	8,630,793	16,102,830	0.122207	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,209,728	1,765,477	28,975,205	0.292249	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	9,278,759	9,165,820	18,444,579	0.026347	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,604,290	80,118,786	113,723,076	0.093331	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	13,448	3,686,714	3,700,162	0.506188	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	695,438	7,179,165	7,874,603	0.093041	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	10,061,029	4,887,947	14,948,976	0.108087	0.000000	59.00
60.00	06000	LABORATORY	76,714,455	44,657,468	121,371,923	0.119734	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,356,906	710,594	6,067,500	0.044669	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	19,363,654	3,002,015	22,365,669	0.142940	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,151,554	8,340,437	16,491,991	0.272487	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,203,553	1,955,113	8,158,666	0.209608	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,142,785	90,964	1,233,749	0.316849	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,565,320	17,921,089	34,486,409	0.074697	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	263,552	560,384	823,936	0.635577	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,924,170	13,491,457	48,415,627	0.257474	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,725,562	7,876,401	21,601,963	0.402405	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	126,146,835	101,420,292	227,567,127	0.095828	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,170,542	0	4,170,542	0.241943	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,497,119	17,347,930	21,845,049	0.131178	0.000000	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	5,826	8,571,781	8,577,607	0.632945	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	70,384	199,280	269,664	1.950357	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	12,621	3,144,959	3,157,580	2.123915	0.000000	90.00
91.00	09100	EMERGENCY	29,849,340	81,065,849	110,915,189	0.143981	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,058,063	13,001,864	15,059,927	0.300707	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	722,799,330	479,046,286	1,201,845,616			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	722,799,330	479,046,286	1,201,845,616			202.00

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		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.188786	50.00
51.00	05100	RECOVERY ROOM	0.122207	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292831	52.00
53.00	05300	ANESTHESIOLOGY	0.026347	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.093331	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.506188	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093041	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.108087	59.00
60.00	06000	LABORATORY	0.119734	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.044669	63.00
65.00	06500	RESPIRATORY THERAPY	0.142940	65.00
66.00	06600	PHYSICAL THERAPY	0.272487	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209608	67.00
68.00	06800	SPEECH PATHOLOGY	0.316849	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074697	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.635577	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.257474	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.095828	73.00
74.00	07400	RENAL DIALYSIS	0.241943	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.131178	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.632945	76.00
76.97	07697	CARDIAC REHABILITATION	1.950357	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
76.99	07699	LITHOTRIPSY	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	2.124461	90.00
91.00	09100	EMERGENCY	0.143981	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.300707	92.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

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Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	94,915,547		94,915,547	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,828,574		10,828,574	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	2,869,641		2,869,641	0	0	41.00
43.00	04300	NURSERY	2,409,882		2,409,882	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	6,109,809		6,109,809	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,946,663		14,946,663	0	0	50.00
51.00	05100	RECOVERY ROOM	1,967,871		1,967,871	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,467,966		8,467,966	0	0	52.00
53.00	05300	ANESTHESIOLOGY	485,958		485,958	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,613,906		10,613,906	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	1,872,977		1,872,977	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	732,660		732,660	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,615,797		1,615,797	0	0	59.00
60.00	06000	LABORATORY	14,532,312		14,532,312	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	271,032		271,032	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,196,943	0	3,196,943	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,493,855	0	4,493,855	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,710,118	0	1,710,118	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	390,912	0	390,912	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,576,029		2,576,029	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	523,675		523,675	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,465,788		12,465,788	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,692,732		8,692,732	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,807,311		21,807,311	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,009,034		1,009,034	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,865,591		2,865,591	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	5,429,155		5,429,155	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	525,941		525,941	0	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	6,706,432		6,706,432	0	0	90.00
91.00	09100	EMERGENCY	15,969,631		15,969,631	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,931,512		4,931,512		0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	265,935,254	0	265,935,254	0	0	200.00
201.00		Less Observation Beds	4,931,512		4,931,512		0	201.00
202.00		Total (see instructions)	261,003,742	0	261,003,742	0	0	202.00

