

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: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/26/2016 11:24 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/26/2016 Time: 11:24 am
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 HENDRICKS REGIONAL HEALTH (150005) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	137,419	120,686	0	163,359	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	137,419	120,686	0	163,359	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150005		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 11:23 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1000 EAST MAIN STREET			PO Box:						1.00	
2.00	City: DANVILLE			State: IN		Zip Code: 46122-1409		County: HENDRICKS		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
				V	XVIII	XIX					
3.00	Hospital and Hospital-Based Component Identification:										3.00
	Hospital		HENDRICKS REGIONAL HEALTH	150005	26900	1	07/01/1966	N	P	O	
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2015	12/31/2015		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	498	1,143	0	2	1,727	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 11:23 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V 1.00	XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	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	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00
					1.00	
					2.00	
					3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	847,310	0		0	118.01
					1.00	
					2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 11:23 am		
		1.00	2.00			
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				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:	Contractor's Name:		Contractor's Number:		141.00
142.00	Street:	PO Box:				142.00
143.00	City:	State:		Zip Code:		143.00
				1.00		
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00
		1.00		2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00
				1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00
		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	
156.00	Subprovider - IPF	N	N	N	N	
157.00	Subprovider - IRF	N	N	N	N	
158.00	SUBPROVIDER					
159.00	SNF	N	N	N	N	
160.00	HOME HEALTH AGENCY	N	N	N	N	
161.00	CMHC		N	N	N	
				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
		0	1.00	2.00	3.00	4.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00
				1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	N				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00		169.00
		Beginni ng		Endi ng		
		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)					170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 11:23 am
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/26/2016 11:23 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)	N			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	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N		Legal Oper.	
		1.00	2.00	3.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Y/N			
		1.00	2.00	3.00	
PS&R Data					
		Description	Part A		Part B
		0	Y/N	Date	Y/N
		1.00	2.00	3.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/20/2016	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150005

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

Worksheet S-2
Part II
Date/Time Prepared:
5/26/2016 11:23 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			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	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.			N	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?			N	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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MI CHAEL		ALESSANDRI NI	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.713.7959		MALESSANDRI NI@BLUEANDCO.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)	04/20/2016	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2016 11:23 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	115	41,975	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)		115	41,975	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		127	46,355	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		127				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2016 11:23 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,964	489	16,271			1.00
2.00 HMO and other (see instructions)	2,622	2,714				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,964	489	16,271			7.00
8.00 INTENSIVE CARE UNIT	1,084	0	2,030			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		0	3,067			13.00
14.00 Total (see instructions)	8,048	489	21,368	0.00	1,261.85	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	1,261.85	27.00
28.00 Observation Bed Days		0	3,521			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	167	458			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: 150005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2016 11:23 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	1,965	87	5,347	1.00
2.00 HMO and other (see instructions)				679	632		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00		0	1,965	87	5,347	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150005

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2016 11:23 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	93,570,159	0	93,570,159	2,624,644.00	35.65
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		29,074,048	319,813	29,393,861	605,391.00	48.55
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,182,806	0	1,182,806	19,453.00	60.80
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		288,149	0	288,149	3,090.00	93.25
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		21,925,458	0	21,925,458		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		6,774,008	0	6,774,008		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,476,170	-1,495,285	980,885	31,733.00	30.91
27.00	Administrative & General	5.00	7,987,769	132,123	8,119,892	233,847.00	34.72
28.00	Administrative & General under contract (see inst.)		4,770,853	0	4,770,853	23,994.00	198.84
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	2,252,569	46,020	2,298,589	92,198.00	24.93
31.00	Laundry & Linen Service	8.00	294,105	9,419	303,524	21,252.00	14.28
32.00	Housekeeping	9.00	1,748,463	68,896	1,817,359	122,746.00	14.81
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,464,840	-1,062,675	402,165	21,285.00	18.89
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,124,574	1,124,574	70,368.00	15.98
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,815,634	36,808	1,852,442	56,988.00	32.51
39.00	Central Services and Supply	14.00	611,112	17,224	628,336	28,694.00	21.90
40.00	Pharmacy	15.00	1,806,283	30,556	1,836,839	49,615.00	37.02

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150005

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2016 11:23 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 1,220,329	33,102	1,253,431	55,375.00	22.64	41.00
42.00	Social Service	17.00 1,585,176	32,026	1,617,202	47,154.00	34.30	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150005

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

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2016 11:23 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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	98,341,012	0	98,341,012	2,648,638.00	37.13	1.00
2.00	Excluded area salaries (see instructions)	29,074,048	319,813	29,393,861	605,391.00	48.55	2.00
3.00	Subtotal salaries (line 1 minus line 2)	69,266,964	-319,813	68,947,151	2,043,247.00	33.74	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,470,955	0	1,470,955	22,543.00	65.25	4.00
5.00	Subtotal wage-related costs (see inst.)	21,925,458	0	21,925,458	0.00	31.80	5.00
6.00	Total (sum of lines 3 thru 5)	92,663,377	-319,813	92,343,564	2,065,790.00	44.70	6.00
7.00	Total overhead cost (see instructions)	28,033,303	-1,027,212	27,006,091	855,249.00	31.58	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2016 11:23 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		665,598	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		13,069,597	8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)		227,533	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)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance		192,131	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		4,289,693	17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance		11,124	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))		3,264,934	21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement		204,848	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		21,925,458	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: 150005

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

Worksheet S-3
Part V
Date/Time Prepared:
5/26/2016 11:23 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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/26/2016 11:23 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)			0.317119	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			8,836,078	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			24,137,643	6.00
7.00	Medicaid cost (line 1 times line 6)			7,654,505	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	8,109,629	0	8,109,629	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,571,717	0	2,571,717	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,571,717	0	2,571,717	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			11,301,442	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			425,542	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			10,875,900	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,448,955	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,020,672	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			6,020,672	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/26/2016 11:23 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT		19,827,131	19,827,131	0	19,827,131	1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,476,170	3,643,556	6,119,726	-1,490,250	4,629,476	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	7,987,769	27,862,541	35,850,310	185,133	36,035,443	5.00
7.00 00700	OPERATION OF PLANT	2,252,569	6,250,769	8,503,338	59,837	8,563,175	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	294,105	339,962	634,067	41,108	675,175	8.00
9.00 00900	HOUSEKEEPING	1,748,463	1,162,330	2,910,793	68,853	2,979,646	9.00
10.00 01000	DIETARY	1,464,840	1,652,455	3,117,295	-2,342,508	774,787	10.00
11.00 01100	CAFETERIA	0	0	0	2,404,386	2,404,386	11.00
13.00 01300	NURSING ADMINISTRATION	1,815,634	853,097	2,668,731	34,898	2,703,629	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	611,112	488,792	1,099,904	10,355	1,110,259	14.00
15.00 01500	PHARMACY	1,806,283	10,206,964	12,013,247	-8,315,863	3,697,384	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,220,329	1,423,619	2,643,948	33,102	2,677,050	16.00
17.00 01700	SOCIAL SERVICE	1,585,176	708,884	2,294,060	48,750	2,342,810	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	9,199,382	4,050,521	13,249,903	-202,307	13,047,596	30.00
31.00 03100	INTENSIVE CARE UNIT	1,641,059	799,863	2,440,922	-91,786	2,349,136	31.00
43.00 04300	NURSERY	699,578	205,731	905,309	-70,519	834,790	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	1,446,658	8,430,329	9,876,987	1,091,453	10,968,440	50.00
50.01 05001	ENDOSCOPY	823,780	674,181	1,497,961	-233,980	1,263,981	50.01
51.00 05100	RECOVERY ROOM	1,163,790	482,244	1,646,034	-76,374	1,569,660	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,833,218	289,618	2,122,836	-40,005	2,082,831	52.00
53.00 05300	ANESTHESIOLOGY	4,533,021	1,655,280	6,188,301	-159,383	6,028,918	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,612,265	2,160,740	5,773,005	-243,624	5,529,381	54.00
54.01 05401	RADIATION-ONCOLOGY	968,139	12,095,744	13,063,883	-151,955	12,911,928	54.01
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	126,679	211,421	338,100	997	339,097	56.00
59.00 05900	CARDIAC CATHETERIZATION	473,116	826,116	1,299,232	-1,572,467	-273,235	59.00
60.00 06000	LABORATORY	2,389,690	4,501,819	6,891,509	75,542	6,967,051	60.00
64.00 06400	INTRAVENOUS THERAPY	827,067	297,559	1,124,626	38,238	1,162,864	64.00
65.00 06500	RESPIRATORY THERAPY	1,432,466	802,660	2,235,126	-33,359	2,201,767	65.00
66.00 06600	PHYSICAL THERAPY	3,727,519	1,839,621	5,567,140	-152,307	5,414,833	66.00
67.00 06700	OCCUPATIONAL THERAPY	314,669	104,633	419,302	2,927	422,229	67.00
68.00 06800	SPEECH PATHOLOGY	287,501	110,100	397,601	4,306	401,907	68.00
69.00 06900	ELECTROCARDIOLOGY	458,291	390,727	849,018	8,772	857,790	69.00
69.01 06901	CARDIAC REHAB	377,281	111,183	488,464	2,969	491,433	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	94,735	46,897	141,632	2,667	144,299	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,026,321	4,026,321	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,149,827	11,149,827	73.00
73.01 07301	ULTRA SOUND	449,869	137,314	587,183	-36,582	550,601	73.01
74.00 07400	RENAL DIALYSIS	0	136,631	136,631	-1,255	135,376	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	1,565,423	4,638,299	6,203,722	-415,682	5,788,040	90.00
91.00 09100	EMERGENCY	2,788,465	1,949,396	4,737,861	-229,053	4,508,808	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	64,496,111	121,368,727	185,864,838	3,431,182	189,296,020	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	24,422,979	16,938,856	41,361,835	-3,350,894	38,010,941	192.00
192.01 19201	HEALTH TRACKS	2,800,012	1,109,418	3,909,430	-27,605	3,881,825	192.01
194.00 07950	PRIMARY CARE CLINIC	422,684	159,458	582,142	839	582,981	194.00
194.01 07951	PARTNERS IN CARE	583,868	262,232	846,100	-22,161	823,939	194.01
194.02 07952	OCCUPATIONAL MEDICINE	181,692	582,951	764,643	-39,960	724,683	194.02
194.03 07953	FOUNDATION	167,478	63,304	230,782	4,306	235,088	194.03
194.04 07954	SCHOOL & TOWN CLINICS	495,335	148,723	644,058	4,293	648,351	194.04
200.00	TOTAL (SUM OF LINES 118-199)	93,570,159	140,633,669	234,203,828	0	234,203,828	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150005

