

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: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/25/2016 10:48 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/25/2016 Time: 10:48 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE NORTHSIDE HEALTH SYSTEM (140182) 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 XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	691,064	-227,971	0	0	1.00
2.00 Subprovider - IPF	0	101,364	0	0	0	2.00
3.00 Subprovider - IRF	0	29,431	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	821,859	-227,971	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 10:47 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 836 WELLINGTON			PO Box:						1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60640-		County: COOK		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ADVOCATE NORTHSIDE HEALTH SYSTEM	140182	16974	1	07/01/1966	0	P	0	3.00
4.00	Subprovider - IPF		ADVOCATE NORTHSIDE HEALTH SYSTEM PSY	14S182	16974	4	01/11/1983	0	P	0	4.00
5.00	Subprovider - IRF		ADVOCATE NORTHSIDE HEALTH REHAB	14T182	16974	5	12/28/2003	0	P	0	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2015	12/31/2015		20.00		
21.00	Type of Control (see instructions)					1		21.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00	
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
			1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		7,858	2,038	0	0	9,322	758		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 10:47 am			
		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		
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.	211	14	0	0	557		25.00	
		Urban/Rural		S		Date of Geogr			
		1.00		2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
		Beginning:		Ending:					
		1.00		2.00					
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
		Y/N		Y/N					
		1.00		2.00					
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	N	40.00	
		V		XVII		XIX			
		1.00		2.00		3.00			
		Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
		Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					Y			60.00
		Y/N		IME		Direct GME			
		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			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140182

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

Worksheet S-2
Part I
Date/Time Prepared:
5/25/2016 10:47 am

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
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/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
		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)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	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. 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)			1.36	90.81	0.014755	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	

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	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	
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)	FAMILY PRACTICE	3630	3.81	92.82	0.039429		65.00
			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 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)			2.13	89.43	0.023263		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	
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)	FAMILY PRACTICE	3630	4.07	89.02	0.043721		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.				Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				Y	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				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)				Y	N	0	76.00

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			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.			Y	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
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a critical access hospital (CAH)?			N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.			N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00
			Physical	Occupational	Speech	Respiratory
			1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					
			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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1		118.00
			Premiums	Losses	Insurance	
			1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			7,769,757	259,675	0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 10:47 am		
		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		
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	14H036	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: ADVOCATE HEALTHCARE	Contractor's Name: NATIONAL GOVT. SVCS.		Contractor's Number: 00131		
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box: SUITE 600		142.00		
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		
				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		
		1.00	2.00	3.00		
				Title XIX		
				4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	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
161.10	CORF		N	N	N	161.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 10:47 am		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	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)				01/01/2015	12/31/2015	170.00	
							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. 1, 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: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/25/2016 10:47 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			Y	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)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		04/15/2015	Y
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
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.	Y			N
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140182

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

Worksheet S-2
Part II
Date/Time Prepared:
5/25/2016 10:47 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	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.	MARY		SEBO	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5763		MARY.SEBO@ADVOCATEHEALTH.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/15/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST	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: 140182

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 10:47 am

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	132	48,085	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)		132	48,085	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	74	27,054	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	43	15,615	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		249	90,754	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	35	12,775		0	16.00
17.00 SUBPROVIDER - IRF	41.00	22	7,957		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		306				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)		11	4,015			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: 140182

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 10:47 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	4,568	4,194	29,834			1.00
2.00 HMO and other (see instructions)	5,043	8,803				2.00
3.00 HMO IPF Subprovider	610	2,405				3.00
4.00 HMO IRF Subprovider	634	557				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,568	4,194	29,834			7.00
8.00 INTENSIVE CARE UNIT	1,896	5,084	12,755			8.00
9.00 CORONARY CARE UNIT	3,610	490	9,540			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,041	4,062			13.00
14.00 Total (see instructions)	10,074	10,809	56,191	177.23	1,987.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,191	2,231	9,568	0.40	51.00	16.00
17.00 SUBPROVIDER - IRF	1,848	263	5,186	0.82	27.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	354			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				178.45	2,065.00	27.00
28.00 Observation Bed Days		0	6,522			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	364	1,461			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: 140182

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 10:47 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,485	1,789	12,827	1.00
2.00 HMO and other (see instructions)				1,218	2,014		2.00
3.00 HMO IPF Subprovider					338		3.00
4.00 HMO IRF Subprovider					23		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	2,485	1,789	12,827		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	254	319	1,336		16.00
17.00 SUBPROVIDER - IRF	0.00	0	130	17	381		17.00
18.00 SUBPROVIDER	0.00	0	0	0	0		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	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00						23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						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: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/25/2016 10:47 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	135,770,191	0	135,770,191	4,295,200.00	31.61	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		4,051,574	0	4,051,574	35,399.00	114.45	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	15,607,018	0	15,607,018	436,800.00	35.73	7.00
7.01	Contracted interns and residents (in an approved programs)		1,248,514	0	1,248,514	32,594.00	38.31	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,956,238	109,427	5,065,665	162,240.00	31.22	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		2,388,400	0	2,388,400	21,472.00	111.23	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		12,105,159	0	12,105,159	193,494.00	62.56	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)		27,086,086	0	27,086,086			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,551,239	0	1,551,239			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,268,091	0	1,268,091			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		4,884,798	0	4,884,798			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,963,555	0	2,963,555	16,640.00	178.10	26.00
27.00	Administrative & General	5.00	10,140,037	0	10,140,037	272,480.00	37.21	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	4,285,683	0	4,285,683	380,640.00	11.26	30.00
31.00	Laundry & Linen Service	8.00	225,426	0	225,426	12,480.00	18.06	31.00
32.00	Housekeeping	9.00	3,563,040	0	3,563,040	239,200.00	14.90	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,842,249	-813,736	2,028,513	79,040.00	25.66	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	813,736	813,736	83,200.00	9.78	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,675,186	0	2,675,186	56,160.00	47.64	38.00
39.00	Central Services and Supply	14.00	1,812,379	0	1,812,379	93,600.00	19.36	39.00
40.00	Pharmacy	15.00	4,053,075	-109,427	3,943,648	101,920.00	38.69	40.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/25/2016 10:47 am		
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,703,583	0	1,703,583	70,720.00	24.09	41.00
42.00	Social Service	17.00	2,240,001	0	2,240,001	58,240.00	38.46	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140182

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2016 10:47 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	114,863,085	0	114,863,085	3,790,407.00	30.30	1.00
2.00	Excluded area salaries (see instructions)	4,956,238	109,427	5,065,665	162,240.00	31.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	109,906,847	-109,427	109,797,420	3,628,167.00	30.26	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,493,559	0	14,493,559	214,966.00	67.42	4.00
5.00	Subtotal wage-related costs (see inst.)	27,086,086	0	27,086,086	0.00	24.67	5.00
6.00	Total (sum of lines 3 thru 5)	151,486,492	-109,427	151,377,065	3,843,133.00	39.39	6.00
7.00	Total overhead cost (see instructions)	36,504,214	-109,427	36,394,787	1,464,320.00	24.85	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2016 10:47 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,664,649 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,823,390 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			2,151,543 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)			11,746,018 8.00
9.00	Prescription Drug Plan			3,630,929 9.00
10.00	Dental, Hearing and Vision Plan			359,627 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			150,263 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)			747,463 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,217,774 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			9,177,016 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 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))			764,096 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			357,447 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			34,790,215 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/25/2016 10:47 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		2,388,400	28,637,325 1.00
2.00	Hospital		2,388,400	27,086,086 2.00
3.00	Subprovider - IPF		0	868,694 3.00
4.00	Subprovider - IRF		0	682,545 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			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10	Date/Time Prepared: 5/25/2016 10:47 am
					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)			0.216147	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			91,896,143	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			320,548,114	6.00
7.00	Medicaid cost (line 1 times line 6)			69,285,513	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	23,819,562	5,518,487	29,338,049	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,148,527	1,192,804	6,341,331	21.00
22.00	Partial payment by patients approved for charity care	194,160	548,453	742,613	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,954,367	644,351	5,598,718	23.00
					1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			20,667,920	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,481,767	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			19,186,153	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			4,147,029	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,745,747	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			9,745,747	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

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

Worksheet A
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	10,698,234	10,698,234	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	9,563,787	9,563,787	2.00	
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,963,555	24,168,516	27,132,071	-3,323	27,128,748	4.00
5.01	00540	NONPATIENT TELEPHONES	374,610	837,695	1,212,305	-87,974	1,124,331	5.01
5.02	00550	DATA PROCESSING	50,586	4,634,025	4,684,611	-160,634	4,523,977	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	163,643	519,488	683,131	-617	682,514	5.03
5.04	00570	ADMINISTRATIVE	647,268	3,296,936	3,944,204	-113,465	3,830,739	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	6,694,952	6,694,952	-4,577	6,690,375	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	8,903,930	77,721,489	86,625,419	-11,050,451	75,574,968	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,285,683	10,997,348	15,283,031	-137,218	15,145,813	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	225,426	1,079,514	1,304,940	-10,711	1,294,229	8.00
9.00	00900	HOUSEKEEPING	3,563,040	1,548,470	5,111,510	-49,843	5,061,667	9.00
10.00	01000	DIETARY	2,842,249	1,770,425	4,612,674	-1,413,497	3,199,177	10.00
11.00	01100	CAFETERIA	0	0	0	1,320,609	1,320,609	11.00
13.00	01300	NURSING ADMINISTRATION	2,675,186	559,002	3,234,188	-5,397	3,228,791	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,812,379	2,934,969	4,747,348	-1,523,742	3,223,606	14.00
15.00	01500	PHARMACY	4,053,075	14,380,819	18,433,894	-16,021,581	2,412,313	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,703,583	604,936	2,308,519	-11,294	2,297,225	16.00
17.00	01700	SOCIAL SERVICE	2,240,001	413,121	2,653,122	-547	2,652,575	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	15,607,018	0	15,607,018	0	15,607,018	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,770,776	3,770,776	-52,140	3,718,636	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMEDICAL PHARMACY	0	0	0	213,229	213,229	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,559,539	5,892,839	28,452,378	-3,813,082	24,639,296	30.00
31.00	03100	INTENSIVE CARE UNIT	12,750,961	4,394,532	17,145,493	-2,120,054	15,025,439	31.00
32.00	03200	CORONARY CARE UNIT	4,467,992	1,115,505	5,583,497	-506,689	5,076,808	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,303,989	369,929	3,673,918	-29,282	3,644,636	40.00
41.00	04100	SUBPROVIDER - IRF	1,652,249	1,321,279	2,973,528	-156,955	2,816,573	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,783,569	1,783,569	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,855,509	26,299,877	38,155,386	-20,917,354	17,238,032	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	95,621	1,446,830	1,542,451	-1,109,977	432,474	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,243,500	4,899,413	10,142,913	-2,936,768	7,206,145	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	463,841	899,711	1,363,552	-312,361	1,051,191	56.00
56.01	05601	ULTRA SOUND	796,310	435,564	1,231,874	-337,154	894,720	56.01
57.00	05700	CT SCAN	737,810	1,397,053	2,134,863	-1,310,440	824,423	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,776,826	6,096,765	7,873,591	-5,534,607	2,338,984	59.00
60.00	06000	LABORATORY	0	9,833,392	9,833,392	-1,140,555	8,692,837	60.00
60.01	06001	BLOOD LABORATORY	0	1,005,817	1,005,817	-112,961	892,856	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,811,482	780,039	3,591,521	-545,931	3,045,590	65.00
66.00	06600	PHYSICAL THERAPY	2,728,790	575,433	3,304,223	-101,544	3,202,679	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
68.01	06801	CARDIOLOGY	305,536	43,857	349,393	-17,634	331,759	68.01
69.00	06900	ELECTROCARDIOLOGY	1,042,415	424,479	1,466,894	-249,841	1,217,053	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	110,779	85,871	196,650	-25,617	171,033	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,762,797	22,762,797	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,797,984	11,797,984	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,643,281	15,643,281	73.00
74.00	07400	RENAL DIALYSIS	525,717	144,398	670,115	-94,765	575,350	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

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

Worksheet A
Date/Time Prepared:
5/25/2016 10:47 am

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	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	397,091	434,195	831,286	-299,604	531,682	90.00
90.01	09001 A. R. C. CLINIC	1,235,119	403,604	1,638,723	-226,114	1,412,609	90.01
90.02	09002 CANCER CTR CLINIC	1,547,160	1,064,146	2,611,306	-112,652	2,498,654	90.02
90.03	09003 UROLOGY CLINIC	162,582	49,678	212,260	-45,106	167,154	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	122,671	163,569	286,240	-92,678	193,562	90.05
90.06	09006 WOUND CARE CLINIC	20,697	30,617	51,314	-26,034	25,280	90.06
90.07	09007 EENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	96,176	36,570	132,746	-26,262	106,484	90.08
90.09	09010 O/P IV THERAPY	206,358	69,380	275,738	-38,795	236,943	90.09
91.00	09100 EMERGENCY	6,642,239	4,735,069	11,377,308	-895,663	10,481,645	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	135,770,191	230,381,892	366,152,083	0	366,152,083	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	809	809	0	809	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	135,770,191	230,382,701	366,152,892	0	366,152,892	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

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

Worksheet A
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	598,924	11,297,158	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,503,442	13,067,229	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,038,071	32,166,819	4.00
5.01	00540	NONPATIENT TELEPHONES	-210	1,124,121	5.01
5.02	00550	DATA PROCESSING	4,712,824	9,236,801	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	682,514	5.03
5.04	00570	ADMINITTING	0	3,830,739	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	6,690,375	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-45,558,491	30,016,477	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,470,939	13,674,874	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,294,229	8.00
9.00	00900	HOUSEKEEPING	0	5,061,667	9.00
10.00	01000	DIETARY	-1,518,127	1,681,050	10.00
11.00	01100	CAFETERIA	0	1,320,609	11.00
13.00	01300	NURSING ADMINISTRATION	-355	3,228,436	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-70	3,223,536	14.00
15.00	01500	PHARMACY	-4,825	2,407,488	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-19,292	2,277,933	16.00
17.00	01700	SOCIAL SERVICE	0	2,652,575	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	15,607,018	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-76,276	3,642,360	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	213,229	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,405,203	22,234,093	30.00
31.00	03100	INTENSIVE CARE UNIT	0	15,025,439	31.00
32.00	03200	CORONARY CARE UNIT	0	5,076,808	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	-50,733	3,593,903	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,816,573	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,783,569	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,478,651	15,759,381	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	432,474	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-264,648	6,941,497	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,051,191	56.00
56.01	05601	ULTRA SOUND	0	894,720	56.01
57.00	05700	CT SCAN	0	824,423	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-125,817	2,213,167	59.00
60.00	06000	LABORATORY	-500,920	8,191,917	60.00
60.01	06001	BLOOD LABORATORY	0	892,856	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-2,410	3,043,180	65.00
66.00	06600	PHYSICAL THERAPY	-24,462	3,178,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	CARDIOLOGY	-13,320	318,439	68.01
69.00	06900	ELECTROCARDIOLOGY	0	1,217,053	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	171,033	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,762,797	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,797,984	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,643,281	73.00
74.00	07400	RENAL DIALYSIS	0	575,350	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

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

Worksheet A
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-35,811	495,871	90.00
90.01	09001	A. R. C. CLINIC	0	1,412,609	90.01
90.02	09002	CANCER CTR CLINIC	0	2,498,654	90.02
90.03	09003	UROLOGY CLINIC	-9,339	157,815	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	90.04
90.05	09005	EYE CENTER	-174,590	18,972	90.05
90.06	09006	WOUND CARE CLINIC	-26,896	-1,616	90.06
90.07	09007	EENT CLINIC	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	106,484	90.08
90.09	09010	O/P IV THERAPY	0	236,943	90.09
91.00	09100	EMERGENCY	-778,330	9,703,315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-40,686,454	325,465,629	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	809	190.00
190.01	19001	SUBCORPS	0	0	190.01
190.02	19002	GRANTS	0	0	190.02
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	HOSPICE	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-40,686,454	325,466,438	200.00

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6
Date/Time Prepared:
5/25/2016 10:47 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	813,736	506,873	1.00
	TOTALS		813,736	506,873	
B - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,643,281	1.00
	TOTALS		0	15,643,281	
C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,904,208	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,558,725	2.00
	TOTALS		0	18,462,933	
D - EQUIPMENT DEPRECIATION					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,507,181	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
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
	TOTALS		0	7,507,181	
E - NURSERY					
1.00	NURSERY	43.00	1,533,785	249,784	1.00
	TOTALS		1,533,785	249,784	
F - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	34,560,781	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
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
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
	TOTALS		0	34,560,781		
G - RENT						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	794,026		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,005,062		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
8.00		0.00	0	0		8.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
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
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
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
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
	TOTALS		0	1,799,088		
H - IMPLANT COSTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,797,984		1.00
	TOTALS		0	11,797,984		
I - PHARMACY RESIDENT'S COST						
1.00	PARAMED ED PHARMACY	23.03	109,427	103,802		1.00
	TOTALS		109,427	103,802		
500.00	Grand Total: Increases		2,456,948	90,631,707		500.00

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6
Date/Time Prepared:
5/25/2016 10:47 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA COSTS							
1.00	DIETARY	10.00	813,736	506,873	0		1.00
	TOTALS		813,736	506,873			
B - CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	15,643,281	0		1.00
	TOTALS		0	15,643,281			
C - DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,904,208	9		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,558,725	9		2.00
	TOTALS		0	18,462,933			
D - EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,301	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	10,386	0		2.00
3.00	DATA PROCESSING	5.02	0	160,634	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	587	0		4.00
5.00	ADMINISTRATIVE	5.04	0	2,672	0		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	4,577	0		6.00
7.00	OPERATION OF PLANT	7.00	0	53,016	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	10,175	0		8.00
9.00	HOUSEKEEPING	9.00	0	23,480	0		9.00
10.00	DIETARY	10.00	0	72,145	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	4,521	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	107,826	0		12.00
13.00	PHARMACY	15.00	0	137,863	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,590	0		14.00
15.00	SOCIAL SERVICE	17.00	0	98	0		15.00
16.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	40,836	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	333,936	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	548,717	0		18.00
19.00	CORONARY CARE UNIT	32.00	0	127,042	0		19.00
20.00	SUBPROVIDER - IPF	40.00	0	729	0		20.00
21.00	SUBPROVIDER - IRF	41.00	0	10,954	0		21.00
22.00	OPERATING ROOM	50.00	0	2,040,345	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	129,812	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,407,488	0		24.00
25.00	RADIOISOTOPE	56.00	0	233,623	0		25.00
26.00	ULTRA SOUND	56.01	0	4,290	0		26.00
27.00	CT SCAN	57.00	0	470,661	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	690,042	0		28.00
29.00	LABORATORY	60.00	0	6,832	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	129,342	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	16,733	0		31.00
32.00	CARDIOLOGY	68.01	0	13,955	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	176,574	0		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,586	0		34.00
35.00	RENAL DIALYSIS	74.00	0	5,658	0		35.00
36.00	CLINIC	90.00	0	8,541	0		36.00
37.00	A. R. C. CLINIC	90.01	0	184,933	0		37.00
38.00	CANCER CTR CLINIC	90.02	0	27,045	0		38.00
39.00	UROLOGY CLINIC	90.03	0	25,271	0		39.00
40.00	EYE CENTER	90.05	0	48,889	0		40.00
41.00	EMERGENCY	91.00	0	177,086	0		41.00
42.00	O/P IV THERAPY	90.09	0	4,128	0		42.00
43.00	O/P PHARMACY CLINIC	90.08	0	26,262	0		43.00
	TOTALS		0	7,507,181			
E - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,533,785	249,784	0		1.00
	TOTALS		1,533,785	249,784			
F - SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22	0		1.00
2.00	ADMINISTRATIVE	5.04	0	1,060	0		2.00
3.00	OPERATION OF PLANT	7.00	0	68,424	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	536	0		4.00
5.00	HOUSEKEEPING	9.00	0	18,116	0		5.00
7.00	NURSING ADMINISTRATION	13.00	0	876	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,415,916	0		8.00
9.00	PHARMACY	15.00	0	27,208	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	704	0		10.00
11.00	SOCIAL SERVICE	17.00	0	89	0		11.00