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	212,288,172		212,288,172			30.00
31.00	03100	INTENSIVE CARE UNIT	22,305,806		22,305,806			31.00
41.00	04100	SUBPROVIDER - IRF	6,539,184		6,539,184			41.00
43.00	04300	NURSERY	6,117,818		6,117,818			43.00
44.00	04400	SKILLED NURSING FACILITY	6,673,964		6,673,964			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	41,995,474	39,336,248	81,331,722	0.183774	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,175,854	7,465,354	14,641,208	0.134406	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,305,201	1,727,428	28,032,629	0.302075	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	9,948,092	8,877,723	18,825,815	0.025813	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,007,582	75,279,669	108,287,251	0.098016	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	2,148,554	2,148,554	0.871738	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	448,959	7,235,699	7,684,658	0.095341	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	9,737,788	5,192,713	14,930,501	0.108221	0.000000	59.00
60.00	06000	LABORATORY	75,324,614	42,514,734	117,839,348	0.123323	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,935,985	589,957	5,525,942	0.049047	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	20,981,403	2,749,938	23,731,341	0.134714	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,976,856	6,104,165	14,081,021	0.319143	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,728,457	1,382,568	7,111,025	0.240488	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	931,262	86,220	1,017,482	0.384195	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	15,907,568	16,757,686	32,665,254	0.078861	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	256,238	350,644	606,882	0.862894	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,021,611	12,151,248	49,172,859	0.253510	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,772,140	6,309,748	19,081,888	0.455549	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	127,799,577	83,841,813	211,641,390	0.103039	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,707,258	419,891	5,127,149	0.196802	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,751,720	15,320,004	20,071,724	0.142768	0.000000	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	2,365	7,644,359	7,646,724	0.709998	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	56,358	155,261	211,619	2.485320	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	5,302	3,191,933	3,197,235	2.097572	0.000000	90.00
91.00	09100	EMERGENCY	31,082,067	77,087,704	108,169,771	0.147635	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,264,170	12,244,456	14,508,626	0.339902	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	735,048,845	436,165,717	1,171,214,562			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	735,048,845	436,165,717	1,171,214,562			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 3/28/2016 3:42 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
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: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part I Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	9,280,877	0	9,280,877	92,731	100.08	30.00
31.00	INTENSIVE CARE UNIT	525,231		525,231	4,862	108.03	31.00
41.00	SUBPROVIDER - IRF	349,598	0	349,598	3,068	113.95	41.00
43.00	NURSERY	134,600		134,600	4,016	33.52	43.00
44.00	SKILLED NURSING FACILITY	482,210		482,210	8,006	60.23	44.00
200.00	Total (lines 30-199)	10,772,516		10,772,516	112,683		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	22,677	2,269,514				30.00
31.00	INTENSIVE CARE UNIT	912	98,523				31.00
41.00	SUBPROVIDER - IRF	1,108	126,257				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	5,459	328,796				44.00
200.00	Total (lines 30-199)	30,156	2,823,090				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part II Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,956,075	79,172,709	0.024706	11,412,959	281,969	50.00
51.00	05100	RECOVERY ROOM	151,593	16,102,830	0.009414	2,068,648	19,474	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	931,169	28,975,205	0.032137	104,012	3,343	52.00
53.00	05300	ANESTHESIOLOGY	32,416	18,444,579	0.001757	2,586,520	4,545	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	953,961	113,723,076	0.008388	11,336,818	95,093	54.00
54.01	03190	OUTPATIENT ONCOLOGY	14,503	3,700,162	0.003920	3,709	15	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	49,637	7,874,603	0.006303	232,110	1,463	55.00
59.00	05900	CARDIAC CATHETERIZATION	215,600	14,948,976	0.014422	3,405,936	49,120	59.00
60.00	06000	LABORATORY	819,635	121,371,923	0.006753	23,945,110	161,701	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	61,580	6,067,500	0.010149	1,517,073	15,397	63.00
65.00	06500	RESPIRATORY THERAPY	86,788	22,365,669	0.003880	6,758,453	26,223	65.00
66.00	06600	PHYSICAL THERAPY	309,218	16,491,991	0.018750	1,147,529	21,516	66.00
67.00	06700	OCCUPATIONAL THERAPY	59,246	8,158,666	0.007262	520,409	3,779	67.00
68.00	06800	SPEECH PATHOLOGY	18,070	1,233,749	0.014646	386,742	5,664	68.00
69.00	06900	ELECTROCARDIOLOGY	327,250	34,486,409	0.009489	6,003,376	56,966	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,304	823,936	0.005224	82,200	429	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	113,755	48,415,627	0.002350	11,271,669	26,488	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,953	21,601,963	0.003053	4,263,782	13,017	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	280,846	227,567,127	0.001234	36,489,451	45,028	73.00
74.00	07400	RENAL DIALYSIS	43,594	4,170,542	0.010453	1,800,785	18,824	74.00
75.00	07500	ASC (NON-DISTINCT PART)	29,762	21,845,049	0.001362	1,680,504	2,289	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	441,652	8,577,607	0.051489	3,510	181	76.00
76.97	07697	CARDIAC REHABILITATION	123,933	269,664	0.459583	22,472	10,328	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	1,124,148	3,157,580	0.356016	664	236	90.00
91.00	09100	EMERGENCY	1,190,767	110,915,189	0.010736	8,707,436	93,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	482,204	15,059,927	0.032019	748,509	23,967	92.00
200.00		Total (lines 50-199)	9,887,659	955,522,258		136,500,386	980,538	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part III Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	92,731	0.00	22,677	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,862	0.00	912	0		31.00
41.00	04100	SUBPROVIDER - IRF	3,068	0.00	1,108	0		41.00
43.00	04300	NURSERY	4,016	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	8,006	0.00	5,459	0		44.00
200.00		Total (lines 30-199)	112,683		30,156	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	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	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	79,172,709	0.000000	0.000000	11,412,959	50.00
51.00	05100	RECOVERY ROOM	0	16,102,830	0.000000	0.000000	2,068,648	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28,975,205	0.000000	0.000000	104,012	52.00
53.00	05300	ANESTHESIOLOGY	0	18,444,579	0.000000	0.000000	2,586,520	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	113,723,076	0.000000	0.000000	11,336,818	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	3,700,162	0.000000	0.000000	3,709	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,874,603	0.000000	0.000000	232,110	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,948,976	0.000000	0.000000	3,405,936	59.00
60.00	06000	LABORATORY	0	121,371,923	0.000000	0.000000	23,945,110	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,067,500	0.000000	0.000000	1,517,073	63.00
65.00	06500	RESPIRATORY THERAPY	0	22,365,669	0.000000	0.000000	6,758,453	65.00
66.00	06600	PHYSICAL THERAPY	0	16,491,991	0.000000	0.000000	1,147,529	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,158,666	0.000000	0.000000	520,409	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,233,749	0.000000	0.000000	386,742	68.00
69.00	06900	ELECTROCARDIOLOGY	0	34,486,409	0.000000	0.000000	6,003,376	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	823,936	0.000000	0.000000	82,200	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	48,415,627	0.000000	0.000000	11,271,669	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,601,963	0.000000	0.000000	4,263,782	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	227,567,127	0.000000	0.000000	36,489,451	73.00
74.00	07400	RENAL DIALYSIS	0	4,170,542	0.000000	0.000000	1,800,785	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	21,845,049	0.000000	0.000000	1,680,504	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	8,577,607	0.000000	0.000000	3,510	76.00
76.97	07697	CARDIAC REHABILITATION	0	269,664	0.000000	0.000000	22,472	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,157,580	0.000000	0.000000	664	90.00
91.00	09100	EMERGENCY	0	110,915,189	0.000000	0.000000	8,707,436	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	15,059,927	0.000000	0.000000	748,509	92.00
200.00		Total (lines 50-199)	0	955,522,258			136,500,386	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	7,839,339	0		50.00
51.00	05100	RECOVERY ROOM	0	1,423,808	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,079	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,917,097	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,551,280	0		54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	995,485	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,610,988	0		55.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,187,155	0		59.00
60.00	06000	LABORATORY	0	7,044,082	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	121,170	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	499,436	0		65.00
66.00	06600	PHYSICAL THERAPY	0	314	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	917	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,959,021	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	88,844	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,005,061	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,154,756	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	30,553,622	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,646,313	0		75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	1,829,158	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	46,428	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	0	618,104	0		90.00
91.00	09100	EMERGENCY	0	8,956,160	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,819,000	0		92.00
200.00		Total (lines 50-199)	0	99,871,617	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.188786	7,839,339	0	0	1,479,957	50.00
51.00	05100	RECOVERY ROOM	0.122207	1,423,808	0	0	173,999	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292249	4,079	0	0	1,192	52.00
53.00	05300	ANESTHESIOLOGY	0.026347	1,917,097	0	0	50,510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.093331	15,551,280	0	0	1,451,417	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.506188	995,485	0	9	503,903	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093041	2,610,988	0	0	242,929	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.108087	2,187,155	0	0	236,403	59.00
60.00	06000	LABORATORY	0.119734	7,044,082	1,652	0	843,416	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.044669	121,170	0	0	5,413	63.00
65.00	06500	RESPIRATORY THERAPY	0.142940	499,436	0	0	71,389	65.00
66.00	06600	PHYSICAL THERAPY	0.272487	314	0	0	86	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209608	917	0	0	192	67.00
68.00	06800	SPEECH PATHOLOGY	0.316849	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074697	4,959,021	0	0	370,424	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.635577	88,844	0	0	56,467	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.257474	3,005,061	0	0	773,725	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402405	2,154,756	0	0	867,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.095828	30,553,622	0	227,506	2,927,892	73.00
74.00	07400	RENAL DIALYSIS	0.241943	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.131178	3,646,313	0	0	478,316	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.632945	1,829,158	0	0	1,157,756	76.00
76.97	07697	CARDIAC REHABILITATION	1.950357	46,428	0	0	90,551	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2.123915	618,104	0	0	1,312,800	90.00
91.00	09100	EMERGENCY	0.143981	8,956,160	0	23	1,289,517	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.300707	3,819,000	0	21	1,148,400	92.00
200.00		Subtotal (see instructions)		99,871,617	1,652	227,559	15,533,739	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		99,871,617	1,652	227,559	15,533,739	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	5		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	198	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	21,801		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	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	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	3		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6		92.00