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

Worksheet A
Date/Time Prepared:
5/26/2016 11:23 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,658,195	18,168,936	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-86,334	4,543,142	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,519,824	29,515,619	5.00
7.00	00700	OPERATION OF PLANT	-40,934	8,522,241	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	675,175	8.00
9.00	00900	HOUSEKEEPING	0	2,979,646	9.00
10.00	01000	DIETARY	-369,781	405,006	10.00
11.00	01100	CAFETERIA	-752,441	1,651,945	11.00
13.00	01300	NURSING ADMINISTRATION	-11,188	2,692,441	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-140	1,110,119	14.00
15.00	01500	PHARMACY	0	3,697,384	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,961	2,675,089	16.00
17.00	01700	SOCIAL SERVICE	0	2,342,810	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,217,675	10,829,921	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,349,136	31.00
43.00	04300	NURSERY	0	834,790	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	10,968,440	50.00
50.01	05001	ENDOSCOPY	0	1,263,981	50.01
51.00	05100	RECOVERY ROOM	0	1,569,660	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,082,831	52.00
53.00	05300	ANESTHESIOLOGY	-5,325,112	703,806	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-83,063	5,446,318	54.00
54.01	05401	RADIATION-ONCOLOGY	0	12,911,928	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	339,097	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	-273,235	59.00
60.00	06000	LABORATORY	-2,180	6,964,871	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,162,864	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,201,767	65.00
66.00	06600	PHYSICAL THERAPY	-410,801	5,004,032	66.00
67.00	06700	OCCUPATIONAL THERAPY	-50,582	371,647	67.00
68.00	06800	SPEECH PATHOLOGY	-792	401,115	68.00
69.00	06900	ELECTROCARDIOLOGY	-109,185	748,605	69.00
69.01	06901	CARDIAC REHAB	0	491,433	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	144,299	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,026,321	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,149,827	73.00
73.01	07301	ULTRA SOUND	0	550,601	73.01
74.00	07400	RENAL DIALYSIS	0	135,376	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-90,080	5,697,960	90.00
91.00	09100	EMERGENCY	-450,064	4,058,744	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-18,180,332	171,115,688	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	38,010,941	192.00
192.01	19201	HEALTH TRACKS	0	3,881,825	192.01
194.00	07950	PRIMARY CARE CLINIC	0	582,981	194.00
194.01	07951	PARTNERS IN CARE	0	823,939	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	724,683	194.02
194.03	07953	FOUNDATION	0	235,088	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	648,351	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-18,180,332	216,023,496	200.00

RECLASSIFICATIONS

Provider CCN: 150005

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

Worksheet A-6
Date/Time Prepared:
5/26/2016 11:23 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,149,827	1.00
2.00	INTRAVENOUS THERAPY	64.00	0	84,206	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
O			0	11,234,033	
B - MOB PLANT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,016	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	54,111	2.00
3.00	OPERATION OF PLANT	7.00	0	13,862	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	31,690	4.00
5.00	SOCIAL SERVICE	17.00	0	16,724	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	70,520	6.00
7.00	LABORATORY	60.00	0	18,913	7.00
8.00	CLINIC	90.00	0	177,055	8.00
O			0	388,891	
C - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,124,574	1,279,812	1.00
O			1,124,574	1,279,812	
D - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,026,321	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
O			0	4,026,321	
E - BONUS RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	132,123	0	1.00
2.00	OPERATION OF PLANT	7.00	46,020	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	9,419	0	3.00
4.00	HOUSEKEEPING	9.00	68,896	0	4.00
5.00	DIETARY	10.00	61,899	0	5.00
6.00	NURSING ADMINISTRATION	13.00	36,808	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	17,224	0	7.00
8.00	PHARMACY	15.00	30,556	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	33,102	0	9.00
10.00	SOCIAL SERVICE	17.00	32,026	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	192,881	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	34,862	0	12.00
13.00	OPERATING ROOM	50.00	29,604	0	13.00
14.00	ENDOSCOPY	50.01	15,216	0	14.00
15.00	RECOVERY ROOM	51.00	19,108	0	15.00
16.00	ANESTHESIOLOGY	53.00	19,886	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	74,009	0	17.00
18.00	RADIATION-ONCOLOGY	54.01	17,493	0	18.00
19.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	2,153	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	8,488	0	20.00
21.00	LABORATORY	60.00	59,353	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	12,918	0	22.00

RECLASSIFICATIONS

Provider CCN: 150005

Period:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
23.00	RESPIRATORY THERAPY	65.00	27,720	0	23.00
24.00	PHYSICAL THERAPY	66.00	70,718	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	6,728	0	25.00
26.00	SPEECH PATHOLOGY	68.00	4,306	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	11,842	0	27.00
28.00	CARDIAC REHAB	69.01	6,190	0	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	2,691	0	29.00
30.00	ULTRA SOUND	73.01	4,844	0	30.00
31.00	CLINIC	90.00	30,680	0	31.00
32.00	EMERGENCY	91.00	55,709	0	32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	253,158	0	33.00
34.00	HEALTH TRACKS	192.01	39,743	0	34.00
35.00	PRIMARY CARE CLINIC	194.00	2,691	0	35.00
36.00	PARTNERS IN CARE	194.01	9,150	0	36.00
37.00	OCCUPATIONAL MEDICINE	194.02	4,306	0	37.00
38.00	FOUNDATION	194.03	4,306	0	38.00
39.00	SCHOOL & TOWN CLINICS	194.04	6,459	0	39.00
0			1,495,285	0	
F - MEDICAL SUPPLY RECLASS					
1.00	OPERATING ROOM	50.00	0	11,069,413	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
0			0	11,069,413	
500.00	Grand Total: Increases		2,619,859	27,998,470	500.00

RECLASSIFICATIONS

Provider CCN: 150005

Period:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DRUG RECLASS							
1.00	NURSING ADMINISTRATION	13.00	0	741	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	30	0		2.00
3.00	PHARMACY	15.00	0	8,335,295	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	2,629	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	538	0		5.00
6.00	NURSERY	43.00	0	71	0		6.00
7.00	OPERATING ROOM	50.00	0	4,106	0		7.00
8.00	ENDOSCOPY	50.01	0	1,022	0		8.00
9.00	RECOVERY ROOM	51.00	0	361	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	841	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,656	0		11.00
12.00	RADIATION-ONCOLOGY	54.01	0	56	0		12.00
13.00	LABORATORY	60.00	0	24	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	337	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	70,909	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	29	0		16.00
17.00	CARDIAC REHAB	69.01	0	9	0		17.00
18.00	RENAL DIALYSIS	74.00	0	349	0		18.00
19.00	CLINIC	90.00	0	728	0		19.00
20.00	EMERGENCY	91.00	0	923	0		20.00
21.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,725,078	0		21.00
22.00	HEALTH TRACKS	192.01	0	34,403	0		22.00
23.00	PRIMARY CARE CLINIC	194.00	0	1,423	0		23.00
24.00	PARTNERS IN CARE	194.01	0	13,189	0		24.00
25.00	OCCUPATIONAL MEDICINE	194.02	0	36,139	0		25.00
26.00	SCHOOL & TOWN CLINICS	194.04	0	1,147	0		26.00
	0		0	11,234,033			
B - MOB PLANT RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	388,891	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
	0		0	388,891			
C - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,124,574	1,279,812	0		1.00
	0		1,124,574	1,279,812			
D - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	2,353,429	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	86,602	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	962,588	0		3.00
4.00	RENAL DIALYSIS	74.00	0	906	0		4.00
5.00	CLINIC	90.00	0	622,592	0		5.00
6.00	EMERGENCY	91.00	0	204	0		6.00
	0		0	4,026,321			
E - BONUS RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,495,285	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00