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6
Date/Time Prepared:
5/25/2016 10:47 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
13.00	ADULTS & PEDIATRICS	30.00	0	1,585,337	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	1,487,655	0		14.00
15.00	CORONARY CARE UNIT	32.00	0	371,256	0		15.00
16.00	SUBPROVIDER - IPF	40.00	0	27,685	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	114,165	0		17.00
18.00	OPERATING ROOM	50.00	0	18,857,493	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	980,165	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,247,879	0		20.00
21.00	RADIOISOTOPE	56.00	0	54,815	0		21.00
22.00	ULTRA SOUND	56.01	0	156,311	0		22.00
23.00	CT SCAN	57.00	0	394,112	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	4,844,205	0		24.00
25.00	LABORATORY	60.00	0	1,102,036	0		25.00
26.00	BLOOD LABORATORY	60.01	0	112,961	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	399,147	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	84,811	0		28.00
29.00	CARDIOLOGY	68.01	0	3,679	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	45,362	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,731	0		31.00
32.00	RENAL DIALYSIS	74.00	0	89,107	0		32.00
33.00	CLINIC	90.00	0	147,825	0		33.00
34.00	A. R. C. CLINIC	90.01	0	18,503	0		34.00
35.00	CANCER CTR CLINIC	90.02	0	84,275	0		35.00
36.00	UROLOGY CLINIC	90.03	0	19,835	0		36.00
37.00	EMERGENCY	91.00	0	718,025	0		37.00
38.00	WOUND CARE CLINIC	90.06	0	26,034	0		38.00
39.00	EYE CENTER	90.05	0	43,789	0		39.00
40.00	PURCHASING RECEIVING AND STORES	5.03	0	30	0		40.00
41.00	O/P IV THERAPY	90.09	0	4,602	0		41.00
	TOTALS		0	34,560,781			
G - RENT							
1.00		0.00	0	0	10		1.00
2.00		0.00	0	0	10		2.00
3.00	NONPATIENT TELEPHONES	5.01	0	77,588	10		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	94,699	0		4.00
5.00		0.00	0	0	10		5.00
6.00	ADMINISTRATIVE	5.04	0	109,733	10		6.00
8.00	OPERATION OF PLANT	7.00	0	15,778	10		8.00
10.00	HOUSEKEEPING	9.00	0	8,247	10		10.00
11.00	DIETARY	10.00	0	20,743	10		11.00
16.00	SOCIAL SERVICE	17.00	0	360	10		16.00
17.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	11,304	10		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	110,240	10		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	83,682	10		19.00
20.00	CORONARY CARE UNIT	32.00	0	8,391	10		20.00
21.00	SUBPROVIDER - IPF	40.00	0	868	10		21.00
22.00	SUBPROVIDER - IRF	41.00	0	31,836	10		22.00
23.00	OPERATING ROOM	50.00	0	19,516	10		23.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	281,401	10		25.00
26.00	RADIOISOTOPE	56.00	0	23,923	10		26.00
27.00	ULTRA SOUND	56.01	0	176,553	10		27.00
28.00	CT SCAN	57.00	0	445,667	10		28.00
29.00	CARDIAC CATHETERIZATION	59.00	0	360	10		29.00
30.00	LABORATORY	60.00	0	31,687	10		30.00
31.00	RESPIRATORY THERAPY	65.00	0	17,442	10		31.00
33.00	ELECTROCARDIOLOGY	69.00	0	27,905	10		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,300	10		34.00
35.00	CLINIC	90.00	0	143,238	10		35.00
36.00	A. R. C. CLINIC	90.01	0	22,678	10		36.00
37.00	CANCER CTR CLINIC	90.02	0	1,332	10		37.00
41.00	EMERGENCY	91.00	0	552	10		41.00
42.00	O/P IV THERAPY	90.09	0	30,065	0		42.00
	TOTALS		0	1,799,088			
H - IMPLANT COSTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,797,984	0		1.00
	TOTALS		0	11,797,984			
I - PHARMACY RESIDENT'S COST							
1.00	PHARMACY	15.00	109,427	103,802	0		1.00
	TOTALS		109,427	103,802			
500.00	Grand Total: Decreases		2,456,948	90,631,707			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140182

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

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2016 10:47 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	36,893,543	0	0	0	1.00
2.00	Land Improvements	2,269,643	2,994,787	0	2,994,787	2.00
3.00	Buildings and Fixtures	223,281,928	7,919,251	0	7,919,251	3.00
4.00	Building Improvements	1,558,267	0	0	0	4.00
5.00	Fixed Equipment	72,501,397	14,502,436	0	14,502,436	5.00
6.00	Movable Equipment	414,527	21,883	0	21,883	6.00
7.00	HIT designated Assets	1,230,748	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	338,150,053	25,438,357	0	25,438,357	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	338,150,053	25,438,357	0	25,438,357	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	36,893,543	0			1.00
2.00	Land Improvements	5,264,430	824,299			2.00
3.00	Buildings and Fixtures	231,201,179	26,496,768			3.00
4.00	Building Improvements	1,558,267	1,252,504			4.00
5.00	Fixed Equipment	85,476,359	23,227,711			5.00
6.00	Movable Equipment	436,410	395,219			6.00
7.00	HIT designated Assets	1,230,748	0			7.00
8.00	Subtotal (sum of lines 1-7)	362,060,936	52,196,501			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	362,060,936	52,196,501			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140182

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

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140182

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

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	11,297,158	0	11,297,158	0.463675	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	13,067,229	0	13,067,229	0.536325	0	2.00
3.00	Total (sum of lines 1-2)	24,364,387	0	24,364,387	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	9,904,208	794,026	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,558,725	1,005,062	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,462,933	1,799,088	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	598,924	11,297,158	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,503,442	13,067,229	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,102,366	24,364,387	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140182

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

Worksheet A-8

Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	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	-4,404,466				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-5,324,248				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)			0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	20,289		CAP REL COSTS-BLDG & FIXT	1.00	14	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	1,121,431		CAP REL COSTS-MVBLE EQUIP	2.00	14	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)		-177,000		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 OWP CANNON DESIGN	A	-2,163		CAP REL COSTS-BLDG & FIXT	1.00	14	33.00

Provider CCN: 140182

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

Worksheet A-8

Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.01 REVENUE OFFSET	B	-353,014	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.01
33.02 REVENUE OFFSET	B	-1,470,939	OPERATION OF PLANT	7.00	0	33.02
33.03 REVENUE OFFSET	B	-210	NONPATIENT TELEPHONES	5.01	0	33.03
34.00 REVENUE OFFSET	B	-26,896	WOUND CARE CLINIC	90.06	0	34.00
35.00 REVENUE OFFSET	B	-1,518,127	DIETARY	10.00	0	35.00
36.00 REVENUE OFFSET	B	-355	NURSING ADMINISTRATION	13.00	0	36.00
37.00 REVENUE OFFSET	B	-70	CENTRAL SERVICES & SUPPLY	14.00	0	37.00
38.00 REVENUE OFFSET	B	-4,825	PHARMACY	15.00	0	38.00
39.00 REVENUE OFFSET	B	-19,292	MEDICAL RECORDS & LIBRARY	16.00	0	39.00
40.00 REVENUE OFFSET	B	-76,276	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	40.00
41.00 REVENUE OFFSET	B	-205,205	ADULTS & PEDIATRICS	30.00	0	41.00
42.00 REVENUE OFFSET	B	-50,325	SUBPROVIDER - IPF	40.00	0	42.00
43.00 REVENUE OFFSET	B	-110,272	OPERATING ROOM	50.00	0	43.00
44.00 REVENUE OFFSET	B	-169,302	RADIOLOGY-DIAGNOSTIC	54.00	0	44.00
45.00 REVENUE OFFSET	B	-1,241	CARDIAC CATHETERIZATION	59.00	0	45.00
45.01 REVENUE OFFSET	B	-500,920	LABORATORY	60.00	0	45.01
45.02 REVENUE OFFSET	B	-2,410	RESPIRATORY THERAPY	65.00	0	45.02
45.03 REVENUE OFFSET	B	-24,462	PHYSICAL THERAPY	66.00	0	45.03
45.05 REVENUE OFFSET	B	-13,320	CARDIOLOGY	68.01	0	45.05
45.08 REVENUE OFFSET	B	-20,811	CLINIC	90.00	0	45.08
45.09 REVENUE OFFSET	B	-174,590	EYE CENTER	90.05	0	45.09
45.10 REVENUE OFFSET	B	-9,910	EMERGENCY	91.00	0	45.10
45.25 NONALLOWABLE EXPENSES	A	-5,013,988	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.25
45.50 INTEREST	A	-4,464,875	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.50
45.51 PUBLIC AID ASSESSMENT	A	-17,688,662	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.51
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-40,686,454				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: 140182

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2016 10:47 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COST	5,038,071	0 1.00
2.00	5.02	DATA PROCESSING	HOME OFFICE COST	4,712,824	0 2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COST	10,038,244	28,076,196 3.00
4.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST	580,798	0 4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COST	2,382,011	0 4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			22,751,948	28,076,196 5.00

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

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

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

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

6.00	B		0.00	ADVOCATEHEALTH	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: 140182

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2016 10:47 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5,038,071	0		1.00
2.00	4,712,824	0		2.00
3.00	-18,037,952	0		3.00
4.00	580,798	14		4.00
4.01	2,382,011	14		4.01
5.00	-5,324,248			5.00

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

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

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

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

6.00	HEALTHCARE		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: 140182

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2016 10:47 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	40.00	DR. A	408	408	0	0	0	1.00
2.00	30.00	DR. B	2,022,998	2,022,998	0	0	0	2.00
3.00	50.00	DR. C	1,368,379	1,368,379	0	0	0	3.00
4.00	54.00	DR. D	95,346	95,346	0	0	0	4.00
5.00	59.00	DR. E	124,576	124,576	0	0	0	5.00
6.00	90.00	DR. F	15,000	15,000	0	0	0	6.00
7.00	90.03	DR. G	9,339	9,339	0	0	0	7.00
8.00	91.00	DR. H	768,420	768,420	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,404,466	4,404,466	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	40.00	DR. A	0	0	0	0	0	1.00
2.00	30.00	DR. B	0	0	0	0	0	2.00
3.00	50.00	DR. C	0	0	0	0	0	3.00
4.00	54.00	DR. D	0	0	0	0	0	4.00
5.00	59.00	DR. E	0	0	0	0	0	5.00
6.00	90.00	DR. F	0	0	0	0	0	6.00
7.00	90.03	DR. G	0	0	0	0	0	7.00
8.00	91.00	DR. H	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	40.00	DR. A	0	0	0	408		1.00
2.00	30.00	DR. B	0	0	0	2,022,998		2.00
3.00	50.00	DR. C	0	0	0	1,368,379		3.00
4.00	54.00	DR. D	0	0	0	95,346		4.00
5.00	59.00	DR. E	0	0	0	124,576		5.00
6.00	90.00	DR. F	0	0	0	15,000		6.00
7.00	90.03	DR. G	0	0	0	9,339		7.00
8.00	91.00	DR. H	0	0	0	768,420		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	4,404,466		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	11,297,158	11,297,158			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	13,067,229		13,067,229		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	32,166,819	60,102	69,519	32,296,440	4.00
5.01 00540	NONPATIENT TELEPHONES	1,124,121	57,450	66,451	94,224	1,342,246
5.02 00550	DATA PROCESSING	9,236,801	17,824	20,616	12,724	0
5.03 00560	PURCHASING RECEIVING AND STORES	682,514	70,472	81,514	41,160	4,229
5.04 00570	ADMINISTRATIVE	3,830,739	53,126	61,450	162,804	0
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	6,690,375	214,653	248,286	0	19,876
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	30,016,477	557,175	644,475	2,239,561	131,095
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	13,674,874	285,285	329,984	1,077,956	82,886
8.00 00800	LAUNDRY & LINEN SERVICE	1,294,229	39,467	45,650	56,700	846
9.00 00900	HOUSEKEEPING	5,061,667	245,367	283,812	896,194	24,950
10.00 01000	DIETARY	1,681,050	261,175	302,097	510,222	25,796
11.00 01100	CAFETERIA	1,320,609	296,876	343,391	204,675	0
13.00 01300	NURSING ADMINISTRATION	3,228,436	191,366	221,350	672,876	13,955
14.00 01400	CENTRAL SERVICES & SUPPLY	3,223,536	205,715	237,947	455,859	19,876
15.00 01500	PHARMACY	2,407,488	108,772	125,815	958,553	29,602
16.00 01600	MEDICAL RECORDS & LIBRARY	2,277,933	136,516	157,905	428,494	43,135
17.00 01700	SOCIAL SERVICE	2,652,575	54,028	62,493	563,416	11,418
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	15,607,018	0	0	3,925,555	49,055
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,642,360	115,695	133,822	0	0
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0
23.01 02301	PARAMEDICAL ANESTH SCHOOL	0	0	0	0	0
23.02 02302	PARAMEDICAL RADIOLOGY SCHOOL	0	0	0	0	0
23.03 02303	PARAMEDICAL PHARMACY	213,229	2,122	2,454	60,897	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	22,234,093	2,018,264	2,334,494	4,779,651	215,250
31.00 03100	INTENSIVE CARE UNIT	15,025,439	889,088	1,028,393	3,207,185	64,702
32.00 03200	CORONARY CARE UNIT	5,076,808	419,360	485,067	1,123,812	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I/PF	3,593,903	530,573	613,704	831,036	19,876
41.00 04100	SUBPROVIDER - I/RF	2,816,573	35,037	40,527	415,582	10,572
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,783,569	152,483	176,374	385,785	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	15,759,381	1,059,686	1,225,721	2,637,775	107,836
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	432,474	289,900	335,322	24,051	19,453
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,941,497	506,304	585,633	1,294,889	93,881
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	1,051,191	62,065	71,789	116,668	5,498
56.01 05601	ULTRA SOUND	894,720	6,896	7,977	200,292	1,692
57.00 05700	CT SCAN	824,423	31,695	36,661	185,578	2,114
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	2,213,167	252,953	292,586	415,582	28,333
60.00 06000	LABORATORY	8,191,917	0	0	0	41,866
60.01 06001	BLOOD LABORATORY	892,856	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	3,043,180	117,021	135,356	707,158	20,722
66.00 06600	PHYSICAL THERAPY	3,178,217	567,016	655,857	686,359	33,408
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
68.01 06801	CARDIOLOGY	318,439	0	0	76,850	2,114
69.00 06900	ELECTROCARDIOLOGY	1,217,053	118,294	136,829	262,193	13,110
70.00 07000	ELECTROENCEPHALOGRAPHY	171,033	0	0	27,864	10,572
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,762,797	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,797,984	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	15,643,281	0	0	0	0
74.00 07400	RENAL DIALYSIS	575,350	15,330	17,733	132,231	2,114
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	495,871	120,522	139,406	96,105	10,149	90.00
90.01 09001 A. R. C. CLINIC	1,412,609	142,908	165,299	310,663	15,224	90.01
90.02 09002 CANCER CTR CLINIC	2,498,654	338,968	392,079	389,149	60,473	90.02
90.03 09003 UROLOGY CLINIC	157,815	0	0	38,544	10,572	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	18,972	0	0	30,855	0	90.05
90.06 09006 WOUND CARE CLINIC	-1,616	0	0	5,206	2,960	90.06
90.07 09007 EENT CLINIC	0	97,500	112,776	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	106,484	39,652	45,865	24,191	3,806	90.08
90.09 09010 O/P IV THERAPY	236,943	0	0	51,904	4,229	90.09
91.00 09100 EMERGENCY	9,703,315	505,879	585,142	1,477,412	84,155	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	325,465,629	11,290,580	13,059,621	32,296,440	1,341,400	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	809	6,578	7,608	0	846	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	325,466,438	11,297,158	13,067,229	32,296,440	1,342,246	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	9,287,965					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	879,889				5.03
5.04	00570	ADMINITTING	0	437	4,108,556			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	7,173,190		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	6,817	0	0	33,595,600	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	35,250	0	0	15,486,235	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	61	0	0	1,436,953	8.00
9.00	00900	HOUSEKEEPING	0	9,904	0	0	6,521,894	9.00
10.00	01000	DIETARY	0	41,577	0	0	2,821,917	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,165,551	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,030	0	0	4,329,013	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	46,902	0	0	4,189,835	14.00
15.00	01500	PHARMACY	0	2,447	0	0	3,632,677	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	351	0	0	3,044,334	16.00
17.00	01700	SOCIAL SERVICE	0	216	0	0	3,344,146	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	19,581,628	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,634	0	0	3,894,511	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	278,702	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	976,438	37,399	653,912	754,045	34,003,546	30.00
31.00	03100	INTENSIVE CARE UNIT	663,832	35,243	537,326	512,638	21,963,846	31.00
32.00	03200	CORONARY CARE UNIT	301,028	8,849	243,661	232,466	7,891,051	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	116,139	1,255	94,006	89,687	5,890,179	40.00
41.00	04100	SUBPROVIDER - I/RF	87,029	2,869	70,444	67,207	3,545,840	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	48,448	0	39,215	37,413	2,623,287	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,497,516	411,567	443,706	1,157,095	24,300,283	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	244,684	20,711	79,296	188,955	1,634,846	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	610,455	27,760	111,517	471,418	10,643,354	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	83,553	1,160	12,961	64,523	1,469,408	56.00
56.01	05601	ULTRA SOUND	101,690	3,304	11,012	78,529	1,306,112	56.01
57.00	05700	CT SCAN	349,902	8,123	100,807	270,209	1,809,512	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	266,074	100,951	80,214	205,473	3,855,333	59.00
60.00	06000	LABORATORY	566,683	22,626	288,757	437,615	9,549,464	60.00
60.01	06001	BLOOD LABORATORY	66,836	2,319	44,994	51,613	1,058,618	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	221,218	8,605	160,933	170,833	4,585,026	65.00
66.00	06600	PHYSICAL THERAPY	148,873	2,324	65,966	114,965	5,452,985	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
68.01	06801	CARDIOLOGY	7,526	129	613	5,812	411,483	68.01
69.00	06900	ELECTROCARDIOLOGY	164,821	1,081	55,402	127,281	2,096,064	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,368	380	1,463	11,095	236,775	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	300,006	0	109,324	231,677	23,403,804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	347,791	0	164,803	268,578	12,579,156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,169,750	0	518,928	903,328	18,235,287	73.00
74.00	07400	RENAL DIALYSIS	28,789	1,875	21,466	22,232	817,120	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:
From 01/01/2015
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	8,632	3,240	0	6,666	880,591	90.00
90.01	09001	A. R. C. CLINIC	101,080	872	3,577	78,058	2,230,290	90.01
90.02	09002	CANCER CTR CLINIC	28,762	3,604	95	22,211	3,733,995	90.02
90.03	09003	UROLOGY CLINIC	3,777	571	15	2,916	214,210	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	940	1,286	0	726	52,779	90.05
90.06	09006	WOUND CARE CLINIC	1,096	536	0	846	9,028	90.06
90.07	09007	EENT CLINIC	0	0	0	0	210,276	90.07
90.08	09008	O/P PHARMACY CLINIC	1,322	59	1	1,021	222,401	90.08
90.09	09010	O/P IV THERAPY	10,556	129	16	8,152	311,929	90.09
91.00	09100	EMERGENCY	748,351	23,436	194,126	577,907	13,899,723	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,287,965	879,889	4,108,556	7,173,190	325,450,597	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	15,841	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,287,965	879,889	4,108,556	7,173,190	325,466,438	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	33,595,600				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	1,782,528	0	17,268,763		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	165,399	0	68,283	1,670,635	8.00
9.00	00900	HOUSEKEEPING	750,696	0	424,522	0	7,697,112
10.00	01000	DIETARY	324,814	0	451,873	0	207,327
11.00	01100	CAFETERIA	249,264	0	513,640	0	235,667
13.00	01300	NURSING ADMINISTRATION	498,287	0	331,092	0	151,911
14.00	01400	CENTRAL SERVICES & SUPPLY	482,267	0	355,918	0	163,302
15.00	01500	PHARMACY	418,136	0	188,192	0	86,346
16.00	01600	MEDICAL RECORDS & LIBRARY	350,415	0	236,193	0	108,369
17.00	01700	SOCIAL SERVICE	384,925	0	93,477	0	42,889
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,253,924	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	448,274	0	200,169	0	91,841
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0
23.03	02303	PARAMED ED PHARMACY	32,080	0	3,671	0	1,684
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,914,041	0	3,491,902	443,115	1,602,150
31.00	03100	INTENSIVE CARE UNIT	2,528,127	0	1,538,257	217,950	705,780
32.00	03200	CORONARY CARE UNIT	908,292	0	725,557	129,111	332,899
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	677,983	0	917,971	118,057	421,182
41.00	04100	SUBPROVIDER - I/RF	408,140	0	60,620	59,980	27,813
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	301,951	0	263,818	51,269	121,044
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,797,060	0	1,833,418	293,893	841,205
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	188,177	0	501,571	0	230,130
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,225,093	0	875,982	129,973	401,916
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	169,135	0	107,381	3,833	49,268
56.01	05601	ULTRA SOUND	150,339	0	11,931	26,707	5,474
57.00	05700	CT SCAN	208,282	0	54,838	31,764	25,161
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	443,764	0	437,647	0	200,800
60.00	06000	LABORATORY	1,099,182	0	0	0	0
60.01	06001	BLOOD LABORATORY	121,851	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	527,755	0	202,464	0	92,894
66.00	06600	PHYSICAL THERAPY	627,660	0	981,023	47,510	450,111
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
68.01	06801	CARDIOLOGY	47,363	0	0	4,634	0
69.00	06900	ELECTROCARDIOLOGY	241,265	0	204,667	34,141	93,905
70.00	07000	ELECTROENCEPHALOGRAPHY	27,254	0	0	3,401	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,693,871	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,447,911	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,098,954	0	0	0	0
74.00	07400	RENAL DIALYSIS	94,054	0	26,524	0	12,170
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	101,360	0	208,521	7,506	90.00
90.01	09001	A. R. C. CLINIC	256,715	0	247,252	0	90.01
90.02	09002	CANCER CTR CLINIC	429,798	0	586,466	0	90.02
90.03	09003	UROLOGY CLINIC	24,656	0	0	0	90.03
90.04	09004	ORTHOPEdic CLINIC	0	0	0	0	90.04
90.05	09005	EYE CENTER	6,075	0	0	333	90.05
90.06	09006	WOUND CARE CLINIC	1,039	0	0	2,068	90.06
90.07	09007	EENT CLINIC	24,204	0	168,689	0	90.07
90.08	09008	O/P PHARMACY CLINIC	25,599	0	68,605	0	90.08
90.09	09010	O/P IV THERAPY	35,904	0	0	0	90.09
91.00	09100	EMERGENCY	1,599,914	0	875,248	65,390	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,593,777	0	17,257,382	1,670,635	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,823	0	11,381	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	33,595,600	0	17,268,763	1,670,635	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/25/2016 10:47 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	3,805,931					10.00
11.00	01100	0	3,164,122				11.00
13.00	01300	0	41,127	5,351,430			13.00
14.00	01400	0	95,521	1,749	5,288,592		14.00
15.00	01500	0	94,194	1,749	4,353	4,425,647	15.00
16.00	01600	0	54,394	0	113	0	16.00
17.00	01700	0	39,800	54,232	14	150,200	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	1,749	0	0	21.00
22.00	02200	0	283,909	0	0	300	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	2,653	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,697,684	672,624	1,938,376	239,221	434,583	30.00
31.00	03100	725,814	413,923	1,184,347	238,010	465,534	31.00
32.00	03200	542,867	180,428	605,294	59,397	175,402	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	544,460	120,728	215,177	4,429	62	40.00
41.00	04100	295,106	66,334	323,640	18,265	7,497	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	50,414	94,435	14,417	35,775	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	315,749	533,568	3,017,005	357,624	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	2,653	0	156,817	438,188	53.00
54.00	05400	0	153,894	31,489	199,648	95,347	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	11,940	0	8,770	1,220,187	56.00
56.01	05601	0	21,227	0	25,008	6,689	56.01
57.00	05700	0	21,227	0	63,054	66,702	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	39,800	10,496	775,024	78,134	59.00
60.00	06000	0	0	0	176,315	0	60.00
60.01	06001	0	0	0	18,073	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	90,214	10,496	63,860	171	65.00
66.00	06600	0	54,394	1,749	13,569	284	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
68.01	06801	0	5,307	0	589	0	68.01
69.00	06900	0	29,187	8,747	7,257	12,007	69.00
70.00	07000	0	2,653	3,499	1,077	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	13,267	12,246	14,256	20,885	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 12/31/2015