200.00		Subtotal (see instructions)	198	21,815		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	198	21,815		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140180 | Component CCN: 14T180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part II Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,956,075	79,172,709	0.024706	12,750	315	50.00
51.00	05100	RECOVERY ROOM	151,593	16,102,830	0.009414	2,003	19	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	931,169	28,975,205	0.032137	0	0	52.00
53.00	05300	ANESTHESIOLOGY	32,416	18,444,579	0.001757	2,034	4	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	953,961	113,723,076	0.008388	92,058	772	54.00
54.01	03190	OUTPATIENT ONCOLOGY	14,503	3,700,162	0.003920	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	49,637	7,874,603	0.006303	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	215,600	14,948,976	0.014422	0	0	59.00
60.00	06000	LABORATORY	819,635	121,371,923	0.006753	378,217	2,554	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	61,580	6,067,500	0.010149	2,684	27	63.00
65.00	06500	RESPIRATORY THERAPY	86,788	22,365,669	0.003880	133,051	516	65.00
66.00	06600	PHYSICAL THERAPY	309,218	16,491,991	0.018750	786,913	14,755	66.00
67.00	06700	OCCUPATIONAL THERAPY	59,246	8,158,666	0.007262	743,405	5,399	67.00
68.00	06800	SPEECH PATHOLOGY	18,070	1,233,749	0.014646	107,483	1,574	68.00
69.00	06900	ELECTROCARDIOLOGY	327,250	34,486,409	0.009489	14,598	139	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,304	823,936	0.005224	736	4	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	113,755	48,415,627	0.002350	143,162	336	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,953	21,601,963	0.003053	2,002	6	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	280,846	227,567,127	0.001234	680,391	840	73.00
74.00	07400	RENAL DIALYSIS	43,594	4,170,542	0.010453	101,005	1,056	74.00
75.00	07500	ASC (NON-DISTINCT PART)	29,762	21,845,049	0.001362	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	441,652	8,577,607	0.051489	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	123,933	269,664	0.459583	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	1,124,148	3,157,580	0.356016	0	0	90.00
91.00	09100	EMERGENCY	1,190,767	110,915,189	0.010736	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	15,059,927	0.000000	0	0	92.00
200.00		Total (lines 50-199)	9,405,455	955,522,258		3,202,492	28,316	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140180 | Component CCN: 14T180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	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	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 140180 | Component CCN: 14T180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	79,172,709	0.000000	0.000000	12,750	50.00
51.00	05100	RECOVERY ROOM	0	16,102,830	0.000000	0.000000	2,003	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28,975,205	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	18,444,579	0.000000	0.000000	2,034	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	113,723,076	0.000000	0.000000	92,058	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	3,700,162	0.000000	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,874,603	0.000000	0.000000	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,948,976	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	121,371,923	0.000000	0.000000	378,217	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,067,500	0.000000	0.000000	2,684	63.00
65.00	06500	RESPIRATORY THERAPY	0	22,365,669	0.000000	0.000000	133,051	65.00
66.00	06600	PHYSICAL THERAPY	0	16,491,991	0.000000	0.000000	786,913	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,158,666	0.000000	0.000000	743,405	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,233,749	0.000000	0.000000	107,483	68.00
69.00	06900	ELECTROCARDIOLOGY	0	34,486,409	0.000000	0.000000	14,598	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	823,936	0.000000	0.000000	736	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	48,415,627	0.000000	0.000000	143,162	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,601,963	0.000000	0.000000	2,002	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	227,567,127	0.000000	0.000000	680,391	73.00
74.00	07400	RENAL DIALYSIS	0	4,170,542	0.000000	0.000000	101,005	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	21,845,049	0.000000	0.000000	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	8,577,607	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	269,664	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	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,157,580	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	110,915,189	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	15,059,927	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	955,522,258			3,202,492	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140180 | Component CCN: 14T180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	28,389	0		54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	55	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
59.00	05900	CARDIAC CATHETERIZATION	0	22	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,253	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	104	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	32,829	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	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	0	1,857	0		90.00
91.00	09100	EMERGENCY	0	140	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	0	71,649	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140180 | Component CCN: 14T180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.188786	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.122207	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292249	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.026347	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.093331	28,389	0	0	2,650	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.506188	55	0	0	28	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093041	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.108087	22	0	0	2	59.00
60.00	06000	LABORATORY	0.119734	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.044669	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.142940	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.272487	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209608	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.316849	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074697	8,253	0	0	616	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.635577	104	0	0	66	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.257474	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402405	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.095828	32,829	0	5,066	3,146	73.00
74.00	07400	RENAL DIALYSIS	0.241943	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.131178	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.632945	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.950357	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2.123915	1,857	0	0	3,944	90.00
91.00	09100	EMERGENCY	0.143981	140	0	0	20	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.300707	0	0	0	0	92.00
200.00		Subtotal (see instructions)		71,649	0	5,066	10,472	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		71,649	0	5,066	10,472	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140180 | Component CCN: 14T180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	485		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	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	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	485		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	485		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140180 | Component CCN: 145541 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	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	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 140180 | Component CCN: 145541 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	79,172,709	0.000000	0.000000	9,455	50.00
51.00	05100	RECOVERY ROOM	0	16,102,830	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28,975,205	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	18,444,579	0.000000	0.000000	2,752	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	113,723,076	0.000000	0.000000	194,489	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	3,700,162	0.000000	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,874,603	0.000000	0.000000	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,948,976	0.000000	0.000000	12,203	59.00
60.00	06000	LABORATORY	0	121,371,923	0.000000	0.000000	1,833,482	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,067,500	0.000000	0.000000	46,248	63.00
65.00	06500	RESPIRATORY THERAPY	0	22,365,669	0.000000	0.000000	1,456,022	65.00
66.00	06600	PHYSICAL THERAPY	0	16,491,991	0.000000	0.000000	2,350,316	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,158,666	0.000000	0.000000	2,134,126	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,233,749	0.000000	0.000000	60,448	68.00
69.00	06900	ELECTROCARDIOLOGY	0	34,486,409	0.000000	0.000000	70,276	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	823,936	0.000000	0.000000	1,964	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	48,415,627	0.000000	0.000000	1,605,391	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,601,963	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	227,567,127	0.000000	0.000000	5,398,514	73.00
74.00	07400	RENAL DIALYSIS	0	4,170,542	0.000000	0.000000	275,109	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	21,845,049	0.000000	0.000000	2,950	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	8,577,607	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	269,664	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	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,157,580	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	110,915,189	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	15,059,927	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	955,522,258			15,453,745	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140180 | Component CCN: 145541 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	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	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140180 | Component CCN: 145541 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.188786	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.122207	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292249	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.026347	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.093331	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.506188	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093041	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.108087	0	0	0	0	59.00
60.00	06000	LABORATORY	0.119734	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.044669	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.142940	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.272487	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209608	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.316849	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074697	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.635577	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.257474	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402405	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.095828	0	0	605	0	73.00
74.00	07400	RENAL DIALYSIS	0.241943	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.131178	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.632945	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.950357	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2.123915	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.143981	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.300707	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	605	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	605	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140180 | Component CCN: 145541 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	58		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	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	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	58		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	58		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part I Date/Time Prepared: 3/28/2016 3:42 pm