RECLASSIFICATIONS

Provider CCN: 150005

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

Worksheet A-6

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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
25.00	0.00	0	0	0	0	25.00	
26.00	0.00	0	0	0	0	26.00	
27.00	0.00	0	0	0	0	27.00	
28.00	0.00	0	0	0	0	28.00	
29.00	0.00	0	0	0	0	29.00	
30.00	0.00	0	0	0	0	30.00	
31.00	0.00	0	0	0	0	31.00	
32.00	0.00	0	0	0	0	32.00	
33.00	0.00	0	0	0	0	33.00	
34.00	0.00	0	0	0	0	34.00	
35.00	0.00	0	0	0	0	35.00	
36.00	0.00	0	0	0	0	36.00	
37.00	0.00	0	0	0	0	37.00	
38.00	0.00	0	0	0	0	38.00	
39.00	0.00	0	0	0	0	39.00	
0		1,495,285	0				
F - MEDICAL SUPPLY RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	981	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,101	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	45	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	1	0	4.00	
5.00	HOUSEKEEPING	9.00	0	43	0	5.00	
6.00	DIETARY	10.00	0	21	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	1,169	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,839	0	8.00	
9.00	PHARMACY	15.00	0	11,124	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	392,559	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	126,110	0	11.00	
12.00	NURSERY	43.00	0	70,448	0	12.00	
13.00	OPERATING ROOM	50.00	0	7,650,029	0	13.00	
14.00	ENDOSCOPY	50.01	0	248,174	0	14.00	
15.00	RECOVERY ROOM	51.00	0	95,121	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	39,164	0	16.00	
17.00	ANESTHESIOLOGY	53.00	0	179,269	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	297,895	0	18.00	
19.00	RADIATION-ONCOLOGY	54.01	0	169,392	0	19.00	
20.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	1,156	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	618,367	0	21.00	
22.00	LABORATORY	60.00	0	2,700	0	22.00	
23.00	INTRAVENOUS THERAPY	64.00	0	58,886	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	60,742	0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	152,116	0	25.00	
26.00	OCCUPATIONAL THERAPY	67.00	0	3,801	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	3,041	0	27.00	
28.00	CARDIAC REHAB	69.01	0	3,212	0	28.00	
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	24	0	29.00	
30.00	ULTRASOUND	73.01	0	41,426	0	30.00	
31.00	CLINIC	90.00	0	97	0	31.00	
32.00	EMERGENCY	91.00	0	283,635	0	32.00	
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	490,083	0	33.00	
34.00	HEALTH TRACKS	192.01	0	32,945	0	34.00	
35.00	PRIMARY CARE CLINIC	194.00	0	429	0	35.00	
36.00	PARTNERS IN CARE	194.01	0	18,122	0	36.00	
37.00	OCCUPATIONAL MEDICINE	194.02	0	8,127	0	37.00	
38.00	SCHOOL & TOWN CLINICS	194.04	0	1,019	0	38.00	
0			0	11,069,413			
500.00	Grand Total: Decreases		2,619,859	27,998,470		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150005

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

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	16,407,702	166,500	0	166,500	0	1.00
2.00	Land Improvements	6,174,137	0	0	0	0	2.00
3.00	Buildings and Fixtures	247,576,654	0	0	0	822,786	3.00
4.00	Building Improvements	463,498	197,383	0	197,383	2,686	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	73,001,218	15,358,410	0	15,358,410	6,355,886	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	343,623,209	15,722,293	0	15,722,293	7,181,358	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	343,623,209	15,722,293	0	15,722,293	7,181,358	10.00
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	16,574,202	0				1.00
2.00	Land Improvements	6,174,137	0				2.00
3.00	Buildings and Fixtures	246,753,868	0				3.00
4.00	Building Improvements	658,195	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	82,003,742	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	352,164,144	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	352,164,144	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150005

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

Worksheet A-7
Part II
Date/Time Prepared:
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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	NEW CAP REL COSTS-BLDG & FIXT	14,536,109	0	5,125,952	165,070	0	1.00
3.00	Total (sum of lines 1-2)	14,536,109	0	5,125,952	165,070	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	NEW CAP REL COSTS-BLDG & FIXT	0	19,827,131				1.00
3.00	Total (sum of lines 1-2)	0	19,827,131				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150005

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

Worksheet A-7
Part III
Date/Time Prepared:
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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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	14,525,380	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	14,525,380	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,478,486	165,070	0	0	18,168,936	1.00
3.00	Total (sum of lines 1-2)	3,478,486	165,070	0	0	18,168,936	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150005

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

Worksheet A-8

Date/Time Prepared:
5/26/2016 11:23 am

Line #	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		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,647,466	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	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	-8,482,924			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	A	-738,843	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

33.00	ADMITTING TELEPHONE (EQUIPMENT)	A	-13,949	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			0	33.00		
				Basis/Code (2)	Amount	Cost Center			Line #	Wkst. A-7 Ref.
33.01	ADMITTING TELEPHONE (SALARY)	A	-42,157	ADMINISTRATIVE & GENERAL	5.00	0	33.01			
33.02	MARKETING DEPARTMENT	A	-2,125,855	ADMINISTRATIVE & GENERAL	5.00	0	33.02			
34.00	STAFF EDUCATION ED DEPT COURSES	B	-11,188	NURSING ADMINISTRATION	13.00	0	34.00			
35.00	CBC - OB UNIT ED DEPT COURSES	B	-6,660	ADULTS & PEDIATRICS	30.00	0	35.00			
36.00	EMS PROGRAM ED DEPT COURSES	B	-47,539	EMERGENCY	91.00	0	36.00			
37.00	LABORATORY MIS. SERVICES	B	-2,180	LABORATORY	60.00	0	37.00			
38.00	RADIOLOGY SALE OF X-RAYS	B	-1,471	RADIOLOGY-DIAGNOSTIC	54.00	0	38.00			
39.00	PHYSICAL THERAPY SUPPLIES SOLD TO OT	B	-5,580	PHYSICAL THERAPY	66.00	0	39.00			
40.00	SPORTS MEDICINE ED DEPT. COURSES	B	-32,194	PHYSICAL THERAPY	66.00	0	40.00			
41.00	PLAINFIELD PT SUPPLIES SOLD TO OTHER	B	-7,795	PHYSICAL THERAPY	66.00	0	41.00			
43.00	DIETARY CATERING	B	-13,598	CAFETERIA	11.00	0	43.00			
44.00	REGISTRATION ANSWERING SERVICE	B	-3,796	ADMINISTRATIVE & GENERAL	5.00	0	44.00			
45.00	ACCOUNTING MISCELLANEOUS/OTHER	B	-232,061	ADMINISTRATIVE & GENERAL	5.00	0	45.00			
45.01	ACCOUNTING PURCHASE DISCOUNTS TAKEN	B	-47,228	ADMINISTRATIVE & GENERAL	5.00	0	45.01			
45.02	GUEST ROOM RENTAL	B	-1,170	ADMINISTRATIVE & GENERAL	5.00	0	45.02			
45.03	HEALTH INFO MGMT MEDICAL RECORDS TRA	B	-1,961	MEDICAL RECORDS & LIBRARY	16.00	0	45.03			
45.04	HUMAN RESOURCES JURY DUTY RECEIPTS	B	-173	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.04			
45.05	MATERIALS MGMT. SUPPLIES SOLD TO OTH	B	-140	CENTRAL SERVICES & SUPPLY	14.00	0	45.05			
45.06	PLAINFIELD PT ED DEPT COURSES	B	250	PHYSICAL THERAPY	66.00	0	45.06			
45.07	AVON ORTH/SPORT MIS. /OTHER	B	-1,144	PHYSICAL THERAPY	66.00	0	45.07			
45.08	OCC THERAPY REHAB SUPPLIES SOLD TO O	B	-186	OCCUPATIONAL THERAPY	67.00	0	45.08			
45.09	HRH WELLNESS ED DEPARTMENT COURSES	B	-86,161	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.09			
45.10	MEALS ON WHEELS	A	-369,781	DIETARY	10.00	0	45.10			
45.11	1993 CARRYFORWARD	A	-14,017	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.11			
45.12	1994 CARRYFORWARD	A	3,288	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.12			
45.13	PHYSICIAN RECRUITMENT	A	-542,232	ADMINISTRATIVE & GENERAL	5.00	0	45.13			
45.14	IHA LOBBYING EXPENSE	A	-3,332	ADMINISTRATIVE & GENERAL	5.00	0	45.14			
45.15	AHA LOBBYING EXPENSE	A	-5,839	ADMINISTRATIVE & GENERAL	5.00	0	45.15			
45.16	HOSPITAL ASSESSMENT FEE	A	-3,106,589	ADMINISTRATIVE & GENERAL	5.00	0	45.16			
45.17	WOUND OSTOMY LEASE REVENUE	B	-959	PHYSICAL THERAPY	66.00	9	45.17			
45.21	B' BURG PT SUPPLIES SOLD T	B	-342	PHYSICAL THERAPY	66.00	9	45.21			
45.22	AVON PHYS THRPY SUPPLIES	B	-5,604	PHYSICAL THERAPY	66.00	0	45.22			
45.24	OCC THER ED DEPT CO	B	-50,396	OCCUPATIONAL THERAPY	67.00	0	45.24			
45.25	ACCOUNTING NON-OP REVENUE	B	-395,616	ADMINISTRATIVE & GENERAL	5.00	0	45.25			
45.28	HIBBELN SUR CNT MISCELLANEOUS	B	-90,080	CLINIC	90.00	0	45.28			
45.29	AVON PHYS THRPY MISCELLAN	B	-613	PHYSICAL THERAPY	66.00	0	45.29			
45.30	B' BURG PT LEASE REVENUE	B	-1,400	PHYSICAL THERAPY	66.00	0	45.30			
45.31	AVON PHYS THRPY LEASE REV	B	-1,925	PHYSICAL THERAPY	66.00	0	45.31			
45.33	SPEECH THERAPY ED DEPT CO	B	-792	SPEECH PATHOLOGY	68.00	0	45.33			
46.00	MAINTENANCE MIS. REVENUE	B	-40,934	OPERATION OF PLANT	7.00	0	46.00			
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-18,180,332				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150005