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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	11,940	1,749	23,651	2,939	90.00
90.01	09001	A. R. C. CLINIC	0	22,553	43,735	2,960	0	90.01
90.02	09002	CANCER CTR CLINIC	0	41,127	50,733	13,483	74,073	90.02
90.03	09003	UROLOGY CLINIC	0	2,653	3,499	3,173	3,447	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	2,653	0	7,006	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	4,165	0	90.06
90.07	09007	EENT CLINIC	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	1,327	0	0	0	90.08
90.09	09010	O/P IV THERAPY	0	3,980	12,246	736	33,232	90.09
91.00	09100	EMERGENCY	0	200,328	206,430	114,877	746,385	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,805,931	3,164,122	5,351,430	5,288,592	4,425,647	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,805,931	3,164,122	5,351,430	5,288,592	4,425,647	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,793,818					16.00
17.00 01700 SOCIAL SERVICE	0	4,109,683				17.00
20.00 02000 NURSING SCHOOL	0	0	0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0		21,837,301		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			4,919,004	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01 02301 PARAMED ED ANESTH SCHOOL	0	0				23.01
23.02 02302 PARAMED ED RADIOLOGY SCHOOL	0	0				23.02
23.03 02303 PARAMED ED PHARMACY	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	398,884	1,833,176	0	21,791,475	4,908,681	30.00
31.00 03100 INTENSIVE CARE UNIT	271,181	783,742	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	122,973	586,193	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	47,444	587,914	0	45,826	10,323	40.00
41.00 04100 SUBPROVIDER - I/RF	35,552	318,658	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	19,791	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	611,349	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	99,956	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	249,376	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	34,132	0	0	0	0	56.00
56.01 05601 ULTRA SOUND	41,541	0	0	0	0	56.01
57.00 05700 CT SCAN	142,938	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	108,694	0	0	0	0	59.00
60.00 06000 LABORATORY	231,495	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	27,303	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	90,370	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	60,816	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
68.01 06801 RADIOLOGY	3,075	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	67,331	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	5,869	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	122,555	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	142,076	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	477,854	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	11,760	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	3,526	0	0	0	0	90.00
90.01 09001 A. R. C. CLINIC	41,292	0	0	0	0	90.01
90.02 09002 CANCER CTR CLINIC	11,750	0	0	0	0	90.02
90.03 09003 UROLOGY CLINIC	1,543	0	0	0	0	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	384	0	0	0	0	90.05
90.06 09006 WOUND CARE CLINIC	448	0	0	0	0	90.06
90.07 09007 EENT CLINIC	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	540	0	0	0	0	90.08
90.09 09010 O/P IV THERAPY	4,312	0	0	0	0	90.09
91.00 09100 EMERGENCY	305,708	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,793,818	4,109,683	0	21,837,301	4,919,004	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,793,818	4,109,683	0	21,837,301	4,919,004	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
		22A	23.00	23.01	23.02	23.03	
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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0		0		23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0			0	23.02
23.03	02303	PARAMED ED PHARMACY				0	23.03
			318,790			318,790	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	77,369,458	0	0	0	73,482
31.00	03100	INTENSIVE CARE UNIT	31,036,511	0	0	0	0
32.00	03200	CORONARY CARE UNIT	12,259,464	0	0	0	36,358
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	9,601,735	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	5,167,445	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	3,576,201	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,901,154	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	3,252,338	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,006,072	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	3,074,054	0	0	0	0
56.01	05601	ULTRA SOUND	1,595,028	0	0	0	0
57.00	05700	CT SCAN	2,423,478	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	5,949,692	0	0	0	28,184
60.00	06000	LABORATORY	11,056,456	0	0	0	0
60.01	06001	BLOOD LABORATORY	1,225,845	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	5,663,250	0	0	0	0
66.00	06600	PHYSICAL THERAPY	7,690,101	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
68.01	06801	CARDIOLOGY	472,451	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,794,571	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	280,528	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,220,230	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,169,143	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	20,812,095	0	0	0	124,314
74.00	07400	RENAL DIALYSIS	1,022,282	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
			22A	23.00	23.01	23.02	23.03	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,337,456	0	0	0	0	90.00
90.01	09001	A. R. C. CLINIC	2,958,241	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	5,210,506	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	253,181	0	0	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	69,230	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	16,748	0	0	0	0	90.06
90.07	09007	EENT CLINIC	480,567	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	349,949	0	0	0	0	90.08
90.09	09010	O/P IV THERAPY	402,339	0	0	0	0	90.09
91.00	09100	EMERGENCY	18,415,582	0	0	0	56,452	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	325,432,171	0	0	0	318,790	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,267	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	325,466,438	0	0	0	318,790	202.00

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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
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
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
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL				23.02
23.03	02303	PARAMED ED PHARMACY				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	77,442,940	-26,700,156	50,742,784	30.00
31.00	03100	INTENSIVE CARE UNIT	31,036,511	0	31,036,511	31.00
32.00	03200	CORONARY CARE UNIT	12,295,822	0	12,295,822	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	9,601,735	-56,149	9,545,586	40.00
41.00	04100	SUBPROVIDER - I/RF	5,167,445	0	5,167,445	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	3,576,201	0	3,576,201	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,901,154	0	34,901,154	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	3,252,338	0	3,252,338	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,006,072	0	14,006,072	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,074,054	0	3,074,054	56.00
56.01	05601	ULTRA SOUND	1,595,028	0	1,595,028	56.01
57.00	05700	CT SCAN	2,423,478	0	2,423,478	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,977,876	0	5,977,876	59.00
60.00	06000	LABORATORY	11,056,456	0	11,056,456	60.00
60.01	06001	BLOOD LABORATORY	1,225,845	0	1,225,845	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,663,250	0	5,663,250	65.00
66.00	06600	PHYSICAL THERAPY	7,690,101	0	7,690,101	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801	CARDIOLOGY	472,451	0	472,451	68.01
69.00	06900	ELECTROCARDIOLOGY	2,794,571	0	2,794,571	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	280,528	0	280,528	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,220,230	0	26,220,230	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,169,143	0	14,169,143	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,936,409	0	20,936,409	73.00
74.00	07400	RENAL DIALYSIS	1,022,282	0	1,022,282	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	1,337,456	0	1,337,456	90.00
90.01	09001 A. R. C. CLINIC	2,958,241	0	2,958,241	90.01
90.02	09002 CANCER CTR CLINIC	5,210,506	0	5,210,506	90.02
90.03	09003 UROLOGY CLINIC	253,181	0	253,181	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	90.04
90.05	09005 EYE CENTER	69,230	0	69,230	90.05
90.06	09006 WOUND CARE CLINIC	16,748	0	16,748	90.06
90.07	09007 EENT CLINIC	480,567	0	480,567	90.07
90.08	09008 O/P PHARMACY CLINIC	349,949	0	349,949	90.08
90.09	09010 O/P IV THERAPY	402,339	0	402,339	90.09
91.00	09100 EMERGENCY	18,472,034	0	18,472,034	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.10	09910 CORF	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	325,432,171	-26,756,305	298,675,866	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,267	0	34,267	190.00
190.01	19001 SUBCORPS	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	193.00
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)	325,466,438	-26,756,305	298,710,133	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	60,102	69,519	129,621	4.00
5.01 00540	NONPATIENT TELEPHONES	0	57,450	66,451	123,901	5.01
5.02 00550	DATA PROCESSING	0	17,824	20,616	38,440	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	70,472	81,514	151,986	5.03
5.04 00570	ADMINITTING	0	53,126	61,450	114,576	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	214,653	248,286	462,939	5.05
5.06 00590	OTHER ADMINISTRATION AND GENERAL	0	557,175	644,475	1,201,650	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	285,285	329,984	615,269	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	39,467	45,650	85,117	8.00
9.00 00900	HOUSEKEEPING	0	245,367	283,812	529,179	9.00
10.00 01000	DIETARY	0	261,175	302,097	563,272	10.00
11.00 01100	CAFETERIA	0	296,876	343,391	640,267	11.00
13.00 01300	NURSING ADMINISTRATION	0	191,366	221,350	412,716	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	205,715	237,947	443,662	14.00
15.00 01500	PHARMACY	0	108,772	125,815	234,587	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	136,516	157,905	294,421	16.00
17.00 01700	SOCIAL SERVICE	0	54,028	62,493	116,521	17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	115,695	133,822	249,517	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	23.01
23.02 02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	23.02
23.03 02303	PARAMED ED PHARMACY	0	2,122	2,454	4,576	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,018,264	2,334,494	4,352,758	30.00
31.00 03100	INTENSIVE CARE UNIT	0	889,088	1,028,393	1,917,481	31.00
32.00 03200	CORONARY CARE UNIT	0	419,360	485,067	904,427	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	530,573	613,704	1,144,277	40.00
41.00 04100	SUBPROVIDER - IRF	0	35,037	40,527	75,564	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	152,483	176,374	328,857	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,059,686	1,225,721	2,285,407	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	289,900	335,322	625,222	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	506,304	585,633	1,091,937	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	62,065	71,789	133,854	56.00
56.01 05601	ULTRA SOUND	0	6,896	7,977	14,873	56.01
57.00 05700	CT SCAN	0	31,695	36,661	68,356	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	252,953	292,586	545,539	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	117,021	135,356	252,377	65.00
66.00 06600	PHYSICAL THERAPY	0	567,016	655,857	1,222,873	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01 06801	CARDIOLOGY	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	118,294	136,829	255,123	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	15,330	17,733	33,063	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	120,522	139,406	259,928	386	90.00
90.01 09001 A.R.C. CLINIC	0	142,908	165,299	308,207	1,246	90.01
90.02 09002 CANCER CTR CLINIC	0	338,968	392,079	731,047	1,561	90.02
90.03 09003 UROLOGY CLINIC	0	0	0	0	155	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	0	0	0	0	124	90.05
90.06 09006 WOUND CARE CLINIC	0	0	0	0	21	90.06
90.07 09007 EENT CLINIC	0	97,500	112,776	210,276	0	90.07
90.08 09008 O/P PHARMACY CLINIC	0	39,652	45,865	85,517	97	90.08
90.09 09010 O/P IV THERAPY	0	0	0	0	208	90.09
91.00 09100 EMERGENCY	0	505,879	585,142	1,091,021	5,927	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	0	11,290,580	13,059,621	24,350,201	129,621	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,578	7,608	14,186	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	11,297,158	13,067,229	24,364,387	129,621	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 10:47 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
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
5.01	00540	NONPATIENT TELEPHONES	124,279					5.01
5.02	00550	DATA PROCESSING	0	38,491				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	392	0	152,543			5.03
5.04	00570	ADMINISTRATIVE	0	0	76	115,305		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,840	0	0	0	464,779	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	12,138	0	1,182	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	7,674	0	6,111	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	78	0	11	0	0	8.00
9.00	00900	HOUSEKEEPING	2,310	0	1,717	0	0	9.00
10.00	01000	DIETARY	2,388	0	7,207	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,292	0	179	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,840	0	8,130	0	0	14.00
15.00	01500	PHARMACY	2,741	0	424	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,994	0	61	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,057	0	37	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	4,542	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	457	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,931	4,067	6,483	18,160	48,807	30.00
31.00	03100	INTENSIVE CARE UNIT	5,991	2,765	6,109	15,110	33,182	31.00
32.00	03200	CORONARY CARE UNIT	0	1,254	1,534	6,852	15,047	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	1,840	484	218	2,643	5,805	40.00
41.00	04100	SUBPROVIDER - I/RF	979	363	497	1,981	4,350	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	202	0	1,103	2,422	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,985	6,039	71,359	12,477	75,371	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	1,801	1,019	3,590	2,230	12,231	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,692	2,543	4,812	3,136	30,514	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	509	348	201	364	4,176	56.00
56.01	05601	ULTRA SOUND	157	424	573	310	5,083	56.01
57.00	05700	CT SCAN	196	1,457	1,408	2,835	17,490	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,623	1,108	17,500	2,256	13,300	59.00
60.00	06000	LABORATORY	3,876	2,360	3,922	8,120	28,326	60.00
60.01	06001	BLOOD LABORATORY	0	278	402	1,265	3,341	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,919	921	1,492	4,525	11,058	65.00
66.00	06600	PHYSICAL THERAPY	3,093	620	403	1,855	7,441	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
68.01	06801	CARDIOLOGY	196	31	22	17	376	68.01
69.00	06900	ELECTROCARDIOLOGY	1,214	687	187	1,558	8,239	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	979	60	66	41	718	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,250	0	3,074	14,996	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,449	0	4,634	17,384	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,873	0	14,592	58,470	73.00
74.00	07400	RENAL DIALYSIS	196	120	325	604	1,439	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	940	36	562	0	431	90.00
90.01	09001	A. R. C. CLINIC	1,410	421	151	101	5,053	90.01
90.02	09002	CANCER CTR CLINIC	5,599	120	625	3	1,438	90.02
90.03	09003	UROLOGY CLINIC	979	16	99	0	189	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	4	223	0	47	90.05
90.06	09006	WOUND CARE CLINIC	274	5	93	0	55	90.06
90.07	09007	EENT CLINIC	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	352	6	10	0	66	90.08
90.09	09010	O/P IV THERAPY	392	44	22	0	528	90.09
91.00	09100	EMERGENCY	7,792	3,117	4,063	5,459	37,406	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	124,201	38,491	152,543	115,305	464,779	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	78	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	124,279	38,491	152,543	115,305	464,779	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 10:47 am	
Cost Center Description			OTHER ADMIN STRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN STRATIVE AND GENERAL	1,223,954					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	64,934	0	698,312			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,025	0	2,761	94,219		8.00
9.00	00900	HOUSEKEEPING	27,346	0	17,167	0	581,314	9.00
10.00	01000	DIETARY	11,832	0	18,273	0	15,658	10.00
11.00	01100	CAFETERIA	9,080	0	20,770	0	17,798	11.00
13.00	01300	NURSING ADMINISTRATION	18,152	0	13,389	0	11,473	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,568	0	14,393	0	12,333	14.00
15.00	01500	PHARMACY	15,232	0	7,610	0	6,521	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,765	0	9,551	0	8,184	16.00
17.00	01700	SOCIAL SERVICE	14,022	0	3,780	0	3,239	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	82,106	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	16,330	0	8,094	0	6,936	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	1,169	0	148	0	127	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	142,715	0	141,208	24,991	121,002	30.00
31.00	03100	INTENSIVE CARE UNIT	92,094	0	62,204	12,292	53,303	31.00
32.00	03200	CORONARY CARE UNIT	33,087	0	29,340	7,282	25,142	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	24,698	0	37,121	6,658	31,809	40.00
41.00	04100	SUBPROVIDER - I/RF	14,868	0	2,451	3,383	2,101	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	10,999	0	10,668	2,891	9,142	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	101,891	0	74,140	16,575	63,531	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	6,855	0	20,282	0	17,380	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,628	0	35,423	7,330	30,354	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6,161	0	4,342	216	3,721	56.00
56.01	05601	ULTRA SOUND	5,477	0	482	1,506	413	56.01
57.00	05700	CT SCAN	7,587	0	2,218	1,791	1,900	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,165	0	17,698	0	15,165	59.00
60.00	06000	LABORATORY	40,041	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	4,439	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	19,225	0	8,187	0	7,016	65.00
66.00	06600	PHYSICAL THERAPY	22,864	0	39,670	2,679	33,994	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
68.01	06801	CARDIOLOGY	1,725	0	0	261	0	68.01
69.00	06900	ELECTROCARDIOLOGY	8,789	0	8,276	1,925	7,092	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	993	0	0	192	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	98,132	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,744	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,461	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,426	0	1,073	0	919	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,692	0	8,432	423	7,226	90.00
90.01	09001	A. R. C. CLINIC	9,352	0	9,998	0	8,568	90.01
90.02	09002	CANCER CTR CLINIC	15,657	0	23,715	0	20,322	90.02
90.03	09003	UROLOGY CLINIC	898	0	0	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	221	0	0	19	0	90.05
90.06	09006	WOUND CARE CLINIC	38	0	0	117	0	90.06
90.07	09007	EENT CLINIC	882	0	6,821	0	5,845	90.07
90.08	09008	O/P PHARMACY CLINIC	933	0	2,774	0	2,377	90.08
90.09	09010	O/P IV THERAPY	1,308	0	0	0	0	90.09
91.00	09100	EMERGENCY	58,282	0	35,393	3,688	30,329	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,223,888	0	697,852	94,219	580,920	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	66	0	460	0	394	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,223,954	0	698,312	94,219	581,314	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 10:47 am	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	620,677					10.00
11.00	01100	CAFETERIA	0	688,736				11.00
13.00	01300	NURSING ADMINISTRATION	0	8,952	468,852			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,792	153	520,700		14.00
15.00	01500	PHARMACY	0	20,503	153	429	292,045	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,840	0	11	0	16.00
17.00	01700	SOCIAL SERVICE	0	8,663	4,751	1	9,912	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	153	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	61,799	0	0	20	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	578	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	276,861	146,409	169,826	23,553	28,678	30.00
31.00	03100	INTENSIVE CARE UNIT	118,367	90,099	103,763	23,434	30,720	31.00
32.00	03200	CORONARY CARE UNIT	88,532	39,274	53,031	5,848	11,575	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	88,791	26,279	18,852	436	4	40.00
41.00	04100	SUBPROVIDER - I/RF	48,126	14,439	28,355	1,798	495	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	10,974	8,274	1,419	2,361	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	68,729	46,747	297,050	23,599	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	578	0	15,440	28,916	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	33,498	2,759	19,657	6,292	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	2,599	0	863	80,519	56.00
56.01	05601	ULTRA SOUND	0	4,620	0	2,462	441	56.01
57.00	05700	CT SCAN	0	4,620	0	6,208	4,402	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,663	920	76,306	5,156	59.00
60.00	06000	LABORATORY	0	0	0	17,359	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	1,779	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	19,637	920	6,287	11	65.00
66.00	06600	PHYSICAL THERAPY	0	11,840	153	1,336	19	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
68.01	06801	CARDIOLOGY	0	1,155	0	58	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	6,353	766	715	792	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	578	307	106	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	2,888	1,073	1,404	1,378	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