Title XIX | Hospital | Cost

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	9,280,877	0	9,280,877	92,731	100.08	30.00
31.00	INTENSIVE CARE UNIT	525,231		525,231	4,862	108.03	31.00
41.00	SUBPROVIDER - IRF	349,598	0	349,598	3,068	113.95	41.00
43.00	NURSERY	134,600		134,600	4,016	33.52	43.00
44.00	SKILLED NURSING FACILITY	482,210		482,210	8,006	60.23	44.00
200.00	Total (lines 30-199)	10,772,516		10,772,516	112,683		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	19,847	1,986,288		30.00
31.00	INTENSIVE CARE UNIT	392	42,348		31.00
41.00	SUBPROVIDER - IRF	125	14,244		41.00
43.00	NURSERY	2,031	68,079		43.00
44.00	SKILLED NURSING FACILITY	275	16,563		44.00
200.00	Total (lines 30-199)	22,670	2,127,522		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part II Date/Time Prepared: 3/28/2016 3:42 pm

Title XIX | Hospital | Cost

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,956,075	81,331,722	0.024051	0	0	50.00
51.00	05100	RECOVERY ROOM	151,593	14,641,208	0.010354	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	931,169	28,032,629	0.033217	0	0	52.00
53.00	05300	ANESTHESIOLOGY	32,416	18,825,815	0.001722	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	953,961	108,287,251	0.008810	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	14,503	2,148,554	0.006750	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	49,637	7,684,658	0.006459	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	215,600	14,930,501	0.014440	0	0	59.00
60.00	06000	LABORATORY	819,635	117,839,348	0.006956	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	61,580	5,525,942	0.011144	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	86,788	23,731,341	0.003657	0	0	65.00
66.00	06600	PHYSICAL THERAPY	309,218	14,081,021	0.021960	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	59,246	7,111,025	0.008332	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	18,070	1,017,482	0.017760	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	327,250	32,665,254	0.010018	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,304	606,882	0.007092	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	113,755	49,172,859	0.002313	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,953	19,081,888	0.003456	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	280,846	211,641,390	0.001327	0	0	73.00
74.00	07400	RENAL DIALYSIS	43,594	5,127,149	0.008503	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	29,762	20,071,724	0.001483	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	441,652	7,646,724	0.057757	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	123,933	211,619	0.585642	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	1,124,148	3,197,235	0.351600	0	0	90.00
91.00	09100	EMERGENCY	1,190,767	108,169,771	0.011008	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	482,203	14,508,626	0.033236	0	0	92.00
200.00		Total (lines 50-199)	9,887,658	917,289,618		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part III Date/Time Prepared: 3/28/2016 3:42 pm