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2016 11:23 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	30.00	ADULTS & PEDIATRICS	2,211,015	2,211,015	0	179,000	0	1.00
2.00	91.00	EMERGENCY	93,750	0	93,750	179,000	1,100	2.00
3.00	91.00	EMERGENCY	123,303	0	123,303	179,000	1,447	3.00
4.00	60.00	LABORATORY	71,096	0	71,096	260,300	686	4.00
5.00	66.00	PHYSICAL THERAPY	353,495	353,495	0	179,000	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	109,185	109,185	0	179,000	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	81,592	81,592	0	179,000	0	7.00
8.00	91.00	EMERGENCY	402,525	402,525	0	179,000	0	8.00
9.00	53.00	ANESTHESIOLOGY	5,325,112	5,325,112	0	239,400	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			8,771,073	8,482,924	288,149		3,233	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	91.00	EMERGENCY	94,663	4,733	0	0	0	2.00
3.00	91.00	EMERGENCY	124,525	6,226	0	0	0	3.00
4.00	60.00	LABORATORY	85,849	4,292	0	0	0	4.00
5.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			305,037	15,251	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,211,015	1.00
2.00	91.00	EMERGENCY	0	94,663	0	0	2.00
3.00	91.00	EMERGENCY	0	124,525	0	0	3.00
4.00	60.00	LABORATORY	0	85,849	0	0	4.00
5.00	66.00	PHYSICAL THERAPY	0	0	0	353,495	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	109,185	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	81,592	7.00
8.00	91.00	EMERGENCY	0	0	0	402,525	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	5,325,112	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	305,037	0	8,482,924	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150005

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

Worksheet B Part I Date/Time Prepared: 5/26/2016 11:23 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		4.00	4A	5.00	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	18,168,936	18,168,936					1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	4,543,142	145,617		4,688,759			4.00
5.00 00500 ADMINISTRATIVE & GENERAL	29,515,619	1,410,931		411,191	31,337,741	31,337,741	5.00
7.00 00700 OPERATION OF PLANT	8,522,241	2,048,169		116,401	10,686,811	1,813,221	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	675,175	251,929		15,370	942,474	159,909	8.00
9.00 00900 HOUSEKEEPING	2,979,646	113,093		92,031	3,184,770	540,357	9.00
10.00 01000 DIETARY	405,006	443,684		20,366	869,056	147,452	10.00
11.00 01100 CAFETERIA	1,651,945	78,794		56,948	1,787,687	303,315	11.00
13.00 01300 NURSING ADMINISTRATION	2,692,441	229,337		93,808	3,015,586	511,651	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,110,119	410,338		31,819	1,552,276	263,373	14.00
15.00 01500 PHARMACY	3,697,384	181,081		93,018	3,971,483	673,838	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,675,089	175,916		63,474	2,914,479	494,497	16.00
17.00 01700 SOCIAL SERVICE	2,342,810	54,110		81,895	2,478,815	420,578	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	10,829,921	1,850,827		475,624	13,156,372	2,232,228	30.00
31.00 03100 INTENSIVE CARE UNIT	2,349,136	233,363		84,869	2,667,368	452,570	31.00
43.00 04300 NURSERY	834,790	44,178		35,427	914,395	155,144	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	10,968,440	440,823		74,758	11,484,021	1,948,482	50.00
50.01 05001 ENDOSCOPY	1,263,981	142,597		42,487	1,449,065	245,861	50.01
51.00 05100 RECOVERY ROOM	1,569,660	725,991		59,902	2,355,553	399,664	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,082,831	149,828		92,834	2,325,493	394,564	52.00
53.00 05300 ANESTHESIOLOGY	703,806	0		230,559	934,365	158,533	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,446,318	756,105		186,673	6,389,096	1,084,032	54.00
54.01 05401 RADIOLOGY-ONCOLOGY	12,911,928	434,493		49,912	13,396,333	2,272,942	54.01
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	339,097	13,958		6,524	359,579	61,009	56.00
59.00 05900 CARDIAC CATHETERIZATION	-273,235	235,137		24,388	-13,710	0	59.00
60.00 06000 LABORATORY	6,964,871	342,377		124,020	7,431,268	1,260,856	60.00
64.00 06400 INTRAVENOUS THERAPY	1,162,864	35,888		42,537	1,241,289	210,608	64.00
65.00 06500 RESPIRATORY THERAPY	2,201,767	184,789		73,944	2,460,500	417,471	65.00
66.00 06600 PHYSICAL THERAPY	5,004,032	475,731		192,343	5,672,106	962,381	66.00
67.00 06700 OCCUPATIONAL THERAPY	371,647	18,911		16,276	406,834	69,027	67.00
68.00 06800 SPEECH PATHOLOGY	401,115	62,903		14,777	478,795	81,237	68.00
69.00 06900 ELECTROCARDIOLOGY	748,605	110,868		23,808	883,281	149,865	69.00
69.01 06901 CARDIAC REHAB	491,433	129,778		19,419	640,630	108,695	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	144,299	71,034		4,934	220,267	37,372	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	4,026,321	0		0	4,026,321	683,142	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	11,149,827	0		0	11,149,827	1,891,780	73.00
73.01 07301 ULTRA SOUND	550,601	18,063		23,027	591,691	100,392	73.01
74.00 07400 RENAL DIALYSIS	135,376	0		0	135,376	22,969	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	5,697,960	534,052		80,827	6,312,839	1,071,093	90.00
91.00 09100 EMERGENCY	4,058,744	598,941		144,029	4,801,714	814,702	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0		92.00
SPECIAL PURPOSE COST CENTERS							
118.00 SUBTOTALS (SUM OF LINES 1-117)	171,115,688	13,153,634		3,200,219	164,611,846	22,614,810	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	38,010,941	4,247,358		1,249,635	43,507,934	7,381,917	192.00
192.01 19201 HEALTH TRACKS	3,881,825	329,081		143,805	4,354,711	738,859	192.01
194.00 07950 PRIMARY CARE CLINIC	582,981	147,285		21,541	751,807	127,558	194.00
194.01 07951 PARTNERS IN CARE	823,939	178,114		30,030	1,032,083	175,112	194.01
194.02 07952 OCCUPATIONAL MEDICINE	724,683	69,074		9,419	803,176	136,274	194.02
194.03 07953 FOUNDATION	235,088	29,187		8,699	272,974	46,315	194.03
194.04 07954 SCHOOL & TOWN CLINICS	648,351	15,203		25,411	688,965	116,896	194.04
200.00 Cross Foot Adjustments					0		200.00
201.00 Negative Cost Centers		0		0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	216,023,496	18,168,936		4,688,759	216,023,496	31,337,741	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150005

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

Worksheet B Part I Date/Time Prepared: 5/26/2016 11:23 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	12,500,032				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,102,383			8.00
9.00	00900	HOUSEKEEPING	184,781	0	3,909,908		9.00
10.00	01000	DIETARY	724,931	0	139,269	1,880,708	10.00
11.00	01100	CAFETERIA	128,741	0	0	0	2,219,743
13.00	01300	NURSING ADMINISTRATION	374,712	0	32,339	0	84,466
14.00	01400	CENTRAL SERVICES & SUPPLY	670,448	357	79,076	0	31,465
15.00	01500	PHARMACY	295,866	1,288	18,412	0	91,249
16.00	01600	MEDICAL RECORDS & LIBRARY	234,893	0	34,463	0	102,710
17.00	01700	SOCIAL SERVICE	0	0	3,069	0	36,380
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,024,047	343,491	1,418,890	1,441,508	503,307
31.00	03100	INTENSIVE CARE UNIT	381,290	51,912	123,453	174,922	97,041
43.00	04300	NURSERY	72,181	16,311	12,983	264,278	35,061
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,200,428	72,858	288,687	0	97,526
50.01	05001	ENDOSCOPY	232,989	32,801	7,081	0	49,670
51.00	05100	RECOVERY ROOM	706,020	75,426	52,403	0	61,225
52.00	05200	DELIVERY ROOM & LABOR ROOM	244,803	61,305	6,137	0	87,717
53.00	05300	ANESTHESIOLOGY	0	0	6,609	0	61,348
54.00	05400	RADIOLOGY-DIAGNOSTIC	850,512	105,390	176,092	0	178,490
54.01	05401	RADIATION-ONCOLOGY	0	9,614	93,947	0	55,750
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	22,806	0	7,318	0	5,696
59.00	05900	CARDIAC CATHETERIZATION	384,189	0	0	0	24,739
60.00	06000	LABORATORY	352,599	451	113,067	0	138,739
64.00	06400	INTRAVENOUS THERAPY	58,637	4,157	8,498	0	41,653
65.00	06500	RESPIRATORY THERAPY	274,965	0	14,871	0	88,595
66.00	06600	PHYSICAL THERAPY	322,913	71,615	112,123	0	66,404
67.00	06700	OCCUPATIONAL THERAPY	0	0	17,940	0	13,190
68.00	06800	SPEECH PATHOLOGY	102,776	0	7,081	0	14,874
69.00	06900	ELECTROCARDIOLOGY	181,146	16,244	98,904	0	38,302
69.01	06901	CARDIAC REHAB	127,919	460	18,884	0	16,578
70.00	07000	ELECTROENCEPHALOGRAPHY	116,062	1,334	39,420	0	6,147
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	ULTRA SOUND	29,513	0	8,026	0	18,390
74.00	07400	RENAL DIALYSIS	0	237	11,094	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	61,752	163,582	0	0
91.00	09100	EMERGENCY	978,604	137,039	311,820	0	173,031
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,278,771	1,064,042	3,425,538	1,880,708	2,219,743
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	49,419	30,187	288,687	0	0
192.01	19201	HEALTH TRACKS	0	6,783	99,849	0	0
194.00	07950	PRIMARY CARE CLINIC	0	0	4,957	0	0
194.01	07951	PARTNERS IN CARE	171,842	0	26,673	0	0
194.02	07952	OCCUPATIONAL MEDICINE	0	1,045	60,428	0	0
194.03	07953	FOUNDATION	0	0	1,652	0	0
194.04	07954	SCHOOL & TOWN CLINICS	0	326	2,124	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	12,500,032	1,102,383	3,909,908	1,880,708	2,219,743