Period:
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	2,599	153	2,329	194	90.00
90.01	09001	A. R. C. CLINIC	0	4,909	3,832	291	0	90.01
90.02	09002	CANCER CTR CLINIC	0	8,952	4,445	1,327	4,888	90.02
90.03	09003	UROLOGY CLINIC	0	578	307	312	227	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	578	0	690	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	410	0	90.06
90.07	09007	EENT CLINIC	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	289	0	0	0	90.08
90.09	09010	O/P IV THERAPY	0	866	1,073	72	2,193	90.09
91.00	09100	EMERGENCY	0	43,606	18,086	11,310	49,253	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	620,677	688,736	468,852	520,700	292,045	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	620,677	688,736	468,852	520,700	292,045	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 10:47 am
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
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	342,546				16.00
17.00 01700	SOCIAL SERVICE	0	164,243			17.00
20.00 02000	NURSING SCHOOL	0	0	0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		102,548	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0			23.00
23.01 02301	PARAMED ED ANESTH SCHOOL	0	0			23.01
23.02 02302	PARAMED ED RADIOLOGY SCHOOL	0	0			23.02
23.03 02303	PARAMED ED PHARMACY	0	0			23.03
22.00 02200						343,153
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	36,024	73,263			30.00
31.00 03100	INTENSIVE CARE UNIT	24,491	31,322			31.00
32.00 03200	CORONARY CARE UNIT	11,106	23,427			32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0			33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00 04000	SUBPROVIDER - I PF	4,285	23,496			40.00
41.00 04100	SUBPROVIDER - I RF	3,211	12,735			41.00
42.00 04200	SUBPROVIDER	0	0			42.00
43.00 04300	NURSERY	1,787	0			43.00
44.00 04400	SKILLED NURSING FACILITY	0	0			44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	55,131	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	9,027	0			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	22,522	0			54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00 05600	RADIOISOTOPE	3,083	0			56.00
56.01 05601	ULTRA SOUND	3,752	0			56.01
57.00 05700	CT SCAN	12,909	0			57.00
58.00 05800	MRI	0	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	9,816	0			59.00
60.00 06000	LABORATORY	20,907	0			60.00
60.01 06001	BLOOD LABORATORY	2,466	0			60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0			62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00 06400	INTRAVENOUS THERAPY	0	0			64.00
65.00 06500	RESPIRATORY THERAPY	8,162	0			65.00
66.00 06600	PHYSICAL THERAPY	5,492	0			66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00 06800	SPEECH PATHOLOGY	0	0			68.00
68.01 06801	CARDIOLOGY	278	0			68.01
69.00 06900	ELECTROCARDIOLOGY	6,081	0			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	530	0			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,068	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,831	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	43,156	0			73.00
74.00 07400	RENAL DIALYSIS	1,062	0			74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0			75.00
76.00 03950	OTHER ANCILLARY SERVICE COST CENTER	0	0			76.00
76.97 07697	CARDIAC REHABILITATION	0	0			76.97

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00 09000 CLINIC	318	0				90.00
90.01 09001 A. R. C. CLINIC	3,729	0				90.01
90.02 09002 CANCER CTR CLINIC	1,061	0				90.02
90.03 09003 UROLOGY CLINIC	139	0				90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0				90.04
90.05 09005 EYE CENTER	35	0				90.05
90.06 09006 WOUND CARE CLINIC	40	0				90.06
90.07 09007 EENT CLINIC	0	0				90.07
90.08 09008 O/P PHARMACY CLINIC	49	0				90.08
90.09 09010 O/P IV THERAPY	389	0				90.09
91.00 09100 EMERGENCY	27,609	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 04040 FAMILY HEALTH CENTER	0	0				93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0				95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0				96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0				97.00
99.10 09910 CORF	0	0				99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00 10100 HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0				109.00
110.00 11000 INTESTINAL ACQUISITION	0	0				110.00
111.00 11100 ISLET ACQUISITION	0	0				111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	342,546	164,243	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01 19001 SUBCORPS	0	0				190.01
190.02 19002 GRANTS	0	0				190.02
191.00 19100 RESEARCH	0	0				191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01 19201 HOSPICE	0	0				192.01
192.02 19202 OUTPATIENT PHARMACY	0	0				192.02
193.00 19300 NONPAID WORKERS	0	0				193.00
200.00 Cross Foot Adjustments			0	102,548	343,153	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	342,546	164,243	0	102,548	343,153	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMED ED ANESTH SCHOOL		0				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL			0			23.02
23.03	02303	PARAMED ED PHARMACY				6,842		23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					5,653,975	30.00
31.00	03100	INTENSIVE CARE UNIT					2,635,593	31.00
32.00	03200	CORONARY CARE UNIT					1,261,266	32.00
33.00	03300	BURN INTENSIVE CARE UNIT					0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	04000	SUBPROVIDER - I PF					1,421,030	40.00
41.00	04100	SUBPROVIDER - I RF					217,363	41.00
42.00	04200	SUBPROVIDER					0	42.00
43.00	04300	NURSERY					392,647	43.00
44.00	04400	SKILLED NURSING FACILITY					0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					3,218,613	50.00
51.00	05100	RECOVERY ROOM					0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	05300	ANESTHESIOLOGY					744,667	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					1,349,291	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					0	55.00
56.00	05600	RADIOISOTOPE					241,424	56.00
56.01	05601	ULTRA SOUND					41,376	56.01
57.00	05700	CT SCAN					134,121	57.00
58.00	05800	MRI					0	58.00
59.00	05900	CARDIAC CATHETERIZATION					733,882	59.00
60.00	06000	LABORATORY					124,911	60.00
60.01	06001	BLOOD LABORATORY					13,970	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL					0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					0	63.00
64.00	06400	INTRAVENOUS THERAPY					0	64.00
65.00	06500	RESPIRATORY THERAPY					344,574	65.00
66.00	06600	PHYSICAL THERAPY					1,357,085	66.00
67.00	06700	OCCUPATIONAL THERAPY					0	67.00
68.00	06800	SPEECH PATHOLOGY					0	68.00
68.01	06801	CARDIOLOGY					4,427	68.01
69.00	06900	ELECTROCARDIOLOGY					308,849	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					4,682	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					128,520	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					89,042	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					197,552	73.00
74.00	07400	RENAL DIALYSIS					49,500	74.00
75.00	07500	ASC (NON-DISTINCT PART)					0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER					0	76.00
76.97	07697	CARDIAC REHABILITATION					0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC					0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000	CLINIC					287,649	90.00
90.01	09001	A. R. C. CLINIC					357,268	90.01
90.02	09002	CANCER CTR CLINIC					820,760	90.02
90.03	09003	UROLOGY CLINIC					3,899	90.03
90.04	09004	ORTHOPEdic CLINIC					0	90.04
90.05	09005	EYE CENTER					1,941	90.05
90.06	09006	WOUND CARE CLINIC					1,053	90.06
90.07	09007	EENT CLINIC					223,824	90.07
90.08	09008	O/P PHARMACY CLINIC					92,470	90.08
90.09	09010	O/P IV THERAPY					7,095	90.09
91.00	09100	EMERGENCY					1,432,341	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER					0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES					0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD					0	97.00
99.10	09910	CORF					0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	10100	HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION					0	109.00
110.00	11000	INTESTINAL ACQUISITION					0	110.00
111.00	11100	ISLET ACQUISITION					0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	23,896,660	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					15,184	190.00
190.01	19001	SUBCORPS					0	190.01
190.02	19002	GRANTS					0	190.02
191.00	19100	RESEARCH					0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	192.00
192.01	19201	HOSPICE					0	192.01
192.02	19202	OUTPATIENT PHARMACY					0	192.02
193.00	19300	NONPAID WORKERS					0	193.00
200.00		Cross Foot Adjustments	0	0	0	6,842	452,543	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	6,842	24,364,387	202.00

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	PARAMED ED ANESTH SCHOOL		23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL		23.02
23.03	02303	PARAMED ED PHARMACY		23.03
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	05601	ULTRA SOUND	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
68.01	06801	CARDIOLOGY	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	287,649	90.00
90.01	09001 A. R. C. CLINIC	0	357,268	90.01
90.02	09002 CANCER CTR CLINIC	0	820,760	90.02
90.03	09003 UROLOGY CLINIC	0	3,899	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	90.04
90.05	09005 EYE CENTER	0	1,941	90.05
90.06	09006 WOUND CARE CLINIC	0	1,053	90.06
90.07	09007 EENT CLINIC	0	223,824	90.07
90.08	09008 O/P PHARMACY CLINIC	0	92,470	90.08
90.09	09010 O/P IV THERAPY	0	7,095	90.09
91.00	09100 EMERGENCY	0	1,432,341	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	23,896,660	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,184	190.00
190.01	19001 SUBCORPS	0	0	190.01
190.02	19002 GRANTS	0	0	190.02
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 HOSPICE	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
200.00	Cross Foot Adjustments	0	452,543	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	24,364,387	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	DATA PROCESSING (PATIENT REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	425,933					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		425,933				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,266	2,266	128,402,578			4.00
5.01 00540 NONPATIENT TELEPHONES	2,166	2,166	374,610	3,174		5.01
5.02 00550 DATA PROCESSING	672	672	50,586	0	1,381,818,601	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	2,657	2,657	163,643	10	0	5.03
5.04 00570 ADMINISTRATION	2,003	2,003	647,268	0	0	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	8,093	8,093	0	47	0	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	21,007	21,007	8,903,930	310	0	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	10,756	10,756	4,285,683	196	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,488	1,488	225,426	2	0	8.00
9.00 00900 HOUSEKEEPING	9,251	9,251	3,563,040	59	0	9.00
10.00 01000 DIETARY	9,847	9,847	2,028,513	61	0	10.00
11.00 01100 CAFETERIA	11,193	11,193	813,736	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	7,215	7,215	2,675,186	33	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	7,756	7,756	1,812,379	47	0	14.00
15.00 01500 PHARMACY	4,101	4,101	3,810,964	70	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	5,147	5,147	1,703,583	142	0	16.00
17.00 01700 SOCIAL SERVICE	2,037	2,037	2,240,001	27	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	0	15,607,018	116	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	4,362	4,362	0	0	0	22.00
23.00 02300 PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PARAMEDICAL ANESTH SCHOOL	0	0	0	0	0	23.01
23.02 02302 PARAMEDICAL RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03 02303 PARAMEDICAL PHARMACY	80	80	242,111	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	76,094	76,094	19,002,756	509	145,259,984	30.00
31.00 03100 INTENSIVE CARE UNIT	33,521	33,521	12,750,961	153	98,755,088	31.00
32.00 03200 CORONARY CARE UNIT	15,811	15,811	4,467,992	0	44,782,470	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	20,004	20,004	3,303,989	47	17,277,377	40.00
41.00 04100 SUBPROVIDER - I RF	1,321	1,321	1,652,249	25	12,946,861	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	5,749	5,749	1,533,785	0	7,207,343	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	39,953	39,953	10,487,130	255	222,871,175	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	10,930	10,930	95,621	46	36,400,471	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	19,089	19,089	5,148,154	222	90,814,436	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	2,340	2,340	463,841	13	12,429,716	56.00
56.01 05601 ULTRA SOUND	260	260	796,310	4	15,127,977	56.01
57.00 05700 CT SCAN	1,195	1,195	737,810	5	52,053,272	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	9,537	9,537	1,652,250	67	39,582,503	59.00
60.00 06000 LABORATORY	0	0	0	99	84,302,679	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	9,942,855	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	4,412	4,412	2,811,482	49	32,909,520	65.00
66.00 06600 PHYSICAL THERAPY	21,378	21,378	2,728,790	79	22,147,065	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
68.01 06801 RADIOLOGY	0	0	305,536	5	1,119,633	68.01
69.00 06900 ELECTROCARDIOLOGY	4,460	4,460	1,042,415	31	24,519,624	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	110,779	25	2,137,410	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	44,630,471	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	51,739,220	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	174,018,134	73.00
74.00 07400 RENAL DIALYSIS	578	578	525,717	5	4,282,757	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	DATA PROCESSING (PATIENT REVENUE)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.02	
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,544	4,544	382,091	24	1,284,135	90.00
90.01	09001	A. R. C. CLINIC	5,388	5,388	1,235,119	36	15,037,264	90.01
90.02	09002	CANCER CTR CLINIC	12,780	12,780	1,547,160	143	4,278,843	90.02
90.03	09003	UROLOGY CLINIC	0	0	153,243	25	561,834	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	122,671	0	139,818	90.05
90.06	09006	WOUND CARE CLINIC	0	0	20,697	7	162,982	90.06
90.07	09007	EENT CLINIC	3,676	3,676	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	1,495	1,495	96,176	9	196,726	90.08
90.09	09010	O/P IV THERAPY	0	0	206,358	10	1,570,346	90.09
91.00	09100	EMERGENCY	19,073	19,073	5,873,819	199	111,328,612	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	425,685	425,685	128,402,578	3,172	1,381,818,601	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	248	248	0	2	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	11,297,158	13,067,229	32,296,440	1,342,246	9,287,965	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.523322	30.679072	0.251525	422.887839	0.006722	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			129,621	124,279	38,491	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001009	39.155325	0.000028	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASE REQUISIT)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	42,856,020					5.03
5.04	00570	ADMITTING	21,305	755,137,713				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,381,818,601			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	332,056	0	0	-33,595,600	291,870,838	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,716,915	0	0	0	15,486,235	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,976	0	0	0	1,436,953	8.00
9.00	00900	HOUSEKEEPING	482,415	0	0	0	6,521,894	9.00
10.00	01000	DIETARY	2,025,068	0	0	0	2,821,917	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,165,551	11.00
13.00	01300	NURSING ADMINISTRATION	50,169	0	0	0	4,329,013	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,284,433	0	0	0	4,189,835	14.00
15.00	01500	PHARMACY	119,202	0	0	0	3,632,677	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,085	0	0	0	3,044,334	16.00
17.00	01700	SOCIAL SERVICE	10,497	0	0	0	3,344,146	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	19,581,628	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	128,303	0	0	0	3,894,511	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	278,702	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,821,573	120,209,735	145,259,984	0	34,003,546	30.00
31.00	03100	INTENSIVE CARE UNIT	1,716,561	98,755,088	98,755,088	0	21,963,846	31.00
32.00	03200	CORONARY CARE UNIT	431,009	44,782,470	44,782,470	0	7,891,051	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	61,151	17,277,377	17,277,377	0	5,890,179	40.00
41.00	04100	SUBPROVIDER - I RF	139,763	12,946,861	12,946,861	0	3,545,840	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	7,207,343	7,207,343	0	2,623,287	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,045,440	81,548,555	222,871,175	0	24,300,283	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	1,008,747	14,573,822	36,400,471	0	1,634,846	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,352,088	20,495,612	90,814,436	0	10,643,354	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	56,516	2,382,027	12,429,716	0	1,469,408	56.00
56.01	05601	ULTRA SOUND	160,950	2,023,816	15,127,977	0	1,306,112	56.01
57.00	05700	CT SCAN	395,631	18,527,252	52,053,272	0	1,809,512	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,917,012	14,742,558	39,582,503	0	3,855,333	59.00
60.00	06000	LABORATORY	1,102,036	53,070,541	84,302,679	0	9,549,464	60.00
60.01	06001	BLOOD LABORATORY	112,961	8,269,354	9,942,855	0	1,058,618	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	419,134	29,577,902	32,909,520	0	4,585,026	65.00
66.00	06600	PHYSICAL THERAPY	113,198	12,123,789	22,147,065	0	5,452,985	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
68.01	06801	CARDIOLOGY	6,264	112,674	1,119,633	0	411,483	68.01
69.00	06900	ELECTROCARDIOLOGY	52,674	10,182,368	24,519,624	0	2,096,064	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,507	268,953	2,137,410	0	236,775	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	20,092,559	44,630,471	0	23,403,804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,289,055	51,739,220	0	12,579,156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	95,373,613	174,018,134	0	18,235,287	73.00
74.00	07400	RENAL DIALYSIS	91,316	3,945,244	4,282,757	0	817,120	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description		PURCHASING RECEIVING AND STORES (PURCHASE REQUIS)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00	09000 CLINIC	157,802	0	1,284,135	0	880,591	90.00
90.01	09001 A. R. C. CLINIC	42,469	657,349	15,037,264	0	2,230,290	90.01
90.02	09002 CANCER CTR CLINIC	175,550	17,407	4,278,843	0	3,733,995	90.02
90.03	09003 UROLOGY CLINIC	27,832	2,826	561,834	0	214,210	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	62,619	0	139,818	0	52,779	90.05
90.06	09006 WOUND CARE CLINIC	26,121	0	162,982	0	9,028	90.06
90.07	09007 EENT CLINIC	0	0	0	0	210,276	90.07
90.08	09008 O/P PHARMACY CLINIC	2,890	255	196,726	0	222,401	90.08
90.09	09010 O/P IV THERAPY	6,280	2,954	1,570,346	0	311,929	90.09
91.00	09100 EMERGENCY	1,141,502	35,678,354	111,328,612	0	13,899,723	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	42,856,020	755,137,713	1,381,818,601	-33,595,600	291,854,997	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	15,841	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	879,889	4,108,556	7,173,190		33,595,600	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.020531	0.005441	0.005191		0.115104	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	152,543	115,305	464,779		1,223,954	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.003559	0.000153	0.000336		0.004193	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 10:47 am