Title XIX | Hospital | Cost

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	92,731	0.00	19,847	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,862	0.00	392	0		31.00
41.00	04100	SUBPROVIDER - IRF	3,068	0.00	125	0		41.00
43.00	04300	NURSERY	4,016	0.00	2,031	0		43.00
44.00	04400	SKILLED NURSING FACILITY	8,006	0.00	275	0		44.00
200.00		Total (lines 30-199)	112,683		22,670	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 3/28/2016 3:42 pm

Title XIX | Hospital | Cost

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	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	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 3/28/2016 3:42 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	81,331,722	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	14,641,208	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28,032,629	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	18,825,815	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	108,287,251	0.000000	0.000000	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	2,148,554	0.000000	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,684,658	0.000000	0.000000	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,930,501	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	117,839,348	0.000000	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,525,942	0.000000	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	23,731,341	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	14,081,021	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,111,025	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,017,482	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	32,665,254	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	606,882	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	49,172,859	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,081,888	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	211,641,390	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,127,149	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	20,071,724	0.000000	0.000000	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	7,646,724	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	211,619	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	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,197,235	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	108,169,771	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	14,508,626	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	917,289,618			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 3/28/2016 3:42 pm

Title XIX | Hospital | Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	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	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	92,731	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	92,731	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)	87,913	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)	22,677	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)	87,161,811	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)	87,161,811	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)	87,161,811	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)	939.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	21,315,019	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)	21,315,019	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	10,219,056	4,862	2,101.82	912	1,916,860	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)	19,198,571	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	42,430,450	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)	2,368,037	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	980,538	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	3,348,575	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	39,081,875	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)	4,818	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	939.94	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,528,631	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	9,280,877	87,161,811	0.106479	4,528,631	482,204	90.00
91.00	Nursing School cost	0	87,161,811	0.000000	4,528,631	0	91.00
92.00	Allied health cost	0	87,161,811	0.000000	4,528,631	0	92.00
93.00	All other Medical Education	0	87,161,811	0.000000	4,528,631	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 3/28/2016 3:42 pm
	Title XVIII	Subprovider - IRF	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)	3,068	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,068	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,068	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)	1,108	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)	2,869,641	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,869,641	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)	2,869,641	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)	935.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,036,368	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,036,368	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140180 | Component CCN: 14T180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	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)	608,887	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,645,255	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)	126,257	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	28,316	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	154,573	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,490,682	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: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1

Component CCN: 14T180 | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	349,598	2,869,641	0.121826	0	0	90.00
91.00	Nursing School cost	0	2,869,641	0.000000	0	0	91.00
92.00	Allied health cost	0	2,869,641	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,869,641	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 3/28/2016 3:42 pm
	Title XVIII	Skilled Nursing Facility	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)	8,006	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	8,006	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)	8,006	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	5,459	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)	6,109,809	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)	6,109,809	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)	6,109,809	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)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140180 | Component CCN: 145541 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Skilled Nursing Facility | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						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)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		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)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		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		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		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)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		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)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		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)		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)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		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)	6,109,809	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	763.15	71.00
72.00	Program routine service cost (line 9 x line 71)	4,166,036	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	4,166,036	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	4,166,036	83.00
84.00	Program inpatient ancillary services (see instructions)	2,562,083	84.00
85.00	Utilization review - physician compensation (see instructions)	2,000	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	6,730,119	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: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1

Component CCN: 145541 | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Skilled Nursing Facility | 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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 3/28/2016 3:42 pm

Title XIX | Hospital | Cost

	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)	92,731	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	92,731	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)	87,913	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)	19,847	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)	4,016	15.00
16.00	Nursery days (title V or XIX only)	2,031	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)	94,915,547	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)	94,915,547	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)	94,915,547	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,023.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	20,314,595	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)	20,314,595	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 3/28/2016 3:42 pm

Title XIX | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,409,882	4,016	600.07	2,031	1,218,742	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	10,828,574	4,862	2,227.19	392	873,058	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	22,406,395	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	4,818	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,023.56	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,931,512	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 3/28/2016 3:42 pm

Title XIX | Hospital | Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	9,280,877	94,915,547	0.097780	4,931,512	482,203	90.00
91.00	Nursing School cost	0	94,915,547	0.000000	4,931,512	0	91.00
92.00	Allied health cost	0	94,915,547	0.000000	4,931,512	0	92.00
93.00	All other Medical Education	0	94,915,547	0.000000	4,931,512	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 3/28/2016 3:42 pm
	Title XIX	Subprovider - IRF	Cost

	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)	3,068	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,068	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,068	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)	125	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)	4,016	15.00
16.00	Nursery days (title V or XIX only)	2,031	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)	2,869,641	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,869,641	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)	2,869,641	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)	935.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	116,919	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)	116,919	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1

Component CCN: 14T180 | Date/Time Prepared: 3/28/2016 3:42 pm

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	116,919	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1