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/26/2016 11:23 am
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION	4,018,754				13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,596,995			14.00	
15.00	01500	PHARMACY	0	0	5,052,136		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,781,042	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,337,188	0	0	336,625	2,052,628	30.00
31.00	03100	INTENSIVE CARE UNIT	257,819	0	0	102,332	208,413	31.00
43.00	04300	NURSERY	93,151	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	259,106	2,596,995	0	0	0	50.00
50.01	05001	ENDOSCOPY	131,963	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	162,663	0	0	187,408	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	233,047	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	162,988	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	474,211	0	0	925,773	0	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	0	0	0	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	65,727	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	795,182	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	235,378	0	0	62,848	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	301,763	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	38,531	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	101,760	0	0	196,606	0	69.00
69.01	06901	CARDIAC REHAB	44,045	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,052,136	0	0	73.00
73.01	07301	ULTRA SOUND	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	459,708	0	0	833,974	663,484	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,018,754	2,596,995	5,052,136	3,781,042	2,924,525	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	14,317	192.00
192.01	19201	HEALTH TRACKS	0	0	0	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	0	0	0	0	0	194.00
194.01	07951	PARTNERS IN CARE	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	FOUNDATION	0	0	0	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	0	0	0	0	194.04
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)	4,018,754	2,596,995	5,052,136	3,781,042	2,938,842	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150005

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

Worksheet B
Part I
Date/Time Prepared:
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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				1.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	25,846,284	0	25,846,284	30.00
31.00	03100	4,517,120	0	4,517,120	31.00
43.00	04300	1,563,504	0	1,563,504	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	17,948,103	0	17,948,103	50.00
50.01	05001	2,149,430	0	2,149,430	50.01
51.00	05100	4,000,362	0	4,000,362	51.00
52.00	05200	3,353,066	0	3,353,066	52.00
53.00	05300	1,323,843	0	1,323,843	53.00
54.00	05400	10,183,596	0	10,183,596	54.00
54.01	05401	15,828,586	0	15,828,586	54.01
56.00	03450	456,408	0	456,408	56.00
59.00	05900	460,945	0	460,945	59.00
60.00	06000	10,092,162	0	10,092,162	60.00
64.00	06400	1,564,842	0	1,564,842	64.00
65.00	06500	3,554,628	0	3,554,628	65.00
66.00	06600	7,509,305	0	7,509,305	66.00
67.00	06700	545,522	0	545,522	67.00
68.00	06800	684,763	0	684,763	68.00
69.00	06900	1,666,108	0	1,666,108	69.00
69.01	06901	957,211	0	957,211	69.01
70.00	07000	420,602	0	420,602	70.00
71.00	07100	0	0	0	71.00
72.00	07200	4,709,463	0	4,709,463	72.00
73.00	07300	18,093,743	0	18,093,743	73.00
73.01	07301	748,012	0	748,012	73.01
74.00	07400	169,676	0	169,676	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	7,609,266	0	7,609,266	90.00
91.00	09100	9,174,076	0	9,174,076	91.00
92.00	09200		0		92.00
SPECIAL PURPOSE COST CENTERS					
118.00		155,130,626	0	155,130,626	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	51,272,461	0	51,272,461	192.00
192.01	19201	5,200,202	0	5,200,202	192.01
194.00	07950	884,322	0	884,322	194.00
194.01	07951	1,405,710	0	1,405,710	194.01
194.02	07952	1,000,923	0	1,000,923	194.02
194.03	07953	320,941	0	320,941	194.03
194.04	07954	808,311	0	808,311	194.04
200.00		0	0	0	200.00
201.00		0	0	0	201.00
202.00		216,023,496	0	216,023,496	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150005

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

Worksheet B Part II Date/Time Prepared: 5/26/2016 11:23 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	145,617	145,617	145,617		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,410,931	1,410,931	12,773	1,423,704	5.00
7.00 00700	OPERATION OF PLANT	0	2,048,169	2,048,169	3,616	82,374	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	251,929	251,929	477	7,265	8.00
9.00 00900	HOUSEKEEPING	0	113,093	113,093	2,859	24,548	9.00
10.00 01000	DIETARY	0	443,684	443,684	633	6,699	10.00
11.00 01100	CAFETERIA	0	78,794	78,794	1,769	13,779	11.00
13.00 01300	NURSING ADMINISTRATION	0	229,337	229,337	2,914	23,244	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	410,338	410,338	988	11,965	14.00
15.00 01500	PHARMACY	0	181,081	181,081	2,889	30,612	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	175,916	175,916	1,972	22,465	16.00
17.00 01700	SOCIAL SERVICE	0	54,110	54,110	2,544	19,107	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,850,827	1,850,827	14,774	101,409	30.00
31.00 03100	INTENSIVE CARE UNIT	0	233,363	233,363	2,636	20,560	31.00
43.00 04300	NURSERY	0	44,178	44,178	1,100	7,048	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	440,823	440,823	2,322	88,519	50.00
50.01 05001	ENDOSCOPY	0	142,597	142,597	1,320	11,169	50.01
51.00 05100	RECOVERY ROOM	0	725,991	725,991	1,861	18,157	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	149,828	149,828	2,884	17,925	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	7,162	7,202	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	756,105	756,105	5,799	49,247	54.00
54.01 05401	RADIATION-ONCOLOGY	0	434,493	434,493	1,550	103,259	54.01
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	13,958	13,958	203	2,772	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	235,137	235,137	758	0	59.00
60.00 06000	LABORATORY	0	342,377	342,377	3,852	57,280	60.00
64.00 06400	INTRAVENOUS THERAPY	0	35,888	35,888	1,321	9,568	64.00
65.00 06500	RESPIRATORY THERAPY	0	184,789	184,789	2,297	18,966	65.00
66.00 06600	PHYSICAL THERAPY	0	475,731	475,731	5,975	43,721	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	18,911	18,911	506	3,136	67.00
68.00 06800	SPEECH PATHOLOGY	0	62,903	62,903	459	3,691	68.00
69.00 06900	ELECTROCARDIOLOGY	0	110,868	110,868	740	6,808	69.00
69.01 06901	CARDIAC REHAB	0	129,778	129,778	603	4,938	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	71,034	71,034	153	1,698	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	31,035	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	85,943	73.00
73.01 07301	ULTRA SOUND	0	18,063	18,063	715	4,561	73.01
74.00 07400	RENAL DIALYSIS	0	0	0	0	1,043	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	534,052	534,052	2,511	48,659	90.00
91.00 09100	EMERGENCY	0	598,941	598,941	4,474	37,012	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	13,153,634	13,153,634	99,409	1,027,384	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	4,247,358	4,247,358	38,787	335,398	192.00
192.01 19201	HEALTH TRACKS	0	329,081	329,081	4,467	33,566	192.01
194.00 07950	PRIMARY CARE CLINIC	0	147,285	147,285	669	5,795	194.00
194.01 07951	PARTNERS IN CARE	0	178,114	178,114	933	7,955	194.01
194.02 07952	OCCUPATIONAL MEDICINE	0	69,074	69,074	293	6,191	194.02
194.03 07953	FOUNDATION	0	29,187	29,187	270	2,104	194.03
194.04 07954	SCHOOL & TOWN CLINICS	0	15,203	15,203	789	5,311	194.04
200.00	Cross Foot Adjustments			0			200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	18,168,936	18,168,936	145,617	1,423,704	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/26/2016 11:23 am				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	2,134,159				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	259,671			8.00	
9.00	00900	HOUSEKEEPING	31,548	0	172,048		9.00	
10.00	01000	DIETARY	123,769	0	6,128	580,913	10.00	
11.00	01100	CAFETERIA	21,980	0	0	0	116,322	11.00
13.00	01300	NURSING ADMINISTRATION	63,975	0	1,423	0	4,426	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	114,467	84	3,480	0	1,649	14.00
15.00	01500	PHARMACY	50,514	303	810	0	4,782	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	40,104	0	1,516	0	5,382	16.00
17.00	01700	SOCIAL SERVICE	0	0	135	0	1,906	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	516,305	80,912	62,436	445,253	26,378	30.00
31.00	03100	INTENSIVE CARE UNIT	65,098	12,228	5,432	54,030	5,085	31.00
43.00	04300	NURSERY	12,324	3,842	571	81,630	1,837	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	204,952	17,162	12,703	0	5,111	50.00
50.01	05001	ENDOSCOPY	39,779	7,726	312	0	2,603	50.01
51.00	05100	RECOVERY ROOM	120,540	17,767	2,306	0	3,208	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,796	14,441	270	0	4,597	52.00
53.00	05300	ANESTHESIOLOGY	0	0	291	0	3,215	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	145,210	24,825	7,749	0	9,353	54.00
54.01	05401	RADIATION-ONCOLOGY	0	2,265	4,134	0	2,921	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,894	0	322	0	298	56.00
59.00	05900	CARDIAC CATHETERIZATION	65,593	0	0	0	1,296	59.00
60.00	06000	LABORATORY	60,200	106	4,975	0	7,270	60.00
64.00	06400	INTRAVENOUS THERAPY	10,011	979	374	0	2,183	64.00
65.00	06500	RESPIRATORY THERAPY	46,945	0	654	0	4,643	65.00
66.00	06600	PHYSICAL THERAPY	55,132	16,869	4,934	0	3,480	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	789	0	691	67.00
68.00	06800	SPEECH PATHOLOGY	17,547	0	312	0	779	68.00
69.00	06900	ELECTROCARDIOLOGY	30,927	3,826	4,352	0	2,007	69.00
69.01	06901	CARDIAC REHAB	21,840	108	831	0	869	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	19,815	314	1,735	0	322	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	5,039	0	353	0	964	73.01
74.00	07400	RENAL DIALYSIS	0	56	488	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	14,546	7,198	0	0	90.00
91.00	09100	EMERGENCY	167,079	32,280	13,721	0	9,067	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,096,383	250,639	150,734	580,913	116,322	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,437	7,111	12,703	0	0	192.00
192.01	19201	HEALTH TRACKS	0	1,598	4,394	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	0	0	218	0	0	194.00
194.01	07951	PARTNERS IN CARE	29,339	0	1,174	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	246	2,659	0	0	194.02
194.03	07953	FOUNDATION	0	0	73	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	77	93	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,134,159	259,671	172,048	580,913	116,322	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/26/2016 11:23 am
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	325,319					13.00
14.00	01400	0	542,971				14.00
15.00	01500	0	0	270,991			15.00
16.00	01600	0	0	0	247,355		16.00
17.00	01700	0	0	0	0	77,802	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	108,246	0	0	22,033	54,341	30.00
31.00	03100	20,871	0	0	6,698	5,517	31.00
43.00	04300	7,541	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	20,975	542,971	0	0	0	50.00
50.01	05001	10,682	0	0	0	0	50.01
51.00	05100	13,168	0	0	12,266	0	51.00
52.00	05200	18,865	0	0	0	0	52.00
53.00	05300	13,194	0	0	0	0	53.00
54.00	05400	38,387	0	0	60,473	0	54.00
54.01	05401	0	0	0	0	0	54.01
56.00	03450	0	0	0	0	0	56.00
59.00	05900	5,321	0	0	0	0	59.00
60.00	06000	0	0	0	52,046	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	19,054	0	0	4,113	0	65.00
66.00	06600	0	0	0	19,751	0	66.00
67.00	06700	0	0	0	2,522	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	8,237	0	0	12,868	0	69.00
69.01	06901	3,565	0	0	0	0	69.01
70.00	07000	0	0	0	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	270,991	0	0	73.00
73.01	07301	0	0	0	0	0	73.01
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	37,213	0	0	54,585	17,565	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		325,319	542,971	270,991	247,355	77,423	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	379	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		325,319	542,971	270,991	247,355	77,802	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/26/2016 11:23 am
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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	NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	3,282,914	0	3,282,914
31.00	03100	INTENSIVE CARE UNIT	431,518	0	431,518
43.00	04300	NURSERY	160,071	0	160,071
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,335,538	0	1,335,538
50.01	05001	ENDOSCOPY	216,188	0	216,188
51.00	05100	RECOVERY ROOM	915,264	0	915,264
52.00	05200	DELIVERY ROOM & LABOR ROOM	250,606	0	250,606
53.00	05300	ANESTHESIOLOGY	31,064	0	31,064
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,097,148	0	1,097,148
54.01	05401	RADIATION-ONCOLOGY	548,622	0	548,622
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	21,447	0	21,447
59.00	05900	CARDIAC CATHETERIZATION	308,105	0	308,105
60.00	06000	LABORATORY	528,106	0	528,106
64.00	06400	INTRAVENOUS THERAPY	60,324	0	60,324
65.00	06500	RESPIRATORY THERAPY	281,461	0	281,461
66.00	06600	PHYSICAL THERAPY	625,593	0	625,593
67.00	06700	OCCUPATIONAL THERAPY	26,555	0	26,555
68.00	06800	SPEECH PATHOLOGY	85,691	0	85,691
69.00	06900	ELECTROCARDIOLOGY	180,633	0	180,633
69.01	06901	CARDIAC REHAB	162,532	0	162,532
70.00	07000	ELECTROENCEPHALOGRAPHY	95,071	0	95,071
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,035	0	31,035
73.00	07300	DRUGS CHARGED TO PATIENTS	356,934	0	356,934
73.01	07301	ULTRA SOUND	29,695	0	29,695
74.00	07400	RENAL DIALYSIS	1,587	0	1,587
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	606,966	0	606,966
91.00	09100	EMERGENCY	971,937	0	971,937
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,642,605	0	12,642,605
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,650,173	0	4,650,173
192.01	19201	HEALTH TRACKS	373,106	0	373,106
194.00	07950	PRIMARY CARE CLINIC	153,967	0	153,967
194.01	07951	PARTNERS IN CARE	217,515	0	217,515
194.02	07952	OCCUPATIONAL MEDICINE	78,463	0	78,463
194.03	07953	FOUNDATION	31,634	0	31,634
194.04	07954	SCHOOL & TOWN CLINICS	21,473	0	21,473
200.00		Cross Foot Adjustments	0	0	0
201.00		Negative Cost Centers	0	0	0
202.00		TOTAL (sum lines 118-201)	18,168,936	0	18,168,936