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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	387,069					6.00
7.00	00700		376,313				7.00
8.00	00800	1,488	1,488	1,876,136			8.00
9.00	00900	9,251	9,251	0	365,574		9.00
10.00	01000	9,847	9,847	0	9,847	66,883	10.00
11.00	01100	11,193	11,193	0	11,193	0	11.00
13.00	01300	7,215	7,215	0	7,215	0	13.00
14.00	01400	7,756	7,756	0	7,756	0	14.00
15.00	01500	4,101	4,101	0	4,101	0	15.00
16.00	01600	5,147	5,147	0	5,147	0	16.00
17.00	01700	2,037	2,037	0	2,037	0	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	4,362	4,362	0	4,362	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	80	80	0	80	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	76,094	76,094	497,623	76,094	29,834	30.00
31.00	03100	33,521	33,521	244,760	33,521	12,755	31.00
32.00	03200	15,811	15,811	144,993	15,811	9,540	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	20,004	20,004	132,579	20,004	9,568	40.00
41.00	04100	1,321	1,321	67,358	1,321	5,186	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	5,749	5,749	57,575	5,749	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	39,953	39,953	330,044	39,953	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	10,930	10,930	0	10,930	0	53.00
54.00	05400	19,089	19,089	145,961	19,089	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	2,340	2,340	4,304	2,340	0	56.00
56.01	05601	260	260	29,992	260	0	56.01
57.00	05700	1,195	1,195	35,671	1,195	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	9,537	9,537	0	9,537	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	4,412	4,412	0	4,412	0	65.00
66.00	06600	21,378	21,378	53,354	21,378	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
68.01	06801	0	0	5,204	0	0	68.01
69.00	06900	4,460	4,460	38,341	4,460	0	69.00
70.00	07000	0	0	3,819	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	578	578	0	578	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 10:47 am

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	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	4,544	4,544	8,429	4,544	0	90.00
90.01	09001 A. R. C. CLINIC	5,388	5,388	0	5,388	0	90.01
90.02	09002 CANCER CTR CLINIC	12,780	12,780	0	12,780	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	374	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	2,322	0	0	90.06
90.07	09007 EENT CLINIC	3,676	3,676	0	3,676	0	90.07
90.08	09008 O/P PHARMACY CLINIC	1,495	1,495	0	1,495	0	90.08
90.09	09010 O/P IV THERAPY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	19,073	19,073	73,433	19,073	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	386,821	376,065	1,876,136	365,326	66,883	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	248	248	0	248	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
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	17,268,763	1,670,635	7,697,112	3,805,931	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	45.889361	0.890466	21.054867	56.904311	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	698,312	94,219	581,314	620,677	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	1.855668	0.050220	1.590140	9.280041	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description			CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUI SI)	PHARMACY (COSTED REQUI SI)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
			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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	2,385					11.00
13.00	01300	NURSING ADMINISTRATION	31	6,362,720				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	72	2,080	33,055,801			14.00
15.00	01500	PHARMACY	71	2,080	27,208	1,653,491		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	41	0	704	0	1,381,818,601	16.00
17.00	01700	SOCIAL SERVICE	30	64,480	89	56,117	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	2,080	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	214	0	0	112	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	2	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	507	2,304,679	1,495,222	162,367	145,259,984	30.00
31.00	03100	INTENSIVE CARE UNIT	312	1,408,160	1,487,655	173,931	98,755,088	31.00
32.00	03200	CORONARY CARE UNIT	136	719,680	371,256	65,533	44,782,470	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	91	255,840	27,685	23	17,277,377	40.00
41.00	04100	SUBPROVIDER - I/RF	50	384,800	114,165	2,801	12,946,861	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	38	112,281	90,115	13,366	7,207,343	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	238	634,400	18,857,493	133,614	222,871,175	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	2	0	980,165	163,714	36,400,471	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116	37,440	1,247,879	35,623	90,814,436	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9	0	54,815	455,881	12,429,716	56.00
56.01	05601	ULTRA SOUND	16	0	156,311	2,499	15,127,977	56.01
57.00	05700	CT SCAN	16	0	394,112	24,921	52,053,272	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	30	12,480	4,844,205	29,192	39,582,503	59.00
60.00	06000	LABORATORY	0	0	1,102,036	0	84,302,679	60.00
60.01	06001	BLOOD LABORATORY	0	0	112,961	0	9,942,855	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	68	12,480	399,147	64	32,909,520	65.00
66.00	06600	PHYSICAL THERAPY	41	2,080	84,811	106	22,147,065	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
68.01	06801	CARDIOLOGY	4	0	3,679	0	1,119,633	68.01
69.00	06900	ELECTROCARDIOLOGY	22	10,400	45,362	4,486	24,519,624	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2	4,160	6,731	0	2,137,410	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	44,630,471	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	51,739,220	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	174,018,134	73.00
74.00	07400	RENAL DIALYSIS	10	14,560	89,107	7,803	4,282,757	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description		CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUI SI)	PHARMACY (COSTED REQUI SI)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	9	2,080	147,825	1,098	1,284,135	90.00
90.01	09001 A. R. C. CLINIC	17	52,000	18,503	0	15,037,264	90.01
90.02	09002 CANCER CTR CLINIC	31	60,320	84,275	27,675	4,278,843	90.02
90.03	09003 UROLOGY CLINIC	2	4,160	19,835	1,288	561,834	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	2	0	43,789	0	139,818	90.05
90.06	09006 WOUND CARE CLINIC	0	0	26,034	0	162,982	90.06
90.07	09007 DENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	1	0	0	0	196,726	90.08
90.09	09010 O/P IV THERAPY	3	14,560	4,602	12,416	1,570,346	90.09
91.00	09100 EMERGENCY	151	245,440	718,025	278,861	111,328,612	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,385	6,362,720	33,055,801	1,653,491	1,381,818,601	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	3,164,122	5,351,430	5,288,592	4,425,647	3,793,818	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,326.675891	0.841060	0.159990	2.676547	0.002746	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	688,736	468,852	520,700	292,045	342,546	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	288.778197	0.073687	0.015752	0.176623	0.000248	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		Reconciliation	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			17.00	20.00		
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
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMIN TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	66,883					17.00
20.00 02000 NURSING SCHOOL	0	0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0		18,108			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0			18,108		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0				0	23.00
23.01 02301 PARAMED ED ANESTH SCHOOL	0				0	23.01
23.02 02302 PARAMED ED RADIOLOGY SCHOOL	0				0	23.02
23.03 02303 PARAMED ED PHARMACY	0				0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	29,834	0	18,070	18,070	0	30.00
31.00 03100 INTENSIVE CARE UNIT	12,755	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	9,540	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	9,568	0	38	38	0	40.00
41.00 04100 SUBPROVIDER - I RF	5,186	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRA SOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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
68.01 06801 RADIOLOGY	0	0	0	0	0	68.01
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		Reconciliation	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			17.00	20.00		
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 A. R. C. CLINIC	0	0	0	0	0	90.01
90.02 09002 CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03 09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	0	0	0	0	0	90.05
90.06 09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07 09007 DENT CLINIC	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09 09010 O/P IV THERAPY	0	0	0	0	0	90.09
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
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	66,883	0	18,108	18,108	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,109,683	0	21,837,301	4,919,004		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	61.445853	0.000000	1,205.947703	271.648111		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	164,243	0	102,548	343,153		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.455676	0.000000	5.663132	18.950353		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description		PARAMED ED PRGM (ACCUM. COST)	PARAMED ED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED ED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED ED PHARMACY (ASSIGNED TIME)		
		23.00	23.01	23.02	23.03		
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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
23.00	02300	PARAMED ED PRGM-(SPECIFY)	325,466,438				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL		0			23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL			0		23.02
23.03	02303	PARAMED ED PHARMACY			3,744		23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	77,369,458	0	0	863	30.00
31.00	03100	INTENSIVE CARE UNIT	31,036,511	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	12,259,464	0	0	427	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	9,601,735	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,167,445	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,576,201	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,901,154	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	3,252,338	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,006,072	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,074,054	0	0	0	56.00
56.01	05601	ULTRA SOUND	1,595,028	0	0	0	56.01
57.00	05700	CT SCAN	2,423,478	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,949,692	0	0	331	59.00
60.00	06000	LABORATORY	11,056,456	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	1,225,845	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,663,250	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,690,101	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
68.01	06801	CARDIOLOGY	472,451	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,794,571	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	280,528	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,220,230	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,169,143	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,812,095	0	0	1,460	73.00
74.00	07400	RENAL DIALYSIS	1,022,282	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description		PARAMED ED PRGM (ACCUM. COST)	PARAMED ED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED ED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED ED PHARMACY (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	1,337,456	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	2,958,241	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	5,210,506	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	253,181	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	90.04
90.05	09005 EYE CENTER	69,230	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	16,748	0	0	0	90.06
90.07	09007 EENT CLINIC	480,567	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	349,949	0	0	0	90.08
90.09	09010 O/P IV THERAPY	402,339	0	0	0	90.09
91.00	09100 EMERGENCY	18,415,582	0	0	663	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	325,432,171	0	0	3,744	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,267	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
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	0	0	318,790	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	85.146902	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	6,842	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	1.827457	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/25/2016 10:47 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	50,742,784		50,742,784	0	50,742,784	30.00
31.00	03100 INTENSIVE CARE UNIT	31,036,511		31,036,511	0	31,036,511	31.00
32.00	03200 CORONARY CARE UNIT	12,295,822		12,295,822	0	12,295,822	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	9,545,586		9,545,586	0	9,545,586	40.00
41.00	04100 SUBPROVIDER - I/RF	5,167,445		5,167,445	0	5,167,445	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	3,576,201		3,576,201	0	3,576,201	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	34,901,154		34,901,154	0	34,901,154	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	3,252,338		3,252,338	0	3,252,338	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,006,072		14,006,072	0	14,006,072	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	3,074,054		3,074,054	0	3,074,054	56.00
56.01	05601 ULTRA SOUND	1,595,028		1,595,028	0	1,595,028	56.01
57.00	05700 CT SCAN	2,423,478		2,423,478	0	2,423,478	57.00
58.00	05800 MRI	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,977,876		5,977,876	0	5,977,876	59.00
60.00	06000 LABORATORY	11,056,456		11,056,456	0	11,056,456	60.00
60.01	06001 BLOOD LABORATORY	1,225,845		1,225,845	0	1,225,845	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	5,663,250	0	5,663,250	0	5,663,250	65.00
66.00	06600 PHYSICAL THERAPY	7,690,101	0	7,690,101	0	7,690,101	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
68.01	06801 CARDIOLOGY	472,451	0	472,451	0	472,451	68.01
69.00	06900 ELECTROCARDIOLOGY	2,794,571		2,794,571	0	2,794,571	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	280,528		280,528	0	280,528	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	26,220,230		26,220,230	0	26,220,230	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,169,143		14,169,143	0	14,169,143	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	20,936,409		20,936,409	0	20,936,409	73.00
74.00	07400 RENAL DIALYSIS	1,022,282		1,022,282	0	1,022,282	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0		0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	1,337,456		1,337,456	0	1,337,456	90.00
90.01	09001 A. R. C. CLINIC	2,958,241		2,958,241	0	2,958,241	90.01
90.02	09002 CANCER CTR CLINIC	5,210,506		5,210,506	0	5,210,506	90.02
90.03	09003 UROLOGY CLINIC	253,181		253,181	0	253,181	90.03
90.04	09004 ORTHOPEDIC CLINIC	0		0	0	0	90.04
90.05	09005 EYE CENTER	69,230		69,230	0	69,230	90.05
90.06	09006 WOUND CARE CLINIC	16,748		16,748	0	16,748	90.06
90.07	09007 DENT CLINIC	480,567		480,567	0	480,567	90.07
90.08	09008 O/P PHARMACY CLINIC	349,949		349,949	0	349,949	90.08
90.09	09010 O/P IV THERAPY	402,339		402,339	0	402,339	90.09
91.00	09100 EMERGENCY	18,472,034		18,472,034	0	18,472,034	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,102,886		9,102,886	0	9,102,886	92.00
93.00	04040 FAMILY HEALTH CENTER	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 10:47 am

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	
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
200.00		Subtotal (see instructions)	307,778,752	0	307,778,752	0	307,778,752	200.00
201.00		Less Observation Beds	9,102,886		9,102,886		9,102,886	201.00
202.00		Total (see instructions)	298,675,866	0	298,675,866	0	298,675,866	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/25/2016 10:47 am	
			Title XVIIII		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	116,994,806		116,994,806			30.00
31.00	03100	INTENSIVE CARE UNIT	98,763,206		98,763,206			31.00
32.00	03200	CORONARY CARE UNIT	44,786,481		44,786,481			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	17,277,377		17,277,377			40.00
41.00	04100	SUBPROVIDER - I/RF	12,946,861		12,946,861			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	7,555,859		7,555,859			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	81,548,555	141,322,620	222,871,175	0.156598	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,573,822	21,826,649	36,400,471	0.089349	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,495,612	70,548,200	91,043,812	0.153839	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,382,027	10,047,689	12,429,716	0.247315	0.000000	56.00
56.01	05601	ULTRA SOUND	2,023,816	13,104,161	15,127,977	0.105436	0.000000	56.01
57.00	05700	CT SCAN	18,527,252	33,526,020	52,053,272	0.046558	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,742,558	24,839,945	39,582,503	0.151023	0.000000	59.00
60.00	06000	LABORATORY	53,070,541	31,232,138	84,302,679	0.131152	0.000000	60.00
60.01	06001	BLOOD LABORATORY	8,269,354	1,673,501	9,942,855	0.123289	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	29,577,902	3,331,618	32,909,520	0.172085	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	12,123,789	10,047,331	22,171,120	0.346852	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
68.01	06801	CARDIOLOGY	112,674	1,006,959	1,119,633	0.421970	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	10,182,368	14,337,256	24,519,624	0.113973	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	268,953	1,868,457	2,137,410	0.131247	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,092,559	24,537,912	44,630,471	0.587496	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,289,055	21,450,165	51,739,220	0.273857	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,373,613	78,644,521	174,018,134	0.120312	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,945,244	337,513	4,282,757	0.238697	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	930	6,460,064	6,460,994	0.207005	0.000000	90.00
90.01	09001	A. R. C. CLINIC	657,349	14,491,398	15,148,747	0.195280	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	22,424	5,639,952	5,662,376	0.920198	0.000000	90.02
90.03	09003	UROLOGY CLINIC	2,826	560,477	563,303	0.449458	0.000000	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	EYE CENTER	0	156,094	156,094	0.443515	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	2,733	564,687	567,420	0.029516	0.000000	90.06
90.07	09007	EENT CLINIC	0	0	0	0.000000	0.000000	90.07
90.08	09008	O/P PHARMACY CLINIC	716	697,400	698,116	0.501276	0.000000	90.08
90.09	09010	O/P IV THERAPY	2,954	1,567,392	1,570,346	0.256210	0.000000	90.09
91.00	09100	EMERGENCY	35,678,354	75,650,258	111,328,612	0.165924	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,402,698	16,652,956	20,055,654	0.453881	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
200.00		Subtotal (see instructions)	755,695,268	626,123,333	1,381,818,601		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	755,695,268	626,123,333	1,381,818,601		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 10:47 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.156598		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	0.089349		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.153839		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.247315		56.00
56.01	05601 ULTRA SOUND	0.105436		56.01
57.00	05700 CT SCAN	0.046558		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.151023		59.00
60.00	06000 LABORATORY	0.131152		60.00
60.01	06001 BLOOD LABORATORY	0.123289		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.172085		65.00
66.00	06600 PHYSICAL THERAPY	0.346852		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
68.01	06801 RADIOLOGY	0.421970		68.01
69.00	06900 ELECTROCARDIOLOGY	0.113973		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.131247		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.587496		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.273857		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.120312		73.00
74.00	07400 RENAL DIALYSIS	0.238697		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.207005		90.00
90.01	09001 A. R. C. CLINIC	0.195280		90.01
90.02	09002 CANCER CTR CLINIC	0.920198		90.02
90.03	09003 UROLOGY CLINIC	0.449458		90.03
90.04	09004 ORTHOPEDIC CLINIC	0.000000		90.04
90.05	09005 EYE CENTER	0.443515		90.05
90.06	09006 WOUND CARE CLINIC	0.029516		90.06
90.07	09007 DENT CLINIC	0.000000		90.07
90.08	09008 O/P PHARMACY CLINIC	0.501276		90.08
90.09	09010 O/P IV THERAPY	0.256210		90.09
91.00	09100 EMERGENCY	0.165924		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.453881		92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 10:47 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
200.00	Subtotal (see instructions)	11.00		200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/25/2016 10:47 am		
		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,742,784		50,742,784	0	50,742,784	30.00
31.00	03100	INTENSIVE CARE UNIT	31,036,511		31,036,511	0	31,036,511	31.00
32.00	03200	CORONARY CARE UNIT	12,295,822		12,295,822	0	12,295,822	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	9,545,586		9,545,586	0	9,545,586	40.00
41.00	04100	SUBPROVIDER - I/RF	5,167,445		5,167,445	0	5,167,445	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	3,576,201		3,576,201	0	3,576,201	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,901,154		34,901,154	0	34,901,154	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	3,252,338		3,252,338	0	3,252,338	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,006,072		14,006,072	0	14,006,072	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,074,054		3,074,054	0	3,074,054	56.00
56.01	05601	ULTRA SOUND	1,595,028		1,595,028	0	1,595,028	56.01
57.00	05700	CT SCAN	2,423,478		2,423,478	0	2,423,478	57.00
58.00	05800	MRI	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,977,876		5,977,876	0	5,977,876	59.00
60.00	06000	LABORATORY	11,056,456		11,056,456	0	11,056,456	60.00
60.01	06001	BLOOD LABORATORY	1,225,845		1,225,845	0	1,225,845	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,663,250	0	5,663,250	0	5,663,250	65.00
66.00	06600	PHYSICAL THERAPY	7,690,101	0	7,690,101	0	7,690,101	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
68.01	06801	CARDIOLOGY	472,451	0	472,451	0	472,451	68.01
69.00	06900	ELECTROCARDIOLOGY	2,794,571		2,794,571	0	2,794,571	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	280,528		280,528	0	280,528	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,220,230		26,220,230	0	26,220,230	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,169,143		14,169,143	0	14,169,143	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,936,409		20,936,409	0	20,936,409	73.00
74.00	07400	RENAL DIALYSIS	1,022,282		1,022,282	0	1,022,282	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,337,456		1,337,456	0	1,337,456	90.00
90.01	09001	A. R. C. CLINIC	2,958,241		2,958,241	0	2,958,241	90.01
90.02	09002	CANCER CTR CLINIC	5,210,506		5,210,506	0	5,210,506	90.02
90.03	09003	UROLOGY CLINIC	253,181		253,181	0	253,181	90.03
90.04	09004	ORTHOPEDIC CLINIC	0		0	0	0	90.04
90.05	09005	EYE CENTER	69,230		69,230	0	69,230	90.05
90.06	09006	WOUND CARE CLINIC	16,748		16,748	0	16,748	90.06
90.07	09007	EENT CLINIC	480,567		480,567	0	480,567	90.07
90.08	09008	O/P PHARMACY CLINIC	349,949		349,949	0	349,949	90.08
90.09	09010	O/P IV THERAPY	402,339		402,339	0	402,339	90.09
91.00	09100	EMERGENCY	18,472,034		18,472,034	0	18,472,034	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,102,886		9,102,886	0	9,102,886	92.00
93.00	04040	FAMILY HEALTH CENTER	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 10:47 am