Component CCN: 14T180 | Date/Time Prepared: 3/28/2016 3:42 pm

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	349,598	2,869,641	0.121826	0	0	90.00
91.00	Nursing School cost	0	2,869,641	0.000000	0	0	91.00
92.00	Allied health cost	0	2,869,641	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,869,641	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-3 | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		59,371,535		30.00
31.00	03100	INTENSIVE CARE UNIT		5,128,981		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.188786	11,412,959	2,154,607	50.00
51.00	05100	RECOVERY ROOM	0.122207	2,068,648	252,803	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292831	104,012	30,458	52.00
53.00	05300	ANESTHESIOLOGY	0.026347	2,586,520	68,147	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.093331	11,336,818	1,058,077	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.506188	3,709	1,877	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093041	232,110	21,596	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.108087	3,405,936	368,137	59.00
60.00	06000	LABORATORY	0.119734	23,945,110	2,867,044	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.044669	1,517,073	67,766	63.00
65.00	06500	RESPIRATORY THERAPY	0.142940	6,758,453	966,053	65.00
66.00	06600	PHYSICAL THERAPY	0.272487	1,147,529	312,687	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209608	520,409	109,082	67.00
68.00	06800	SPEECH PATHOLOGY	0.316849	386,742	122,539	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074697	6,003,376	448,434	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.635577	82,200	52,244	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.257474	11,271,669	2,902,162	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402405	4,263,782	1,715,767	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.095828	36,489,451	3,496,711	73.00
74.00	07400	RENAL DIALYSIS	0.241943	1,800,785	435,687	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.131178	1,680,504	220,445	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.632945	3,510	2,222	76.00
76.97	07697	CARDIAC REHABILITATION	1.950357	22,472	43,828	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	2.124461	664	1,411	90.00
91.00	09100	EMERGENCY	0.143981	8,707,436	1,253,705	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.300707	748,509	225,082	92.00
200.00		Total (sum of lines 50-94 and 96-98)		136,500,386	19,198,571	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)		136,500,386		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140180 | Component CCN: 14T180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-3 | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
41.00	04100	SUBPROVIDER - IRF		2,277,682		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.188786	12,750	2,407	50.00
51.00	05100	RECOVERY ROOM	0.122207	2,003	245	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292831	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.026347	2,034	54	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.093331	92,058	8,592	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.506188	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093041	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.108087	0	0	59.00
60.00	06000	LABORATORY	0.119734	378,217	45,285	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.044669	2,684	120	63.00
65.00	06500	RESPIRATORY THERAPY	0.142940	133,051	19,018	65.00
66.00	06600	PHYSICAL THERAPY	0.272487	786,913	214,424	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209608	743,405	155,824	67.00
68.00	06800	SPEECH PATHOLOGY	0.316849	107,483	34,056	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074697	14,598	1,090	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.635577	736	468	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.257474	143,162	36,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402405	2,002	806	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.095828	680,391	65,201	73.00
74.00	07400	RENAL DIALYSIS	0.241943	101,005	24,437	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.131178	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.632945	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.950357	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	2.124461	0	0	90.00
91.00	09100	EMERGENCY	0.143981	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.300707	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,202,492	608,887	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		3,202,492		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-3

Component CCN: 145541 | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Skilled Nursing Facility | 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
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.188786	9,455	1,785	50.00
51.00	05100	RECOVERY ROOM	0.122207	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292249	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.026347	2,752	73	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.093331	194,489	18,152	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.506188	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093041	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.108087	12,203	1,319	59.00
60.00	06000	LABORATORY	0.119734	1,833,482	219,530	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.044669	46,248	2,066	63.00
65.00	06500	RESPIRATORY THERAPY	0.142940	1,456,022	208,124	65.00
66.00	06600	PHYSICAL THERAPY	0.272487	2,350,316	640,431	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209608	2,134,126	447,330	67.00
68.00	06800	SPEECH PATHOLOGY	0.316849	60,448	19,153	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074697	70,276	5,249	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.635577	1,964	1,248	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.257474	1,605,391	413,346	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402405	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.095828	5,398,514	517,329	73.00
74.00	07400	RENAL DIALYSIS	0.241943	275,109	66,561	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.131178	2,950	387	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.632945	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.950357	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	2.123915	0	0	90.00
91.00	09100	EMERGENCY	0.143981	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.300707	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		15,453,745	2,562,083	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)		15,453,745		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A Date/Time Prepared: 3/28/2016 3:42 pm

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)		22,895,739		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,521,453		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)		788,087		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		10,570,086		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		402.70		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)		40.45		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).		9.50		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)		49.95		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		46.49		10.00
11.00	FTE count for residents in dental and podiatric programs.		3.00		11.00
12.00	Current year allowable FTE (see instructions)		49.49		12.00
13.00	Total allowable FTE count for the prior year.		48.38		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.		48.13		14.00
15.00	Sum of lines 12 through 14 divided by 3.		48.67		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		48.67		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.120859		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.116446		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.116446		21.00
22.00	IME payment adjustment (see instructions)		1,934,922		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		650,990		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)		-3.46		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)		1,934,922		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		650,990		29.01
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		21.22		30.00
31.00	Percentage of Medicaid patient days (see instructions)		56.22		31.00
32.00	Sum of lines 30 and 31		77.44		32.00
33.00	Allowable disproportionate share percentage (see instructions)		53.11		33.00
34.00	Disproportionate share adjustment (see instructions)		4,171,418		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.001935226	0.001905413	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		14,799,924	12,206,355	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		11,069,529	3,068,263	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		14,137,792		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		52,449,411		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)		53,100,401		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,120,665		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).		1,425,477		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		57,646,543		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		57,646,543		61.00
62.00	Deductibles billed to program beneficiaries		3,187,564		62.00
63.00	Coinsurance billed to program beneficiaries		415,675		63.00
64.00	Allowable bad debts (see instructions)		1,912,057		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,242,837		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,807,213		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		55,286,141		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		34,121		70.93
70.94	HRR adjustment amount (see instructions)		-215,496		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

			Prior to October 1	On/After October 1	
		0	1.00	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)		55,104,766		71.00
71.01	Sequestration adjustment (see instructions)		1,102,095		71.01
72.00	Interim payments		49,945,072		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)		4,057,599		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		437,978		75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