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150005

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

Worksheet B-1
Date/Time Prepared:
5/26/2016 11:23 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00		4.00	5A	5.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	685,998						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	5,498		92,589,274				4.00
5.00 00500 ADMINISTRATIVE & GENERAL	53,272		8,119,892	-31,337,741	184,699,465		5.00
7.00 00700 OPERATION OF PLANT	77,332		2,298,589	0	10,686,811	288,856	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	9,512		303,524	0	942,474	0	8.00
9.00 00900 HOUSEKEEPING	4,270		1,817,359	0	3,184,770	4,270	9.00
10.00 01000 DIETARY	16,752		402,165	0	869,056	16,752	10.00
11.00 01100 CAFETERIA	2,975		1,124,574	0	1,787,687	2,975	11.00
13.00 01300 NURSING ADMINISTRATION	8,659		1,852,442	0	3,015,586	8,659	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	15,493		628,336	0	1,552,276	15,493	14.00
15.00 01500 PHARMACY	6,837		1,836,839	0	3,971,483	6,837	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,642		1,253,431	0	2,914,479	5,428	16.00
17.00 01700 SOCIAL SERVICE	2,043		1,617,202	0	2,478,815	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	69,881		9,392,263	0	13,156,372	69,881	30.00
31.00 03100 INTENSIVE CARE UNIT	8,811		1,675,921	0	2,667,368	8,811	31.00
43.00 04300 NURSERY	1,668		699,578	0	914,395	1,668	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	16,644		1,476,262	0	11,484,021	27,740	50.00
50.01 05001 ENDOSCOPY	5,384		838,996	0	1,449,065	5,384	50.01
51.00 05100 RECOVERY ROOM	27,411		1,182,898	0	2,355,553	16,315	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,657		1,833,218	0	2,325,493	5,657	52.00
53.00 05300 ANESTHESIOLOGY	0		4,552,907	0	934,365	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	28,548		3,686,274	0	6,389,096	19,654	54.00
54.01 05401 RADIOLOGY-ONCOLOGY	16,405		985,632	0	13,396,333	0	54.01
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	527		128,832	0	359,579	527	56.00
59.00 05900 CARDIAC CATHETERIZATION	8,878		481,604	13,710	0	8,878	59.00
60.00 06000 LABORATORY	12,927		2,449,043	0	7,431,268	8,148	60.00
64.00 06400 INTRAVENOUS THERAPY	1,355		839,985	0	1,241,289	1,355	64.00
65.00 06500 RESPIRATORY THERAPY	6,977		1,460,186	0	2,460,500	6,354	65.00
66.00 06600 PHYSICAL THERAPY	17,962		3,798,237	0	5,672,106	7,462	66.00
67.00 06700 OCCUPATIONAL THERAPY	714		321,397	0	406,834	0	67.00
68.00 06800 SPEECH PATHOLOGY	2,375		291,807	0	478,795	2,375	68.00
69.00 06900 ELECTROCARDIOLOGY	4,186		470,133	0	883,281	4,186	69.00
69.01 06901 CARDIAC REHAB	4,900		383,471	0	640,630	2,956	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	2,682		97,426	0	220,267	2,682	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0		0	0	4,026,321	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0		0	0	11,149,827	0	73.00
73.01 07301 ULTRA SOUND	682		454,713	0	591,691	682	73.01
74.00 07400 RENAL DIALYSIS	0		0	0	135,376	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	20,164		1,596,103	0	6,312,839	0	90.00
91.00 09100 EMERGENCY	22,614		2,844,174	0	4,801,714	22,614	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
SPECIAL PURPOSE COST CENTERS							
118.00 SUBTOTALS (SUM OF LINES 1-117)	496,637		63,195,413	-31,324,031	133,287,815	283,743	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	160,366		24,676,137	0	43,507,934	1,142	192.00
192.01 19201 HEALTH TRACKS	12,425		2,839,755	0	4,354,711	0	192.01
194.00 07950 PRIMARY CARE CLINIC	5,561		425,375	0	751,807	0	194.00
194.01 07951 PARTNERS IN CARE	6,725		593,018	0	1,032,083	3,971	194.01
194.02 07952 OCCUPATIONAL MEDICINE	2,608		185,998	0	803,176	0	194.02
194.03 07953 FOUNDATION	1,102		171,784	0	272,974	0	194.03
194.04 07954 SCHOOL & TOWN CLINICS	574		501,794	0	688,965	0	194.04
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	18,168,936		4,688,759		31,337,741	12,500,032	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	26.485407		0.050640		0.169669	43.274268	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			145,617		1,423,704	2,134,159	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001573		0.007708	7.388315	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150005