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	
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
200.00		Subtotal (see instructions)	307,778,752	0	307,778,752	0	307,778,752	200.00
201.00		Less Observation Beds	9,102,886		9,102,886		9,102,886	201.00
202.00		Total (see instructions)	298,675,866	0	298,675,866	0	298,675,866	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/25/2016 10:47 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	116,994,806		116,994,806			30.00
31.00	03100	INTENSIVE CARE UNIT	98,763,206		98,763,206			31.00
32.00	03200	CORONARY CARE UNIT	44,786,481		44,786,481			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I PF	17,277,377		17,277,377			40.00
41.00	04100	SUBPROVIDER - I RF	12,946,861		12,946,861			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	7,555,859		7,555,859			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	81,548,555	141,322,620	222,871,175	0.156598	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,573,822	21,826,649	36,400,471	0.089349	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,495,612	70,548,200	91,043,812	0.153839	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,382,027	10,047,689	12,429,716	0.247315	0.000000	56.00
56.01	05601	ULTRA SOUND	2,023,816	13,104,161	15,127,977	0.105436	0.000000	56.01
57.00	05700	CT SCAN	18,527,252	33,526,020	52,053,272	0.046558	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,742,558	24,839,945	39,582,503	0.151023	0.000000	59.00
60.00	06000	LABORATORY	53,070,541	31,232,138	84,302,679	0.131152	0.000000	60.00
60.01	06001	BLOOD LABORATORY	8,269,354	1,673,501	9,942,855	0.123289	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	29,577,902	3,331,618	32,909,520	0.172085	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	12,123,789	10,047,331	22,171,120	0.346852	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
68.01	06801	CARDIOLOGY	112,674	1,006,959	1,119,633	0.421970	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	10,182,368	14,337,256	24,519,624	0.113973	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	268,953	1,868,457	2,137,410	0.131247	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,092,559	24,537,912	44,630,471	0.587496	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,289,055	21,450,165	51,739,220	0.273857	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,373,613	78,644,521	174,018,134	0.120312	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,945,244	337,513	4,282,757	0.238697	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	930	6,460,064	6,460,994	0.207005	0.000000	90.00
90.01	09001	A. R. C. CLINIC	657,349	14,491,398	15,148,747	0.195280	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	22,424	5,639,952	5,662,376	0.920198	0.000000	90.02
90.03	09003	UROLOGY CLINIC	2,826	560,477	563,303	0.449458	0.000000	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	EYE CENTER	0	156,094	156,094	0.443515	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	2,733	564,687	567,420	0.029516	0.000000	90.06
90.07	09007	EENT CLINIC	0	0	0	0.000000	0.000000	90.07
90.08	09008	O/P PHARMACY CLINIC	716	697,400	698,116	0.501276	0.000000	90.08
90.09	09010	O/P IV THERAPY	2,954	1,567,392	1,570,346	0.256210	0.000000	90.09
91.00	09100	EMERGENCY	35,678,354	75,650,258	111,328,612	0.165924	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,402,698	16,652,956	20,055,654	0.453881	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
200.00		Subtotal (see instructions)		755,695,268	626,123,333	1,381,818,601	200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)		755,695,268	626,123,333	1,381,818,601	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 10:47 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 ULTRA SOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
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
68.01	06801 RADIOLOGY	0.000000		68.01
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	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 A. R. C. CLINIC	0.000000		90.01
90.02	09002 CANCER CTR CLINIC	0.000000		90.02
90.03	09003 UROLOGY CLINIC	0.000000		90.03
90.04	09004 ORTHOPEDIC CLINIC	0.000000		90.04
90.05	09005 EYE CENTER	0.000000		90.05
90.06	09006 WOUND CARE CLINIC	0.000000		90.06
90.07	09007 DENT CLINIC	0.000000		90.07
90.08	09008 O/P PHARMACY CLINIC	0.000000		90.08
90.09	09010 O/P IV THERAPY	0.000000		90.09
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 10:47 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
				Cost
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)	11.00		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/25/2016 10:47 am		
		Title V		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	50,742,784		50,742,784	0	50,742,784	30.00
31.00	03100	INTENSIVE CARE UNIT	31,036,511		31,036,511	0	31,036,511	31.00
32.00	03200	CORONARY CARE UNIT	12,295,822		12,295,822	0	12,295,822	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	9,545,586		9,545,586	0	9,545,586	40.00
41.00	04100	SUBPROVIDER - I/RF	5,167,445		5,167,445	0	5,167,445	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	3,576,201		3,576,201	0	3,576,201	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,901,154		34,901,154	0	34,901,154	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	3,252,338		3,252,338	0	3,252,338	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,006,072		14,006,072	0	14,006,072	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,074,054		3,074,054	0	3,074,054	56.00
56.01	05601	ULTRA SOUND	1,595,028		1,595,028	0	1,595,028	56.01
57.00	05700	CT SCAN	2,423,478		2,423,478	0	2,423,478	57.00
58.00	05800	MRI	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,977,876		5,977,876	0	5,977,876	59.00
60.00	06000	LABORATORY	11,056,456		11,056,456	0	11,056,456	60.00
60.01	06001	BLOOD LABORATORY	1,225,845		1,225,845	0	1,225,845	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,663,250	0	5,663,250	0	5,663,250	65.00
66.00	06600	PHYSICAL THERAPY	7,690,101	0	7,690,101	0	7,690,101	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
68.01	06801	CARDIOLOGY	472,451	0	472,451	0	472,451	68.01
69.00	06900	ELECTROCARDIOLOGY	2,794,571		2,794,571	0	2,794,571	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	280,528		280,528	0	280,528	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,220,230		26,220,230	0	26,220,230	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,169,143		14,169,143	0	14,169,143	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,936,409		20,936,409	0	20,936,409	73.00
74.00	07400	RENAL DIALYSIS	1,022,282		1,022,282	0	1,022,282	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,337,456		1,337,456	0	1,337,456	90.00
90.01	09001	A. R. C. CLINIC	2,958,241		2,958,241	0	2,958,241	90.01
90.02	09002	CANCER CTR CLINIC	5,210,506		5,210,506	0	5,210,506	90.02
90.03	09003	UROLOGY CLINIC	253,181		253,181	0	253,181	90.03
90.04	09004	ORTHOPEDIC CLINIC	0		0	0	0	90.04
90.05	09005	EYE CENTER	69,230		69,230	0	69,230	90.05
90.06	09006	WOUND CARE CLINIC	16,748		16,748	0	16,748	90.06
90.07	09007	EENT CLINIC	480,567		480,567	0	480,567	90.07
90.08	09008	O/P PHARMACY CLINIC	349,949		349,949	0	349,949	90.08
90.09	09010	O/P IV THERAPY	402,339		402,339	0	402,339	90.09
91.00	09100	EMERGENCY	18,472,034		18,472,034	0	18,472,034	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,102,886		9,102,886	0	9,102,886	92.00
93.00	04040	FAMILY HEALTH CENTER	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 10:47 am