		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	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	26,899,802	8,001,047	34,900,849	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,895,739	0	22,895,739	0	22,895,739	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,521,453	0	0	8,521,453	8,521,453	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	788,087	0	537,677	250,411	788,088	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,570,086	0	8,354,102	2,215,985	10,570,087	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.116446	0.116446	0.116446	0.116446		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,934,922	0	917,334	1,017,588	1,934,922	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	650,990	0	514,512	136,478	650,990	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,934,922	0	917,334	1,017,588	1,934,922	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	650,990	0	514,512	136,478	650,990	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.5311	0.5311	0.5311	0.5311		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,171,418	0	3,039,982	1,131,436	4,171,418	11.00
11.01	Uncompensated care payments	36.00	14,137,792	0	13,259,827	3,730,395	16,990,222	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	52,449,411	0	29,797,081	22,652,330	52,449,411	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	53,100,401	0	30,311,593	22,788,808	53,100,401	15.00
16.00	Payment for inpatient program capital	50.00	3,120,665	0	2,267,462	853,203	3,120,665	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	32,579,055	23,642,011	56,221,066	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,514,046	0	1,830,507	683,539	2,514,046	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	40,204	0	40,204	15,663	55,867	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0555	0.0555	0.0555	0.0555		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	139,530	0	101,594	37,936	139,530	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1698	0.1698	0.1698	0.1698		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	426,885	0	310,820	116,065	426,885	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,120,665	0	2,267,462	853,203	3,120,665	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,895,739	22,895,739		22,895,739	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,521,453		8,521,453	8,521,453	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	788,087	537,677	250,411	788,088	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,570,086	8,354,102	2,215,985	10,570,087	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.116446	0.116446	0.116446		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,934,922	1,410,103	524,819	1,934,922	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	650,990	514,512	136,478	650,990	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,934,922	1,410,103	524,819	1,934,922	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	650,990	514,512	136,478	650,990	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.5311	0.5311	0.5311		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,171,418	3,039,982	1,131,436	4,171,418	11.00
11.01	Uncompensated care payments	36.00	14,137,792	13,259,827	3,730,395	16,990,222	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	52,449,411	38,290,897	14,158,514	52,449,411	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	53,100,401	38,805,409	14,294,992	53,100,401	15.00
16.00	Payment for inpatient program capital	50.00	3,120,665	2,274,543	846,122	3,120,665	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ aquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			41,079,952	15,141,114	56,221,066	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,514,046	1,830,507	683,539	2,514,046	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	40,204	31,622	8,582	40,204	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0555	0.0555	0.0555		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	139,530	101,594	37,936	139,530	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1698	0.1698	0.1698		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	426,885	310,820	116,065	426,885	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,120,665	2,274,543	846,122	3,120,665	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	34,121	-18,801	52,922	34,121	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-215,496	-176,296	-39,200	-215,496	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 3/28/2016 3:42 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	22,013	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	15,533,739	2.00
3.00	PPS payments	15,168,477	3.00
4.00	Outlier payment (see instructions)	47,822	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)	22,013	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	229,211	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)	229,211	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	229,211	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	207,198	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)	22,013	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)	15,216,299	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)	3,155,710	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)	12,082,602	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	432,861	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)	12,515,463	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	12,515,463	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)	1,036,463	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	673,701	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	970,521	36.00
37.00	Subtotal (see instructions)	13,189,164	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)	13,189,164	40.00
40.01	Sequestration adjustment (see instructions)	263,783	40.01
41.00	Interim payments	13,517,203	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-591,822	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 3/28/2016 3:42 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	485	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	10,472	2.00
3.00	PPS payments	6,086	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)	485	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	5,066	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)	5,066	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	5,066	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	4,581	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)	485	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)	6,086	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)	1,459	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)	5,112	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)	5,112	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	5,112	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)	5,112	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)	5,112	40.00
40.01	Sequestration adjustment (see instructions)	102	40.01
41.00	Interim payments	4,579	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	431	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 3/28/2016 3:42 pm
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	58	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments		3.00
4.00	Outlier payment (see instructions)		4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		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)	58	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	605	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)	605	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	605	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	547	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)	58	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)	0	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)		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)	58	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)	58	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	58	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)	58	37.00
38.00	MSP-LCC reconciliation amount from PS&R		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)	58	40.00
40.01	Sequestration adjustment (see instructions)	1	40.01
41.00	Interim payments	83	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-26	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)		90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		91.00
92.00	The rate used to calculate the Time Value of Money		92.00
93.00	Time Value of Money (see instructions)		93.00
94.00	Total (sum of lines 91 and 93)		94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-1 Part I | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		46,836,837		11,822,945	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		2,943,679		1,646,554	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	12/10/2015	164,556	12/10/2015	47,704	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)		164,556		47,704	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)		49,945,072		13,517,203	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		4,057,599		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		591,822	6.02
7.00	Total Medicare program liability (see instructions)		54,002,671		12,925,381	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: 140180 | Component CCN: 14T180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-1 Part I | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Subprovider - IRF | 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		1,870,196		4,579	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,870,196		4,579	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		60,093		431	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,930,289		5,010	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: 140180	Period:	Worksheet E-1
Component CCN: 145541	From 01/01/2015 To 12/31/2015	Part I Date/Time Prepared: 3/28/2016 3:42 pm
Title XVIII	Skilled Nursing Facility	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		2,628,133		83	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,628,133		83	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,960		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		26	6.02
7.00	Total Medicare program liability (see instructions)		2,630,093		57	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: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 3/28/2016 3:42 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	18,698	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	23,589	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	7,962	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	92,775	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,201,845,616	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	43,405,980	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)	971,929	8.00
9.00	Sequestration adjustment amount (see instructions)	19,439	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	952,490	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)	952,490	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 3/28/2016 3:42 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	1,688,005	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.1732	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	283,585	3.00
4.00	Outlier Payments	3,282	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	8.405479	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	1,974,872	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	1,974,872	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	1,974,872	19.00
20.00	Deductibles	7,560	20.00
21.00	Subtotal (line 19 minus line 20)	1,967,312	21.00
22.00	Coinsurance	0	22.00
23.00	Subtotal (line 21 minus line 22)	1,967,312	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	3,648	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	2,371	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	3,648	26.00
27.00	Subtotal (sum of lines 23 and 25)	1,969,683	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	1,969,683	32.00
32.01	Sequestration adjustment (see instructions)	39,394	32.01
33.00	Interim payments	1,870,196	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)	60,093	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	5,594	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	3,282	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VI Date/Time Prepared: 3/28/2016 3:42 pm
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	3,022,043	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	3,022,043	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	340,275	7.00
8.00	Allowable bad debts (see instructions)	0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	0	10.00
11.00	Utilization review	2,000	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)	2,683,768	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	14.50
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (see instructions	2,683,768	15.00
15.01	Sequestration adjustment (see instructions)	53,675	15.01
16.00	Interim payments	2,628,133	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)	1,960	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2	0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 3/28/2016 3:42 pm
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	22,406,395		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	22,406,395	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	22,406,395	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	22,406,395	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	22,406,395	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 3/28/2016 3:42 pm
	Title XIX	Subprovider - IRF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	116,919		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	116,919	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	116,919	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	116,919	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	116,919	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-4 | Date/Time Prepared: 3/28/2016 3:42 pm