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	921,192				8.00
9.00	00900	HOUSEKEEPING	0	16,564			9.00
10.00	01000	DIETARY	0	590	21,826		10.00
11.00	01100	CAFETERIA	0	0	0	1,196,754	11.00
13.00	01300	NURSING ADMINISTRATION	0	137	0	45,539	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	298	335	0	16,964	0 14.00
15.00	01500	PHARMACY	1,076	78	0	49,196	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	146	0	55,375	0 16.00
17.00	01700	SOCIAL SERVICE	0	13	0	19,614	0 17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	287,034	6,011	16,729	271,354	271,354 30.00
31.00	03100	INTENSIVE CARE UNIT	43,380	523	2,030	52,319	52,319 31.00
43.00	04300	NURSERY	13,630	55	3,067	18,903	18,903 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,883	1,223	0	52,580	52,580 50.00
50.01	05001	ENDOSCOPY	27,410	30	0	26,779	26,779 50.01
51.00	05100	RECOVERY ROOM	63,029	222	0	33,009	33,009 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,229	26	0	47,292	47,292 52.00
53.00	05300	ANESTHESIOLOGY	0	28	0	33,075	33,075 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,068	746	0	96,231	96,231 54.00
54.01	05401	RADIATION-ONCOLOGY	8,034	398	0	30,057	0 54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	31	0	3,071	0 56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	13,338	13,338 59.00
60.00	06000	LABORATORY	377	479	0	74,800	0 60.00
64.00	06400	INTRAVENOUS THERAPY	3,474	36	0	22,457	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	63	0	47,765	47,765 65.00
66.00	06600	PHYSICAL THERAPY	59,844	475	0	35,801	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	76	0	7,111	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	30	0	8,019	0 68.00
69.00	06900	ELECTROCARDIOLOGY	13,574	419	0	20,650	20,650 69.00
69.01	06901	CARDIAC REHAB	384	80	0	8,938	8,938 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,115	167	0	3,314	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
73.01	07301	ULTRA SOUND	0	34	0	9,915	0 73.01
74.00	07400	RENAL DIALYSIS	198	47	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	51,602	693	0	0	0 90.00
91.00	09100	EMERGENCY	114,515	1,321	0	93,288	93,288 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	889,154	14,512	21,826	1,196,754	815,521 118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,225	1,223	0	0	0 192.00
192.01	19201	HEALTH TRACKS	5,668	423	0	0	0 192.01
194.00	07950	PRIMARY CARE CLINIC	0	21	0	0	0 194.00
194.01	07951	PARTNERS IN CARE	0	113	0	0	0 194.01
194.02	07952	OCCUPATIONAL MEDICINE	873	256	0	0	0 194.02
194.03	07953	FOUNDATION	0	7	0	0	0 194.03
194.04	07954	SCHOOL & TOWN CLINICS	272	9	0	0	0 194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,102,383	3,909,908	1,880,708	2,219,743	4,018,754 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.196692	236.048539	86.168240	1.854803	4.927836 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	259,671	172,048	580,913	116,322	325,319 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.281886	10.386863	26.615642	0.097198	0.398909 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150005

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400	100				14.00
15.00	01500	0	100			15.00
16.00	01600	0	0	239,329,989		16.00
17.00	01700	0	0	0	14,369	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	0	21,308,107	10,036	30.00
31.00	03100	0	0	6,477,517	1,019	31.00
43.00	04300	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	100	0	0	0	50.00
50.01	05001	0	0	0	0	50.01
51.00	05100	0	0	11,862,754	0	51.00
52.00	05200	0	0	0	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	0	0	58,593,871	0	54.00
54.01	05401	0	0	0	0	54.01
56.00	03450	0	0	0	0	56.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	0	50,334,368	0	60.00
64.00	06400	0	0	0	0	64.00
65.00	06500	0	0	3,978,215	0	65.00
66.00	06600	0	0	19,101,360	0	66.00
67.00	06700	0	0	2,438,970	0	67.00
68.00	06800	0	0	0	0	68.00
69.00	06900	0	0	12,445,007	0	69.00
69.01	06901	0	0	0	0	69.01
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	100	0	0	73.00
73.01	07301	0	0	0	0	73.01
74.00	07400	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0	0	90.00
91.00	09100	0	0	52,789,820	3,244	91.00
92.00	09200	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00		100	100	239,329,989	14,299	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200	0	0	0	70	192.00
192.01	19201	0	0	0	0	192.01
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
194.02	07952	0	0	0	0	194.02
194.03	07953	0	0	0	0	194.03
194.04	07954	0	0	0	0	194.04
200.00						200.00
201.00						201.00
202.00		2,596,995	5,052,136	3,781,042	2,938,842	202.00
203.00		25,969.950000	50,521.360000	0.015798	204.526550	203.00
204.00		542,971	270,991	247,355	77,802	204.00
205.00		5,429.710000	2,709.910000	0.001034	5.414573	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150005

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2016 11:23 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	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	25,846,284		25,846,284	0	25,846,284	30.00
31.00	03100 INTENSIVE CARE UNIT	4,517,120		4,517,120	0	4,517,120	31.00
43.00	04300 NURSERY	1,563,504		1,563,504	0	1,563,504	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	17,948,103		17,948,103	0	17,948,103	50.00
50.01	05001 ENDOSCOPY	2,149,430		2,149,430	0	2,149,430	50.01
51.00	05100 RECOVERY ROOM	4,000,362		4,000,362	0	4,000,362	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,353,066		3,353,066	0	3,353,066	52.00
53.00	05300 ANESTHESIOLOGY	1,323,843		1,323,843	0	1,323,843	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,183,596		10,183,596	0	10,183,596	54.00
54.01	05401 RADIATION-ONCOLOGY	15,828,586		15,828,586	0	15,828,586	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	456,408		456,408	0	456,408	56.00
59.00	05900 CARDIAC CATHETERIZATION	460,945		460,945	0	460,945	59.00
60.00	06000 LABORATORY	10,092,162		10,092,162	0	10,092,162	60.00
64.00	06400 INTRAVENOUS THERAPY	1,564,842		1,564,842	0	1,564,842	64.00
65.00	06500 RESPIRATORY THERAPY	3,554,628	0	3,554,628	0	3,554,628	65.00
66.00	06600 PHYSICAL THERAPY	7,509,305	0	7,509,305	0	7,509,305	66.00
67.00	06700 OCCUPATIONAL THERAPY	545,522	0	545,522	0	545,522	67.00
68.00	06800 SPEECH PATHOLOGY	684,763	0	684,763	0	684,763	68.00
69.00	06900 ELECTROCARDIOLOGY	1,666,108		1,666,108	0	1,666,108	69.00
69.01	06901 CARDIAC REHAB	957,211		957,211	0	957,211	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	420,602		420,602	0	420,602	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	4,709,463		4,709,463	0	4,709,463	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,093,743		18,093,743	0	18,093,743	73.00
73.01	07301 ULTRA SOUND	748,012		748,012	0	748,012	73.01
74.00	07400 RENAL DIALYSIS	169,676		169,676	0	169,676	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	7,609,266		7,609,266	0	7,609,266	90.00
91.00	09100 EMERGENCY	9,174,076		9,174,076	0	9,174,076	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,598,074		4,598,074	0	4,598,074	92.00
200.00	Subtotal (see instructions)	159,728,700	0	159,728,700	0	159,728,700	200.00
201.00	Less Observation Beds	4,598,074		4,598,074	0	4,598,074	201.00
202.00	Total (see instructions)	155,130,626	0	155,130,626	0	155,130,626	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/26/2016 11:23 am
		Title XVIII	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			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	21,304,352		21,304,352			30.00
31.00 03100 INTENSIVE CARE UNIT	6,445,266		6,445,266			31.00
43.00 04300 NURSERY	6,089,087		6,089,087			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	18,398,551	23,063,245	41,461,796	0.432883	0.000000	50.00
50.01 05001 ENDOSCOPY	451,415	11,411,339	11,862,754	0.181191	0.000000	50.01
51.00 05100 RECOVERY ROOM	3,070,675	6,795,487	9,866,162	0.405463	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	9,887,161	177,279	10,064,440	0.333160	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	6,854,753	7,858,167	14,712,920	0.089978	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,243,565	51,135,863	58,379,428	0.174438	0.000000	54.00
54.01 05401 RADIOLOGY-ONCOLOGY	412,591	53,350,578	53,763,169	0.294413	0.000000	54.01
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	402,839	4,046,767	4,449,606	0.102573	0.000000	56.00
59.00 05900 CARDIAC CATHETERIZATION	3,486,826	9,482,388	12,969,214	0.035541	0.000000	59.00
60.00 06000 LABORATORY	9,636,636	43,154,951	52,791,587	0.191170	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	478,797	6,715,211	7,194,008	0.217520	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	2,706,866	1,161,284	3,868,150	0.918948	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	2,621,938	16,457,742	19,079,680	0.393576	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,110,433	1,251,304	2,361,737	0.230983	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	269,016	1,345,966	1,614,982	0.424007	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	1,876,210	10,498,232	12,374,442	0.134641	0.000000	69.00
69.01 06901 CARDIAC REHAB	33,591	1,303,627	1,337,218	0.715823	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	87,685	436,873	524,558	0.801822	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	4,417,394	3,635,248	8,052,642	0.584835	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	10,149,046	17,602,356	27,751,402	0.651994	0.000000	73.00
73.01 07301 ULTRA SOUND	1,690,995	7,363,902	9,054,897	0.082609	0.000000	73.01
74.00 07400 RENAL DIALYSIS	256,595	16,670	273,265	0.620921	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	21,822	34,887,399	34,909,221	0.217973	0.000000	90.00
91.00 09100 EMERGENCY	10,008,991	42,679,259	52,688,250	0.174120	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,943,535	3,943,535	1.165978	0.000000	92.00
200.00 Subtotal (see instructions)	129,413,096	359,774,672	489,187,768			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	129,413,096	359,774,672	489,187,768			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/26/2016 11:23 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.432883		50.00
50.01	05001 ENDOSCOPY	0.181191		50.01
51.00	05100 RECOVERY ROOM	0.405463		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.333160		52.00
53.00	05300 ANESTHESIOLOGY	0.089978		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.174438		54.00
54.01	05401 RADIATION-ONCOLOGY	0.294413		54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.102573		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.035541		59.00
60.00	06000 LABORATORY	0.191170		60.00
64.00	06400 INTRAVENOUS THERAPY	0.217520		64.00
65.00	06500 RESPIRATORY THERAPY	0.918948		65.00
66.00	06600 PHYSICAL THERAPY	0.393576		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.230983		67.00
68.00	06800 SPEECH PATHOLOGY	0.424007		68.00
69.00	06900 ELECTROCARDIOLOGY	0.134641		69.00
69.01	06901 CARDIAC REHAB	0.715823		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.801822		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.584835		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.651994		73.00
73.01	07301 ULTRA SOUND	0.082609		73.01
74.00	07400 RENAL DIALYSIS	0.620921		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.217973		90.00
91.00	09100 EMERGENCY	0.174120		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.165978		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150005