			Title V	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	
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
200.00		Subtotal (see instructions)	307,778,752	0	307,778,752	0	307,778,752	200.00
201.00		Less Observation Beds	9,102,886		9,102,886		9,102,886	201.00
202.00		Total (see instructions)	298,675,866	0	298,675,866	0	298,675,866	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/25/2016 10:47 am	
			Title V		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	116,994,806		116,994,806			30.00
31.00	03100	INTENSIVE CARE UNIT	98,763,206		98,763,206			31.00
32.00	03200	CORONARY CARE UNIT	44,786,481		44,786,481			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I PF	17,277,377		17,277,377			40.00
41.00	04100	SUBPROVIDER - I RF	12,946,861		12,946,861			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	7,555,859		7,555,859			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	81,548,555	141,322,620	222,871,175	0.156598	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,573,822	21,826,649	36,400,471	0.089349	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,495,612	70,548,200	91,043,812	0.153839	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,382,027	10,047,689	12,429,716	0.247315	0.000000	56.00
56.01	05601	ULTRA SOUND	2,023,816	13,104,161	15,127,977	0.105436	0.000000	56.01
57.00	05700	CT SCAN	18,527,252	33,526,020	52,053,272	0.046558	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,742,558	24,839,945	39,582,503	0.151023	0.000000	59.00
60.00	06000	LABORATORY	53,070,541	31,232,138	84,302,679	0.131152	0.000000	60.00
60.01	06001	BLOOD LABORATORY	8,269,354	1,673,501	9,942,855	0.123289	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	29,577,902	3,331,618	32,909,520	0.172085	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	12,123,789	10,047,331	22,171,120	0.346852	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
68.01	06801	CARDIOLOGY	112,674	1,006,959	1,119,633	0.421970	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	10,182,368	14,337,256	24,519,624	0.113973	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	268,953	1,868,457	2,137,410	0.131247	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,092,559	24,537,912	44,630,471	0.587496	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,289,055	21,450,165	51,739,220	0.273857	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,373,613	78,644,521	174,018,134	0.120312	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,945,244	337,513	4,282,757	0.238697	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	930	6,460,064	6,460,994	0.207005	0.000000	90.00
90.01	09001	A. R. C. CLINIC	657,349	14,491,398	15,148,747	0.195280	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	22,424	5,639,952	5,662,376	0.920198	0.000000	90.02
90.03	09003	UROLOGY CLINIC	2,826	560,477	563,303	0.449458	0.000000	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	EYE CENTER	0	156,094	156,094	0.443515	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	2,733	564,687	567,420	0.029516	0.000000	90.06
90.07	09007	EENT CLINIC	0	0	0	0.000000	0.000000	90.07
90.08	09008	O/P PHARMACY CLINIC	716	697,400	698,116	0.501276	0.000000	90.08
90.09	09010	O/P IV THERAPY	2,954	1,567,392	1,570,346	0.256210	0.000000	90.09
91.00	09100	EMERGENCY	35,678,354	75,650,258	111,328,612	0.165924	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,402,698	16,652,956	20,055,654	0.453881	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
200.00		Subtotal (see instructions)	755,695,268	626,123,333	1,381,818,601		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	755,695,268	626,123,333	1,381,818,601		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 10:47 am
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 ULTRA SOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
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
68.01	06801 RADIOLOGY	0.000000		68.01
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	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 A. R. C. CLINIC	0.000000		90.01
90.02	09002 CANCER CTR CLINIC	0.000000		90.02
90.03	09003 UROLOGY CLINIC	0.000000		90.03
90.04	09004 ORTHOPEDIC CLINIC	0.000000		90.04
90.05	09005 EYE CENTER	0.000000		90.05
90.06	09006 WOUND CARE CLINIC	0.000000		90.06
90.07	09007 DENT CLINIC	0.000000		90.07
90.08	09008 O/P PHARMACY CLINIC	0.000000		90.08
90.09	09010 O/P IV THERAPY	0.000000		90.09
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D. P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 10:47 am
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital
200.00	Subtotal (see instructions)	11.00		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: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/25/2016 10:47 am
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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	5,653,975	0	5,653,975	36,356	155.52	30.00
31.00	INTENSIVE CARE UNIT	2,635,593		2,635,593	12,755	206.63	31.00
32.00	CORONARY CARE UNIT	1,261,266		1,261,266	9,540	132.21	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,421,030	0	1,421,030	9,568	148.52	40.00
41.00	SUBPROVIDER - IRF	217,363	0	217,363	5,186	41.91	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	392,647		392,647	4,062	96.66	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	11,581,874		11,581,874	77,467		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	4,568	710,415	30.00
31.00	INTENSIVE CARE UNIT	1,896	391,770	31.00
32.00	CORONARY CARE UNIT	3,610	477,278	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	2,191	325,407	40.00
41.00	SUBPROVIDER - IRF	1,848	77,450	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (Lines 30-199)	14,113	1,982,320	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/25/2016 10:47 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,218,613	222,871,175	0.014442	15,711,590	226,907	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	744,667	36,400,471	0.020458	2,423,174	49,573	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,349,291	91,043,812	0.014820	5,041,625	74,717	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	241,424	12,429,716	0.019423	738,688	14,348	56.00
56.01	05601 ULTRA SOUND	41,376	15,127,977	0.002735	334,001	913	56.01
57.00	05700 CT SCAN	134,121	52,053,272	0.002577	4,220,788	10,877	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	733,882	39,582,503	0.018541	3,658,781	67,837	59.00
60.00	06000 LABORATORY	124,911	84,302,679	0.001482	9,904,110	14,678	60.00
60.01	06001 BLOOD LABORATORY	13,970	9,942,855	0.001405	1,458,635	2,049	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	344,574	32,909,520	0.010470	4,928,204	51,598	65.00
66.00	06600 PHYSICAL THERAPY	1,357,085	22,171,120	0.061210	1,798,479	110,085	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
68.01	06801 CARDIOLOGY	4,427	1,119,633	0.003954	26,991	107	68.01
69.00	06900 ELECTROCARDIOLOGY	308,849	24,519,624	0.012596	2,917,454	36,748	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,682	2,137,410	0.002191	72,819	160	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	128,520	44,630,471	0.002880	3,863,772	11,128	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	89,042	51,739,220	0.001721	6,847,556	11,785	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	197,552	174,018,134	0.001135	18,685,111	21,208	73.00
74.00	07400 RENAL DIALYSIS	49,500	4,282,757	0.011558	1,691,980	19,556	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	287,649	6,460,994	0.044521	362	16	90.00
90.01	09001 A. R. C. CLINIC	357,268	15,148,747	0.023584	2,821	67	90.01
90.02	09002 CANCER CTR CLINIC	820,760	5,662,376	0.144950	22,400	3,247	90.02
90.03	09003 UROLOGY CLINIC	3,899	563,303	0.006922	1,373	10	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0.000000	0	0	90.04
90.05	09005 EYE CENTER	1,941	156,094	0.012435	0	0	90.05
90.06	09006 WOUND CARE CLINIC	1,053	567,420	0.001856	2,481	5	90.06
90.07	09007 DENT CLINIC	223,824	0	0.000000	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	92,470	698,116	0.132456	696	92	90.08
90.09	09010 O/P IV THERAPY	7,095	1,570,346	0.004518	2,871	13	90.09
91.00	09100 EMERGENCY	1,432,341	111,328,612	0.012866	7,286,739	93,751	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,014,280	20,055,654	0.050573	1,558,460	78,816	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (Lines 50-199)	13,329,066	1,083,494,011		93,201,961	900,291	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/25/2016 10:47 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS 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	73,482	0	0	73,482	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	36,358	0	0	36,358	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	109,840	0	0	109,840	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	36,356	2.02	4,568	9,227		30.00
31.00	03100	INTENSIVE CARE UNIT	12,755	0.00	1,896	0		31.00
32.00	03200	CORONARY CARE UNIT	9,540	3.81	3,610	13,754		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	9,568	0.00	2,191	0		40.00
41.00	04100	SUBPROVIDER - IRF	5,186	0.00	1,848	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	4,062	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	77,467		14,113	22,981		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 10:47 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	28,184	0	0	28,184	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	124,314	0	0	124,314	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	A. R. C. CLINIC	0	0	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	0	0	90.06
90.07	09007	EENT CLINIC	0	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	0	0	90.08
90.09	09010	O/P IV THERAPY	0	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	0	0	56,452	0	0	56,452	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	13,181	0	0	13,181	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	222,131	0	0	222,131	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 10:47 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	222,871,175	0.000000	0.000000	15,711,590	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	36,400,471	0.000000	0.000000	2,423,174	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	91,043,812	0.000000	0.000000	5,041,625	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	12,429,716	0.000000	0.000000	738,688	56.00
56.01	05601 ULTRA SOUND	0	15,127,977	0.000000	0.000000	334,001	56.01
57.00	05700 CT SCAN	0	52,053,272	0.000000	0.000000	4,220,788	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	28,184	39,582,503	0.000712	0.000712	3,658,781	59.00
60.00	06000 LABORATORY	0	84,302,679	0.000000	0.000000	9,904,110	60.00
60.01	06001 BLOOD LABORATORY	0	9,942,855	0.000000	0.000000	1,458,635	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	32,909,520	0.000000	0.000000	4,928,204	65.00
66.00	06600 PHYSICAL THERAPY	0	22,171,120	0.000000	0.000000	1,798,479	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
68.01	06801 CARDIOLOGY	0	1,119,633	0.000000	0.000000	26,991	68.01
69.00	06900 ELECTROCARDIOLOGY	0	24,519,624	0.000000	0.000000	2,917,454	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,137,410	0.000000	0.000000	72,819	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	44,630,471	0.000000	0.000000	3,863,772	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	51,739,220	0.000000	0.000000	6,847,556	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	124,314	174,018,134	0.000714	0.000714	18,685,111	73.00
74.00	07400 RENAL DIALYSIS	0	4,282,757	0.000000	0.000000	1,691,980	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	6,460,994	0.000000	0.000000	362	90.00
90.01	09001 A. R. C. CLINIC	0	15,148,747	0.000000	0.000000	2,821	90.01
90.02	09002 CANCER CTR CLINIC	0	5,662,376	0.000000	0.000000	22,400	90.02
90.03	09003 UROLOGY CLINIC	0	563,303	0.000000	0.000000	1,373	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005 EYE CENTER	0	156,094	0.000000	0.000000	0	90.05
90.06	09006 WOUND CARE CLINIC	0	567,420	0.000000	0.000000	2,481	90.06
90.07	09007 DENT CLINIC	0	0	0.000000	0.000000	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	698,116	0.000000	0.000000	696	90.08
90.09	09010 O/P IV THERAPY	0	1,570,346	0.000000	0.000000	2,871	90.09
91.00	09100 EMERGENCY	56,452	111,328,612	0.000507	0.000507	7,286,739	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	13,181	20,055,654	0.000657	0.000657	1,558,460	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (Lines 50-199)	222,131	1,083,494,011			93,201,961	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 10:47 am
	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	17,205,652	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	3,101,838	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	11,710,458	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	2,451,430	0	56.00
56.01 05601 ULTRA SOUND	0	1,105,293	0	56.01
57.00 05700 CT SCAN	0	5,611,362	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,605	6,759,522	4,813	59.00
60.00 06000 LABORATORY	0	4,539,056	0	60.00
60.01 06001 BLOOD LABORATORY	0	221,011	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	541,437	0	65.00
66.00 06600 PHYSICAL THERAPY	0	1,120,060	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01 06801 CARDIOLOGY	0	235,607	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	2,318,846	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	184,738	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,619,065	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,637,347	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	13,341	16,138,192	11,523	73.00
74.00 07400 RENAL DIALYSIS	0	122,262	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	1,419,975	0	90.00
90.01 09001 A. R. C. CLINIC	0	33,175	0	90.01
90.02 09002 CANCER CTR CLINIC	0	1,239,135	0	90.02
90.03 09003 UROLOGY CLINIC	0	158,709	0	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	90.04
90.05 09005 EYE CENTER	0	8,353	0	90.05
90.06 09006 WOUND CARE CLINIC	0	0	0	90.06
90.07 09007 DENT CLINIC	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	0	285,513	0	90.08
90.09 09010 O/P IV THERAPY	0	402,254	0	90.09
91.00 09100 EMERGENCY	3,694	7,276,723	3,689	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,024	2,877,089	1,890	92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00 Total (Lines 50-199)	20,664	96,324,102	21,915	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 10:47 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
							1.00	2.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.156598	17,205,652	0	0	2,694,371	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.089349	3,101,838	0	0	277,146	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153839	11,710,458	100	0	1,801,525	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.247315	2,451,430	0	0	606,275	56.00
56.01	05601	ULTRA SOUND	0.105436	1,105,293	0	0	116,538	56.01
57.00	05700	CT SCAN	0.046558	5,611,362	0	0	261,254	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.151023	6,759,522	0	0	1,020,843	59.00
60.00	06000	LABORATORY	0.131152	4,539,056	0	0	595,306	60.00
60.01	06001	BLOOD LABORATORY	0.123289	221,011	0	0	27,248	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.172085	541,437	0	0	93,173	65.00
66.00	06600	PHYSICAL THERAPY	0.346852	1,120,060	0	0	388,495	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0.421970	235,607	0	0	99,419	68.01
69.00	06900	ELECTROCARDIOLOGY	0.113973	2,318,846	0	0	264,286	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.131247	184,738	0	0	24,246	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.587496	3,619,065	176,631	0	2,126,186	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273857	5,637,347	0	0	1,543,827	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.120312	16,138,192	0	92,306	1,941,618	73.00
74.00	07400	RENAL DIALYSIS	0.238697	122,262	0	0	29,184	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.207005	1,419,975	0	0	293,942	90.00
90.01	09001	A. R. C. CLINIC	0.195280	33,175	0	0	6,478	90.01
90.02	09002	CANCER CTR CLINIC	0.920198	1,239,135	0	0	1,140,250	90.02
90.03	09003	UROLOGY CLINIC	0.449458	158,709	0	0	71,333	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	EYE CENTER	0.443515	8,353	0	0	3,705	90.05
90.06	09006	WOUND CARE CLINIC	0.029516	0	0	0	0	90.06
90.07	09007	EENT CLINIC	0.000000	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.501276	285,513	0	0	143,121	90.08
90.09	09010	O/P IV THERAPY	0.256210	402,254	0	0	103,061	90.09
91.00	09100	EMERGENCY	0.165924	7,276,723	0	0	1,207,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.453881	2,877,089	0	0	1,305,856	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		96,324,102	176,731	92,306	18,186,069	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		96,324,102	176,731	92,306	18,186,069	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 10:47 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	15	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ULTRA SOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
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
68.01 06801 CARDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	103,770	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	11,106		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 A. R. C. CLINIC	0	0		90.01
90.02 09002 CANCER CTR CLINIC	0	0		90.02
90.03 09003 UROLOGY CLINIC	0	0		90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0		90.04
90.05 09005 EYE CENTER	0	0		90.05
90.06 09006 WOUND CARE CLINIC	0	0		90.06
90.07 09007 EENT CLINIC	0	0		90.07
90.08 09008 O/P PHARMACY CLINIC	0	0		90.08
90.09 09010 O/P IV THERAPY	0	0		90.09
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04040 FAMILY HEALTH CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00	Subtotal (see instructions)	103,785	11,106	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	103,785	11,106	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/25/2016 10:47 am	
		Component CCN: 14S182		Title XVIII		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,218,613	222,871,175	0.014442	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	744,667	36,400,471	0.020458	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,349,291	91,043,812	0.014820	14,980	222 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	241,424	12,429,716	0.019423	5,744	112 56.00
56.01	05601	ULTRA SOUND	41,376	15,127,977	0.002735	2,521	7 56.01
57.00	05700	CT SCAN	134,121	52,053,272	0.002577	22,201	57 57.00
58.00	05800	MRI	0	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	733,882	39,582,503	0.018541	0	0 59.00
60.00	06000	LABORATORY	124,911	84,302,679	0.001482	437,649	649 60.00
60.01	06001	BLOOD LABORATORY	13,970	9,942,855	0.001405	2,394	3 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	344,574	32,909,520	0.010470	28,602	299 65.00
66.00	06600	PHYSICAL THERAPY	1,357,085	22,171,120	0.061210	1,680	103 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	4,427	1,119,633	0.003954	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	308,849	24,519,624	0.012596	35,767	451 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,682	2,137,410	0.002191	4,018	9 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	128,520	44,630,471	0.002880	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	89,042	51,739,220	0.001721	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	197,552	174,018,134	0.001135	460,121	522 73.00
74.00	07400	RENAL DIALYSIS	49,500	4,282,757	0.011558	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	287,649	6,460,994	0.044521	0	0 90.00
90.01	09001	A. R. C. CLINIC	357,268	15,148,747	0.023584	1,474	35 90.01
90.02	09002	CANCER CTR CLINIC	820,760	5,662,376	0.144950	0	0 90.02
90.03	09003	UROLOGY CLINIC	3,899	563,303	0.006922	0	0 90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0.000000	0	0 90.04
90.05	09005	EYE CENTER	1,941	156,094	0.012435	0	0 90.05
90.06	09006	WOUND CARE CLINIC	1,053	567,420	0.001856	0	0 90.06
90.07	09007	EENT CLINIC	223,824	0	0.000000	0	0 90.07
90.08	09008	O/P PHARMACY CLINIC	92,470	698,116	0.132456	0	0 90.08
90.09	09010	O/P IV THERAPY	7,095	1,570,346	0.004518	0	0 90.09
91.00	09100	EMERGENCY	1,432,341	111,328,612	0.012866	419,400	5,396 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,055,654	0.000000	10,654	0 92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0	0 93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
200.00		Total (lines 50-199)	12,314,786	1,083,494,011		1,447,205	7,865 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14S182	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 10:47 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	28,184	0	28,184	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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
68.01	06801 CARDIOLOGY	0	0	0	0	0	68.01
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	124,314	0	124,314	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	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	0	0	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007 DENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010 O/P IV THERAPY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	0	0	56,452	0	56,452	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	208,950	0	208,950	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182 Component CCN: 14S182		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/25/2016 10:47 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	222,871,175	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	36,400,471	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	91,043,812	0.000000	0.000000	14,980	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	12,429,716	0.000000	0.000000	5,744	56.00
56.01	05601 ULTRA SOUND	0	15,127,977	0.000000	0.000000	2,521	56.01
57.00	05700 CT SCAN	0	52,053,272	0.000000	0.000000	22,201	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	28,184	39,582,503	0.000712	0.000712	0	59.00
60.00	06000 LABORATORY	0	84,302,679	0.000000	0.000000	437,649	60.00
60.01	06001 BLOOD LABORATORY	0	9,942,855	0.000000	0.000000	2,394	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	32,909,520	0.000000	0.000000	28,602	65.00
66.00	06600 PHYSICAL THERAPY	0	22,171,120	0.000000	0.000000	1,680	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
68.01	06801 RADIOLOGY	0	1,119,633	0.000000	0.000000	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	24,519,624	0.000000	0.000000	35,767	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,137,410	0.000000	0.000000	4,018	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	44,630,471	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	51,739,220	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	124,314	174,018,134	0.000714	0.000714	460,121	73.00
74.00	07400 RENAL DIALYSIS	0	4,282,757	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	6,460,994	0.000000	0.000000	0	90.00
90.01	09001 A. R. C. CLINIC	0	15,148,747	0.000000	0.000000	1,474	90.01
90.02	09002 CANCER CTR CLINIC	0	5,662,376	0.000000	0.000000	0	90.02
90.03	09003 UROLOGY CLINIC	0	563,303	0.000000	0.000000	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005 EYE CENTER	0	156,094	0.000000	0.000000	0	90.05
90.06	09006 WOUND CARE CLINIC	0	567,420	0.000000	0.000000	0	90.06
90.07	09007 DENT CLINIC	0	0	0.000000	0.000000	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	698,116	0.000000	0.000000	0	90.08
90.09	09010 O/P IV THERAPY	0	1,570,346	0.000000	0.000000	0	90.09
91.00	09100 EMERGENCY	56,452	111,328,612	0.000507	0.000507	419,400	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	20,055,654	0.000000	0.000000	10,654	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	208,950	1,083,494,011			1,447,205	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14S182	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 10:47 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ULTRA SOUND	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
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
68.01	06801 RADIOLOGY	0	0	0	68.01
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	329	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	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	90.06
90.07	09007 EENT CLINIC	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	90.08
90.09	09010 O/P IV THERAPY	0	0	0	90.09
91.00	09100 EMERGENCY	213	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	542	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/25/2016 10:47 am	
		Component CCN: 14T182		Title XVIII		Subprovider - IRF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,218,613	222,871,175	0.014442	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	744,667	36,400,471	0.020458	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,349,291	91,043,812	0.014820	112,547	1,668 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	241,424	12,429,716	0.019423	0	0 56.00
56.01	05601	ULTRA SOUND	41,376	15,127,977	0.002735	7,505	21 56.01
57.00	05700	CT SCAN	134,121	52,053,272	0.002577	36,315	94 57.00
58.00	05800	MRI	0	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	733,882	39,582,503	0.018541	0	0 59.00
60.00	06000	LABORATORY	124,911	84,302,679	0.001482	211,736	314 60.00
60.01	06001	BLOOD LABORATORY	13,970	9,942,855	0.001405	8,404	12 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	344,574	32,909,520	0.010470	212,834	2,228 65.00
66.00	06600	PHYSICAL THERAPY	1,357,085	22,171,120	0.061210	2,304,574	141,063 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	4,427	1,119,633	0.003954	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	308,849	24,519,624	0.012596	16,386	206 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,682	2,137,410	0.002191	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	128,520	44,630,471	0.002880	91,849	265 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	89,042	51,739,220	0.001721	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	197,552	174,018,134	0.001135	1,063,189	1,207 73.00
74.00	07400	RENAL DIALYSIS	49,500	4,282,757	0.011558	118,821	1,373 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	287,649	6,460,994	0.044521	0	0 90.00
90.01	09001	A.R.C. CLINIC	357,268	15,148,747	0.023584	0	0 90.01
90.02	09002	CANCER CTR CLINIC	820,760	5,662,376	0.144950	0	0 90.02
90.03	09003	UROLOGY CLINIC	3,899	563,303	0.006922	0	0 90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0.000000	0	0 90.04
90.05	09005	EYE CENTER	1,941	156,094	0.012435	0	0 90.05
90.06	09006	WOUND CARE CLINIC	1,053	567,420	0.001856	0	0 90.06
90.07	09007	EENT CLINIC	223,824	0	0.000000	0	0 90.07
90.08	09008	O/P PHARMACY CLINIC	92,470	698,116	0.132456	0	0 90.08
90.09	09010	O/P IV THERAPY	7,095	1,570,346	0.004518	0	0 90.09
91.00	09100	EMERGENCY	1,432,341	111,328,612	0.012866	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,055,654	0.000000	7,811	0 92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0	0 93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
200.00		Total (lines 50-199)	12,314,786	1,083,494,011		4,191,971	148,451 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 10:47 am			
		Component CCN: 14T182	Title XVIII	Subprovider - IRF			
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	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	28,184	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
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
68.01	06801	CARDIOLOGY	0	0	0	0	68.01
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	124,314	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	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	A. R. C. CLINIC	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	90.06
90.07	09007	DENT CLINIC	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	90.08
90.09	09010	O/P IV THERAPY	0	0	0	0	90.09
91.00	09100	EMERGENCY	0	0	56,452	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	208,950	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/25/2016 10:47 am	
		Component CCN: 14T182		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	222,871,175	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	36,400,471	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	91,043,812	0.000000	0.000000	112,547	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	12,429,716	0.000000	0.000000	0	56.00
56.01	05601 ULTRA SOUND	0	15,127,977	0.000000	0.000000	7,505	56.01
57.00	05700 CT SCAN	0	52,053,272	0.000000	0.000000	36,315	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	28,184	39,582,503	0.000712	0.000712	0	59.00
60.00	06000 LABORATORY	0	84,302,679	0.000000	0.000000	211,736	60.00
60.01	06001 BLOOD LABORATORY	0	9,942,855	0.000000	0.000000	8,404	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	32,909,520	0.000000	0.000000	212,834	65.00
66.00	06600 PHYSICAL THERAPY	0	22,171,120	0.000000	0.000000	2,304,574	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
68.01	06801 RADIOLOGY	0	1,119,633	0.000000	0.000000	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	24,519,624	0.000000	0.000000	16,386	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,137,410	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	44,630,471	0.000000	0.000000	91,849	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	51,739,220	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	124,314	174,018,134	0.000714	0.000714	1,063,189	73.00
74.00	07400 RENAL DIALYSIS	0	4,282,757	0.000000	0.000000	118,821	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	6,460,994	0.000000	0.000000	0	90.00
90.01	09001 A. R. C. CLINIC	0	15,148,747	0.000000	0.000000	0	90.01
90.02	09002 CANCER CTR CLINIC	0	5,662,376	0.000000	0.000000	0	90.02
90.03	09003 UROLOGY CLINIC	0	563,303	0.000000	0.000000	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005 EYE CENTER	0	156,094	0.000000	0.000000	0	90.05
90.06	09006 WOUND CARE CLINIC	0	567,420	0.000000	0.000000	0	90.06
90.07	09007 EENT CLINIC	0	0	0.000000	0.000000	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	698,116	0.000000	0.000000	0	90.08
90.09	09010 O/P IV THERAPY	0	1,570,346	0.000000	0.000000	0	90.09
91.00	09100 EMERGENCY	56,452	111,328,612	0.000507	0.000507	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	20,055,654	0.000000	0.000000	7,811	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	208,950	1,083,494,011			4,191,971	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14T182	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 10:47 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ULTRA SOUND	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
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
68.01	06801 RADIOLOGY	0	0	0	68.01
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	759	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	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	90.06
90.07	09007 EENT CLINIC	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	90.08
90.09	09010 O/P IV THERAPY	0	0	0	90.09
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	759	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 10:47 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.156598	0	8,879,699	0	0
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.089349	0	1,454,766	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.153839	0	3,655,711	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.247315	0	437,430	0	0
56.01 05601 ULTRA SOUND	0.105436	0	1,200,204	0	0
57.00 05700 CT SCAN	0.046558	0	2,416,436	0	0
58.00 05800 MRI	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.151023	0	684,459	0	0
60.00 06000 LABORATORY	0.131152	0	3,246,450	0	0
60.01 06001 BLOOD LABORATORY	0.123289	0	165,392	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.172085	0	350,859	0	0
66.00 06600 PHYSICAL THERAPY	0.346852	0	1,578,212	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
68.01 06801 RADIOLOGY	0.421970	0	5,073	0	0
69.00 06900 ELECTROCARDIOLOGY	0.113973	0	1,041,156	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.131247	0	143,971	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.587496	0	1,192,942	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.273857	0	634,425	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.120312	0	4,961,452	0	0
74.00 07400 RENAL DIALYSIS	0.238697	0	13,096	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00 09000 CLINIC	0.207005	0	46,229	0	0
90.01 09001 A. R. C. CLINIC	0.195280	0	4,214,179	0	0
90.02 09002 CANCER CTR CLINIC	0.920198	0	262,545	0	0
90.03 09003 UROLOGY CLINIC	0.449458	0	10,910	0	0
90.04 09004 ORTHOPEDIC CLINIC	0.000000	0	0	0	0
90.05 09005 EYE CENTER	0.443515	0	0	0	0
90.06 09006 WOUND CARE CLINIC	0.029516	0	0	0	0
90.07 09007 DENT CLINIC	0.000000	0	0	0	0
90.08 09008 O/P PHARMACY CLINIC	0.501276	0	29,726	0	0
90.09 09010 O/P IV THERAPY	0.256210	0	69,668	0	0
91.00 09100 EMERGENCY	0.165924	0	11,377,355	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.453881	0	1,723,809	0	0
93.00 04040 FAMILY HEALTH CENTER	0.000000	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	0	49,796,154	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	49,796,154	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 10:47 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,390,543	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	129,982	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	562,391	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	108,183	0		56.00
56.01 05601 ULTRA SOUND	126,545	0		56.01
57.00 05700 CT SCAN	112,504	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	103,369	0		59.00
60.00 06000 LABORATORY	425,778	0		60.00
60.01 06001 BLOOD LABORATORY	20,391	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	60,378	0		65.00
66.00 06600 PHYSICAL THERAPY	547,406	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 RADIOLOGY	2,141	0		68.01
69.00 06900 ELECTROCARDIOLOGY	118,664	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	18,896	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	700,849	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	173,742	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	596,922	0		73.00
74.00 07400 RENAL DIALYSIS	3,126	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	9,570	0		90.00
90.01 09001 A. R. C. CLINIC	822,945	0		90.01
90.02 09002 CANCER CTR CLINIC	241,593	0		90.02
90.03 09003 UROLOGY CLINIC	4,904	0		90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0		90.04
90.05 09005 EYE CENTER	0	0		90.05
90.06 09006 WOUND CARE CLINIC	0	0		90.06
90.07 09007 DENT CLINIC	0	0		90.07
90.08 09008 O/P PHARMACY CLINIC	14,901	0		90.08
90.09 09010 O/P IV THERAPY	17,850	0		90.09
91.00 09100 EMERGENCY	1,887,776	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	782,404	0		92.00
93.00 04040 FAMILY HEALTH CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00	Subtotal (see instructions)	8,983,753	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	8,983,753	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2016 10:47 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		36,356	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		36,356	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)		29,834	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)		4,568	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)		50,742,784	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)		50,742,784	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)		50,742,784	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)		1,395.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,375,649	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,375,649	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/25/2016 10:47 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	31,036,511	12,755	2,433.28	1,896	4,613,499	43.00
44.00	CORONARY CARE UNIT	12,295,822	9,540	1,288.87	3,610	4,652,821	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,460,127	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,102,096	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,602,444	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					920,955	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,523,399	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					29,578,697	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					6,522	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,395.72	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,102,886	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 10:47 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,653,975	50,742,784	0.111424	9,102,886	1,014,280	90.00
91.00	Nursing School cost	0	50,742,784	0.000000	9,102,886	0	91.00
92.00	Allied health cost	73,482	50,742,784	0.001448	9,102,886	13,181	92.00
93.00	All other Medical Education	0	50,742,784	0.000000	9,102,886	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14S182		Date/Time Prepared: 5/25/2016 10:47 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,568	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,568	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)		9,568	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,191	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)		9,545,586	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)		9,545,586	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)		9,545,586	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)		997.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,185,873	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,185,873	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 14S182				Date/Time Prepared: 5/25/2016 10:47 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					202,899		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,388,772		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)					325,407		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,407		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					333,814		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,054,958		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: 140182 Component CCN: 14S182		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 10:47 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,421,030	9,545,586	0.148868	0	0	90.00
91.00	Nursing School cost	0	9,545,586	0.000000	0	0	91.00
92.00	Allied health cost	0	9,545,586	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,545,586	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14T182		Date/Time Prepared: 5/25/2016 10:47 am
		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)		5,186	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,186	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)		5,186	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)		1,848	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)		5,167,445	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)		5,167,445	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)		5,167,445	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)		996.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,841,384	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)		1,841,384	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 14T182				Date/Time Prepared: 5/25/2016 10:47 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	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	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,100,224		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,941,608		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)					77,450		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					149,210		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					226,660		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,714,948		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: 140182 Component CCN: 14T182		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 10:47 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	217,363	5,167,445	0.042064	0	0	90.00
91.00	Nursing School cost	0	5,167,445	0.000000	0	0	91.00
92.00	Allied health cost	0	5,167,445	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,167,445	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 10:47 am	
Cost Center Description		Title XVIIII	Hospital	PPS	
		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		13,551,692	30.00
31.00	03100	INTENSIVE CARE UNIT		12,675,306	31.00
32.00	03200	CORONARY CARE UNIT		14,662,687	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.156598	15,711,590	2,460,404 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.089349	2,423,174	216,508 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153839	5,041,625	775,599 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.247315	738,688	182,689 56.00
56.01	05601	ULTRA SOUND	0.105436	334,001	35,216 56.01
57.00	05700	CT SCAN	0.046558	4,220,788	196,511 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.151023	3,658,781	552,560 59.00
60.00	06000	LABORATORY	0.131152	9,904,110	1,298,944 60.00
60.01	06001	BLOOD LABORATORY	0.123289	1,458,635	179,834 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.172085	4,928,204	848,070 65.00
66.00	06600	PHYSICAL THERAPY	0.346852	1,798,479	623,806 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	0.421970	26,991	11,389 68.01
69.00	06900	ELECTROCARDIOLOGY	0.113973	2,917,454	332,511 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.131247	72,819	9,557 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.587496	3,863,772	2,269,951 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273857	6,847,556	1,875,251 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.120312	18,685,111	2,248,043 73.00
74.00	07400	RENAL DIALYSIS	0.238697	1,691,980	403,871 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.207005	362	75 90.00
90.01	09001	A. R. C. CLINIC	0.195280	2,821	551 90.01
90.02	09002	CANCER CTR CLINIC	0.920198	22,400	20,612 90.02
90.03	09003	UROLOGY CLINIC	0.449458	1,373	617 90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	0 90.04
90.05	09005	EYE CENTER	0.443515	0	0 90.05
90.06	09006	WOUND CARE CLINIC	0.029516	2,481	73 90.06
90.07	09007	EENT CLINIC	0.000000	0	0 90.07
90.08	09008	O/P PHARMACY CLINIC	0.501276	696	349 90.08
90.09	09010	O/P IV THERAPY	0.256210	2,871	736 90.09
91.00	09100	EMERGENCY	0.165924	7,286,739	1,209,045 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.453881	1,558,460	707,355 92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		93,201,961	16,460,127 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		93,201,961	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14S182		Date/Time Prepared: 5/25/2016 10:47 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		4,599,951	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.156598	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.089349	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153839	14,980	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.247315	5,744	56.00
56.01	05601	ULTRA SOUND	0.105436	2,521	56.01
57.00	05700	CT SCAN	0.046558	22,201	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.151023	0	59.00
60.00	06000	LABORATORY	0.131152	437,649	60.00
60.01	06001	BLOOD LABORATORY	0.123289	2,394	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.172085	28,602	65.00
66.00	06600	PHYSICAL THERAPY	0.346852	1,680	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.421970	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.113973	35,767	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.131247	4,018	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.587496	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273857	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.120312	460,121	73.00
74.00	07400	RENAL DIALYSIS	0.238697	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.207005	0	90.00
90.01	09001	A.R.C. CLINIC	0.195280	1,474	90.01
90.02	09002	CANCER CTR CLINIC	0.920198	0	90.02
90.03	09003	UROLOGY CLINIC	0.449458	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	90.04
90.05	09005	EYE CENTER	0.443515	0	90.05
90.06	09006	WOUND CARE CLINIC	0.029516	0	90.06
90.07	09007	EENT CLINIC	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.501276	0	90.08
90.09	09010	O/P IV THERAPY	0.256210	0	90.09
91.00	09100	EMERGENCY	0.165924	419,400	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.453881	10,654	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		1,447,205	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,447,205	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14T182		Date/Time Prepared: 5/25/2016 10:47 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		4,449,544	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.156598	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.089349	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153839	112,547	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.247315	0	56.00
56.01	05601	ULTRA SOUND	0.105436	7,505	56.01
57.00	05700	CT SCAN	0.046558	36,315	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.151023	0	59.00
60.00	06000	LABORATORY	0.131152	211,736	60.00
60.01	06001	BLOOD LABORATORY	0.123289	8,404	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.172085	212,834	65.00
66.00	06600	PHYSICAL THERAPY	0.346852	2,304,574	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.421970	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.113973	16,386	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.131247	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.587496	91,849	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273857	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.120312	1,063,189	73.00
74.00	07400	RENAL DIALYSIS	0.238697	118,821	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.207005	0	90.00
90.01	09001	A.R.C. CLINIC	0.195280	0	90.01
90.02	09002	CANCER CTR CLINIC	0.920198	0	90.02
90.03	09003	UROLOGY CLINIC	0.449458	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	90.04
90.05	09005	EYE CENTER	0.443515	0	90.05
90.06	09006	WOUND CARE CLINIC	0.029516	0	90.06
90.07	09007	EENT CLINIC	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.501276	0	90.08
90.09	09010	O/P IV THERAPY	0.256210	0	90.09
91.00	09100	EMERGENCY	0.165924	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.453881	7,811	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		4,191,971	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		4,191,971	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 10:47 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		19,639,860	30.00
31.00	03100	INTENSIVE CARE UNIT		32,160,895	31.00
32.00	03200	CORONARY CARE UNIT		2,814,099	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		2,112,670	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.156598	6,608,245	1,034,838 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.089349	1,537,747	137,396 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153839	2,546,316	391,723 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.247315	175,973	43,521 56.00
56.01	05601	ULTRA SOUND	0.105436	448,729	47,312 56.01
57.00	05700	CT SCAN	0.046558	2,086,302	97,134 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.151023	917,214	138,520 59.00
60.00	06000	LABORATORY	0.131152	8,510,052	1,116,110 60.00
60.01	06001	BLOOD LABORATORY	0.123289	1,598,212	197,042 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.172085	8,135,600	1,400,015 65.00
66.00	06600	PHYSICAL THERAPY	0.346852	526,082	182,473 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	0.421970	3,204	1,352 68.01
69.00	06900	ELECTROCARDIOLOGY	0.113973	1,046,183	119,237 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.131247	34,130	4,479 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.587496	2,672,999	1,570,376 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273857	1,975,183	540,918 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.120312	14,479,379	1,742,043 73.00
74.00	07400	RENAL DIALYSIS	0.238697	166,182	39,667 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.207005	0	0 90.00
90.01	09001	A. R. C. CLINIC	0.195280	245,583	47,957 90.01
90.02	09002	CANCER CTR CLINIC	0.920198	0	0 90.02
90.03	09003	UROLOGY CLINIC	0.449458	0	0 90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	0 90.04
90.05	09005	EYE CENTER	0.443515	0	0 90.05
90.06	09006	WOUND CARE CLINIC	0.029516	0	0 90.06
90.07	09007	EENT CLINIC	0.000000	0	0 90.07
90.08	09008	O/P PHARMACY CLINIC	0.501276	0	0 90.08
90.09	09010	O/P IV THERAPY	0.256210	0	0 90.09
91.00	09100	EMERGENCY	0.165924	3,988,742	661,828 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.453881	483,183	219,308 92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		58,185,240	9,733,249 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		58,185,240	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14S182		Date/Time Prepared: 5/25/2016 10:47 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		5,356,038		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.156598	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.089349	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.153839	25,826	3,973	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.247315	4,943	1,222	56.00
56.01	05601 ULTRA SOUND	0.105436	10,498	1,107	56.01
57.00	05700 CT SCAN	0.046558	47,755	2,223	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.151023	0	0	59.00
60.00	06000 LABORATORY	0.131152	782,004	102,561	60.00
60.01	06001 BLOOD LABORATORY	0.123289	78	10	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.172085	27,680	4,763	65.00
66.00	06600 PHYSICAL THERAPY	0.346852	1,695	588	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
68.01	06801 CARDIOLOGY	0.421970	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.113973	44,953	5,123	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.131247	4,617	606	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.587496	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.273857	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.120312	553,359	66,576	73.00
74.00	07400 RENAL DIALYSIS	0.238697	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.207005	0	0	90.00
90.01	09001 A.R.C. CLINIC	0.195280	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0.920198	0	0	90.02
90.03	09003 UROLOGY CLINIC	0.449458	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0.000000	0	0	90.04
90.05	09005 EYE CENTER	0.443515	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0.029516	0	0	90.06
90.07	09007 DENT CLINIC	0.000000	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0.501276	0	0	90.08
90.09	09010 O/P IV THERAPY	0.256210	0	0	90.09
91.00	09100 EMERGENCY	0.165924	789,327	130,968	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.453881	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		2,292,735	319,720	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)		2,292,735		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14T182		Date/Time Prepared: 5/25/2016 10:47 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		651,886	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.156598	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.089349	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153839	5,191	799 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.247315	0	56.00
56.01	05601	ULTRA SOUND	0.105436	0	56.01
57.00	05700	CT SCAN	0.046558	6,708	312 57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.151023	0	59.00
60.00	06000	LABORATORY	0.131152	16,960	2,224 60.00
60.01	06001	BLOOD LABORATORY	0.123289	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.172085	7,739	1,332 65.00
66.00	06600	PHYSICAL THERAPY	0.346852	278,100	96,460 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.421970	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.113973	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.131247	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.587496	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273857	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.120312	132,545	15,947 73.00
74.00	07400	RENAL DIALYSIS	0.238697	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.207005	0	90.00
90.01	09001	A.R.C. CLINIC	0.195280	0	90.01
90.02	09002	CANCER CTR CLINIC	0.920198	0	90.02
90.03	09003	UROLOGY CLINIC	0.449458	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	90.04
90.05	09005	EYE CENTER	0.443515	0	90.05
90.06	09006	WOUND CARE CLINIC	0.029516	0	90.06
90.07	09007	EENT CLINIC	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.501276	0	90.08
90.09	09010	O/P IV THERAPY	0.256210	0	90.09
91.00	09100	EMERGENCY	0.165924	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.453881	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		447,243	117,074 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		447,243	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 10:47 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		21,434,211	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)		758,850	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		10,833,855	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		240.80	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		216.57	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)		14.84	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).		-66.90	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)		134.83	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		165.45	10.00
11.00	FTE count for residents in dental and podiatric programs.		12.73	11.00
12.00	Current year allowable FTE (see instructions)		147.56	12.00
13.00	Total allowable FTE count for the prior year.		166.82	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.		167.34	14.00
15.00	Sum of lines 12 through 14 divided by 3.		160.57	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		160.57	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.666819	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.669960	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.666819	21.00
22.00	IME payment adjustment (see instructions)		6,652,022	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,362,244	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)		30.62	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)		6,652,022	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,362,244	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.25	30.00
31.00	Percentage of Medicaid patient days (see instructions)		34.65	31.00
32.00	Sum of lines 30 and 31		43.90	32.00
33.00	Allowable disproportionate share percentage (see instructions)		25.43	33.00
34.00	Disproportionate share adjustment (see instructions)		1,362,680	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 10:47 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.00000000	0.00000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,912,486	4,068,262	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,674,269	1,022,623	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,696,892		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		34,904,655		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)		38,266,899		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,536,148		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).		3,586,464		52.00
53.00	Nursing and Allied Health Managed Care payment		11,807		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		22,981		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		20,664		58.00
59.00	Total (sum of amounts on lines 49 through 58)		44,444,963		59.00
60.00	Primary payer payments		7,568		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		44,437,395		61.00
62.00	Deductibles billed to program beneficiaries		2,106,968		62.00
63.00	Coinurance billed to program beneficiaries		98,441		63.00
64.00	Allowable bad debts (see instructions)		932,464		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		606,102		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		689,645		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		42,838,088		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)		-79,198		70.93
70.94	HRR adjustment amount (see instructions)		-204,084		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 10:47 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		257,827		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		42,296,979		71.00
71.01	Sequestration adjustment (see instructions)		845,940		71.01
72.00	Interim payments		40,759,975		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)		691,064		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		205,508		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/25/2016 10:47 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		114,891	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,164,154	2.00
3.00	PPS payments		16,613,461	3.00
4.00	Outlier payment (see instructions)		132,067	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.859	5.00
6.00	Line 2 times line 5		15,603,008	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		21,915	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		114,891	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		269,037	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)		269,037	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		269,037	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		154,146	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)		114,891	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)		16,767,443	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)		3,248,135	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)		13,634,199	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,753,246	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)		15,387,445	30.00
31.00	Primary payer payments		5,775	31.00
32.00	Subtotal (line 30 minus line 31)		15,381,670	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)		1,127,128	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		732,633	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		879,193	36.00
37.00	Subtotal (see instructions)		16,114,303	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-230	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)		16,114,533	40.00
40.01	Sequestration adjustment (see instructions)		322,291	40.01
41.00	Interim payments		16,020,213	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-227,971	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140182