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			41.12	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			-2.82	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			5.95	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			49.89	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			46.49	6.00
7.00	Enter the lesser of line 5 or line 6			46.49	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	45.42	0.99	46.41	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	45.42	0.99	46.41	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.00		10.00
11.00	Total weighted FTE count	45.42	3.99		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	44.16	3.96		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	43.17	1.80		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	44.25	3.25		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	44.25	3.25		17.00
18.00	Per resident amount	118,018.08	118,018.08		18.00
19.00	Approved amount for resident costs	5,222,300	383,559	5,605,859	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			5,605,859	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	24,697	8,239		26.00
27.00	Total Inpatient Days (see instructions)	95,843	95,843		27.00
28.00	Ratio of inpatient days to total inpatient days	0.257682	0.085964		28.00
29.00	Program direct GME amount	1,444,529	481,902		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		68,093		30.00
31.00	Net Program direct GME amount			1,858,338	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 3/28/2016 3:42 pm
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	4,170,542	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	51,263,784	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	51,263,784	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	15,566,767	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	15,566,767	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	66,830,551	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.767071	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.232929	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	1,858,338	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	1,425,477	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	432,861	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G | Date/Time Prepared: 3/28/2016 3:42 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	2,041,447	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	164,645,046	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-119,240,914	0	0	0	6.00
7.00	Inventory	6,731,219	0	0	0	7.00
8.00	Prepaid expenses	871,907	0	0	0	8.00
9.00	Other current assets	702,696	0	0	0	9.00
10.00	Due from other funds	-1,692,730	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	54,058,671	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	5,370,865	0	0	0	12.00
13.00	Land improvements	478,314	0	0	0	13.00
14.00	Accumulated depreciation	-745,484	0	0	0	14.00
15.00	Buildings	125,222,320	0	0	0	15.00
16.00	Accumulated depreciation	-75,370,703	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	39,498,968	0	0	0	19.00
20.00	Accumulated depreciation	-25,085,815	0	0	0	20.00
21.00	Automobiles and trucks	22,120	0	0	0	21.00
22.00	Accumulated depreciation	-22,045	0	0	0	22.00
23.00	Major movable equipment	34,872,825	0	0	0	23.00
24.00	Accumulated depreciation	-3,588,000	0	0	0	24.00
25.00	Minor equipment depreciable	432,585	0	0	0	25.00
26.00	Accumulated depreciation	-24,895	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	364,674	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	101,425,729	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	3,036,890	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,036,890	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	158,521,290	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	4,968,167	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)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,157,582	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	7,125,749	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	47,598,036	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	47,598,036	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	54,723,785	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	103,797,505				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)	103,797,505	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	158,521,290	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G-1 | Date/Time Prepared: 3/28/2016 3:42 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		253,106,938		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		27,884,322				2.00
3.00	Total (sum of line 1 and line 2)		280,991,260		0		3.00
4.00	UNRESTRICTED NET ASSETS	35,264,556		0		0	4.00
5.00	ROUNDING	1		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		35,264,557		0		10.00
11.00	Subtotal (line 3 plus line 10)		316,255,817		0		11.00
12.00	NET ASSET TRANSFERS	210,970,099		0		0	12.00
13.00	TEMPORARY RESTRICTED NET ASSET	1,488,213		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		212,458,312		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		103,797,505		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	UNRESTRICTED NET ASSETS		0		4.00
5.00	ROUNDING		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	NET ASSET TRANSFERS		0		12.00
13.00	TEMPORARY RESTRICTED NET ASSET		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: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G-2 Parts I & II Date/Time Prepared: 3/28/2016 3:42 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	250,792,676		250,792,676	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,339,703		6,339,703	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	7,628,388		7,628,388	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)	264,760,767		264,760,767	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	20,506,418		20,506,418	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)	20,506,418		20,506,418	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	285,267,185		285,267,185	17.00
18.00	Ancillary services	437,532,146	479,046,231	916,578,377	18.00
19.00	Outpatient services	0	55	55	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	PROFESSIONAL FEES	0	4,472,538	4,472,538	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	722,799,331	483,518,824	1,206,318,155	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		282,110,095		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	ASSESSMENT TAX	0			31.00
32.00	POST GRADUATE PHYSICIANS EXTERNAL	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		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)		282,110,095		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G-3 | Date/Time Prepared: 3/28/2016 3:42 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,206,318,155	1.00
2.00	Less contractual allowances and discounts on patients' accounts	902,822,394	2.00
3.00	Net patient revenues (line 1 minus line 2)	303,495,761	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	282,110,095	4.00
5.00	Net income from service to patients (line 3 minus line 4)	21,385,666	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	145,837	6.00
7.00	Income from investments	273,635	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	1,317,412	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	2,819,215	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	553,300	22.00
23.00	Governmental appropriations	1,299,103	23.00
24.00	REVENUE FROM OTHER SERVICES	90,154	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	0	24.01
25.00	Total other income (sum of lines 6-24)	6,498,656	25.00
26.00	Total (line 5 plus line 25)	27,884,322	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)	27,884,322	29.00

CALCULATION OF CAPITAL PAYMENT | Provider CCN: 140180 | Period: From 01/01/2015 To 12/31/2015 | Worksheet L Parts I-III Date/Time Prepared: 3/28/2016 3:42 pm

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		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	2,514,046	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	40,204	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)	254.18	3.00
4.00	Number of interns & residents (see instructions)	48.67	4.00
5.00	Indirect medical education percentage (see instructions)	5.55	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)	139,530	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	21.22	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	56.22	8.00
9.00	Sum of lines 7 and 8	77.44	9.00
10.00	Allowable disproportionate share percentage (see instructions)	16.98	10.00
11.00	Disproportionate share adjustment (see instructions)	426,885	11.00
12.00	Total prospective capital payments (see instructions)	3,120,665	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