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2016 10:47 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		41,015,760		15,941,419	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	08/18/2015	78,794	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	08/18/2015	255,785		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)		-255,785		78,794	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)		40,759,975		16,020,213	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		691,064		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		227,971	6.02
7.00	Total Medicare program liability (see instructions)		41,451,039		15,792,242	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: 140182
Component CCN: 14S182

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2016 10:47 am
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,597,541		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)		1,597,541		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		101,364		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,698,905		0	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: 140182
Component CCN: 14T182

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2016 10:47 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,555,557		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,555,557		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		29,431		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,584,988		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140182

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

Worksheet E-1
Part II
Date/Time Prepared:
5/25/2016 10:47 am

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	12,827	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	10,074	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	5,043	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	52,129	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,381,818,601	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	29,338,049	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/25/2016 10:47 am
		Component CCN: 14S182	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,831,798	1.00
2.00	Net IPF PPS Outlier Payments		3,432	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		3.34	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		26,213,699	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,835,230	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,835,230	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,835,230	18.00
19.00	Deductibles		177,616	19.00
20.00	Subtotal (line 18 minus line 19)		1,657,614	20.00
21.00	Coinsurance		52,920	21.00
22.00	Subtotal (line 20 minus line 21)		1,604,694	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		197,448	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		128,341	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		123,647	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,733,035	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		542	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,733,577	31.00
31.01	Sequestration adjustment (see instructions)		34,672	31.01
32.00	Interim payments		1,597,541	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		101,364	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		3,432	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: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/25/2016 10:47 am
		Component CCN: 14T182	Title VIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		2,385,789	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0654	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		153,168	3.00
4.00	Outlier Payments		130,542	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)		1.00	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)		14.208219	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		2,669,499	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)		2,669,499	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		2,669,499	19.00
20.00	Deductibles		11,296	20.00
21.00	Subtotal (line 19 minus line 20)		2,658,203	21.00
22.00	Coinsurance		35,910	22.00
23.00	Subtotal (line 21 minus line 22)		2,622,293	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		22,602	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		14,691	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		20,116	26.00
27.00	Subtotal (sum of lines 23 and 25)		2,636,984	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)		759	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		2,637,743	32.00
32.01	Sequestration adjustment (see instructions)		52,755	32.01
33.00	Interim payments		2,555,557	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)		29,431	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		21,863	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		130,542	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/25/2016 10:47 am	
		Title XVII	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.			217.60	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			11.62	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-74.87	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)			131.11	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			165.72	6.00
7.00	Enter the lesser of line 5 or line 6			131.11	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.	87.41	70.52	157.93	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.	69.15	55.79	124.94	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		12.73		10.00
11.00	Total weighted FTE count	69.15	68.52		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	74.94	71.80		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	72.45	84.42		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	72.18	74.91		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	72.18	74.91		17.00
18.00	Per resident amount	130,657.92	123,784.12		18.00
19.00	Approved amount for resident costs	9,430,889	9,272,668	18,703,557	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)			34.61	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)			18,703,557	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	14,113	6,287		26.00
27.00	Total Inpatient Days (see instructions)	68,344	68,344		27.00
28.00	Ratio of inpatient days to total inpatient days	0.206499	0.091991		28.00
29.00	Program direct GME amount	3,862,266	1,720,559		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		243,115		30.00
31.00	Net Program direct GME amount			5,339,710	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/25/2016 10:47 am
		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)		4,282,757	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)		37,432,476	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)		7,568	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		37,424,908	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		18,300,960	42.00
43.00	Primary payer payments (see instructions)		5,775	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		18,295,185	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		55,720,093	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.671659	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.328341	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		5,339,710	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,586,464	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,753,246	50.00

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

Provider CCN: 140182

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

Worksheet G

Date/Time Prepared:
5/25/2016 10:47 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	30,264,000	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	53,466,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	15,720,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	11,073,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	110,523,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	44,425,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	249,689,000	0	0	0	15.00
16.00	Accumulated depreciation	-134,399,000	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	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	82,962,000	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	242,677,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	146,699,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	84,677,000	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	231,376,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	584,576,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	19,302,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,955,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	19,476,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	39,512,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	93,245,000	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	2,482,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,482,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	95,727,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	488,849,000				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)	488,849,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	584,576,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140182

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

Worksheet G-1

Date/Time Prepared:
5/25/2016 10:47 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		408,170,892		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		80,678,108			2.00
3.00	Total (sum of line 1 and line 2)		488,849,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		488,849,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		488,849,000		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	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140182

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2016 10:47 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	125,399,064		125,399,064	1.00
2.00	SUBPROVIDER - IPF	17,277,377		17,277,377	2.00
3.00	SUBPROVIDER - IRF	12,946,861		12,946,861	3.00
4.00	SUBPROVIDER	0		0	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	0		0	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)	155,623,302		155,623,302	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	98,763,206		98,763,206	11.00
12.00	CORONARY CARE UNIT	44,786,481		44,786,481	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	143,549,687		143,549,687	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	299,172,989		299,172,989	17.00
18.00	Ancillary services	457,370,678	626,123,333	1,083,494,011	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	756,543,667	626,123,333	1,382,667,000	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		366,152,892		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		366,152,892		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140182

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

Worksheet G-3

Date/Time Prepared:
5/25/2016 10:47 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,382,667,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	946,981,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	435,686,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	366,152,892	4.00
5.00	Net income from service to patients (line 3 minus line 4)	69,533,108	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	11,145,000	24.00
25.00	Total other income (sum of lines 6-24)	11,145,000	25.00
26.00	Total (line 5 plus line 25)	80,678,108	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)	80,678,108	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet I-5 Date/Time Prepared: 5/25/2016 10:47 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140182	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/25/2016 10:47 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,715,261	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		41,130	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)		146.82	3.00
4.00	Number of interns & residents (see instructions)		160.57	4.00
5.00	Indirect medical education percentage (see instructions)		36.16	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)		620,238	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.25	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		34.65	8.00
9.00	Sum of lines 7 and 8		43.90	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.30	10.00
11.00	Disproportionate share adjustment (see instructions)		159,519	11.00
12.00	Total prospective capital payments (see instructions)		2,536,148	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