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2016 11:23 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	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	25,846,284		25,846,284	0	25,846,284	30.00
31.00	03100 INTENSIVE CARE UNIT	4,517,120		4,517,120	0	4,517,120	31.00
43.00	04300 NURSERY	1,563,504		1,563,504	0	1,563,504	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	17,948,103		17,948,103	0	17,948,103	50.00
50.01	05001 ENDOSCOPY	2,149,430		2,149,430	0	2,149,430	50.01
51.00	05100 RECOVERY ROOM	4,000,362		4,000,362	0	4,000,362	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,353,066		3,353,066	0	3,353,066	52.00
53.00	05300 ANESTHESIOLOGY	1,323,843		1,323,843	0	1,323,843	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,183,596		10,183,596	0	10,183,596	54.00
54.01	05401 RADIATION-ONCOLOGY	15,828,586		15,828,586	0	15,828,586	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	456,408		456,408	0	456,408	56.00
59.00	05900 CARDIAC CATHETERIZATION	460,945		460,945	0	460,945	59.00
60.00	06000 LABORATORY	10,092,162		10,092,162	0	10,092,162	60.00
64.00	06400 INTRAVENOUS THERAPY	1,564,842		1,564,842	0	1,564,842	64.00
65.00	06500 RESPIRATORY THERAPY	3,554,628	0	3,554,628	0	3,554,628	65.00
66.00	06600 PHYSICAL THERAPY	7,509,305	0	7,509,305	0	7,509,305	66.00
67.00	06700 OCCUPATIONAL THERAPY	545,522	0	545,522	0	545,522	67.00
68.00	06800 SPEECH PATHOLOGY	684,763	0	684,763	0	684,763	68.00
69.00	06900 ELECTROCARDIOLOGY	1,666,108		1,666,108	0	1,666,108	69.00
69.01	06901 CARDIAC REHAB	957,211		957,211	0	957,211	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	420,602		420,602	0	420,602	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	4,709,463		4,709,463	0	4,709,463	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,093,743		18,093,743	0	18,093,743	73.00
73.01	07301 ULTRA SOUND	748,012		748,012	0	748,012	73.01
74.00	07400 RENAL DIALYSIS	169,676		169,676	0	169,676	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	7,609,266		7,609,266	0	7,609,266	90.00
91.00	09100 EMERGENCY	9,174,076		9,174,076	0	9,174,076	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,598,074		4,598,074	0	4,598,074	92.00
200.00	Subtotal (see instructions)	159,728,700	0	159,728,700	0	159,728,700	200.00
201.00	Less Observation Beds	4,598,074		4,598,074	0	4,598,074	201.00
202.00	Total (see instructions)	155,130,626	0	155,130,626	0	155,130,626	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150005

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2016 11:23 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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,304,352		21,304,352		30.00
31.00	03100	INTENSIVE CARE UNIT	6,445,266		6,445,266		31.00
43.00	04300	NURSERY	6,089,087		6,089,087		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,398,551	23,063,245	41,461,796	0.432883	50.00
50.01	05001	ENDOSCOPY	451,415	11,411,339	11,862,754	0.181191	50.01
51.00	05100	RECOVERY ROOM	3,070,675	6,795,487	9,866,162	0.405463	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,887,161	177,279	10,064,440	0.333160	52.00
53.00	05300	ANESTHESIOLOGY	6,854,753	7,858,167	14,712,920	0.089978	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,243,565	51,135,863	58,379,428	0.174438	54.00
54.01	05401	RADIATION-ONCOLOGY	412,591	53,350,578	53,763,169	0.294413	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	402,839	4,046,767	4,449,606	0.102573	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,486,826	9,482,388	12,969,214	0.035541	59.00
60.00	06000	LABORATORY	9,636,636	43,154,951	52,791,587	0.191170	60.00
64.00	06400	INTRAVENOUS THERAPY	478,797	6,715,211	7,194,008	0.217520	64.00
65.00	06500	RESPIRATORY THERAPY	2,706,866	1,161,284	3,868,150	0.918948	65.00
66.00	06600	PHYSICAL THERAPY	2,621,938	16,457,742	19,079,680	0.393576	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,110,433	1,251,304	2,361,737	0.230983	67.00
68.00	06800	SPEECH PATHOLOGY	269,016	1,345,966	1,614,982	0.424007	68.00
69.00	06900	ELECTROCARDIOLOGY	1,876,210	10,498,232	12,374,442	0.134641	69.00
69.01	06901	CARDIAC REHAB	33,591	1,303,627	1,337,218	0.715823	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	87,685	436,873	524,558	0.801822	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,417,394	3,635,248	8,052,642	0.584835	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,149,046	17,602,356	27,751,402	0.651994	73.00
73.01	07301	ULTRA SOUND	1,690,995	7,363,902	9,054,897	0.082609	73.01
74.00	07400	RENAL DIALYSIS	256,595	16,670	273,265	0.620921	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	21,822	34,887,399	34,909,221	0.217973	90.00
91.00	09100	EMERGENCY	10,008,991	42,679,259	52,688,250	0.174120	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,943,535	3,943,535	1.165978	92.00
200.00		Subtotal (see instructions)	129,413,096	359,774,672	489,187,768		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	129,413,096	359,774,672	489,187,768		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/26/2016 11:23 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 RADIATION-ONCOLOGY	0.000000		54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
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
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301 ULTRA SOUND	0.000000		73.01
74.00	07400 RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150005		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/26/2016 11:23 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,282,914	0	3,282,914	19,792	165.87	30.00
31.00	INTENSIVE CARE UNIT	431,518		431,518	2,030	212.57	31.00
43.00	NURSERY	160,071		160,071	3,067	52.19	43.00
200.00	Total (Lines 30-199)	3,874,503		3,874,503	24,889		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	6,964	1,155,119				
31.00	INTENSIVE CARE UNIT	1,084	230,426				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	8,048	1,385,545				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/26/2016 11:23 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,335,538	41,461,796	0.032211	6,202,886	199,801	50.00
50.01	05001	ENDOSCOPY	216,188	11,862,754	0.018224	0	0	50.01
51.00	05100	RECOVERY ROOM	915,264	9,866,162	0.092768	1,108,573	102,840	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	250,606	10,064,440	0.024900	14,546	362	52.00
53.00	05300	ANESTHESIOLOGY	31,064	14,712,920	0.002111	1,449,519	3,060	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,097,148	58,379,428	0.018793	3,951,914	74,268	54.00
54.01	05401	RADIATION-ONCOLOGY	548,622	53,763,169	0.010204	227,578	2,322	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	21,447	4,449,606	0.004820	231,379	1,115	56.00
59.00	05900	CARDIAC CATHETERIZATION	308,105	12,969,214	0.023757	1,729,322	41,084	59.00
60.00	06000	LABORATORY	528,106	52,791,587	0.010004	4,963,404	49,654	60.00
64.00	06400	INTRAVENOUS THERAPY	60,324	7,194,008	0.008385	195,490	1,639	64.00
65.00	06500	RESPIRATORY THERAPY	281,461	3,868,150	0.072764	1,325,536	96,451	65.00
66.00	06600	PHYSICAL THERAPY	625,593	19,079,680	0.032788	1,469,870	48,194	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,555	2,361,737	0.011244	605,182	6,805	67.00
68.00	06800	SPEECH PATHOLOGY	85,691	1,614,982	0.053060	165,399	8,776	68.00
69.00	06900	ELECTROCARDIOLOGY	180,633	12,374,442	0.014597	1,077,313	15,726	69.00
69.01	06901	CARDIAC REHAB	162,532	1,337,218	0.121545	13,100	1,592	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	95,071	524,558	0.181240	71,086	12,884	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,035	8,052,642	0.003854	3,302,570	12,728	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	356,934	27,751,402	0.012862	4,957,451	63,763	73.00
73.01	07301	ULTRA SOUND	29,695	9,054,897	0.003279	483,235	1,585	73.01
74.00	07400	RENAL DIALYSIS	1,587	273,265	0.005808	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	606,966	34,909,221	0.017387	0	0	90.00
91.00	09100	EMERGENCY	971,937	52,688,250	0.018447	5,522,444	101,873	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	584,034	3,943,535	0.148099	0	0	92.00
200.00		Total (lines 50-199)	9,352,136	455,349,063		39,067,797	846,522	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150005		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/26/2016 11:23 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,792	0.00	6,964	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,030	0.00	1,084	0		31.00
43.00	04300	NURSERY	3,067	0.00	0	0		43.00
200.00		Total (lines 30-199)	24,889		8,048	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150005

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2016 11:23 am

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	0	0	0	0	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150005

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2016 11:23 am

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)	Hospital			
					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	41,461,796	0.000000	0.000000	6,202,886	50.00
50.01	05001	ENDOSCOPY	0	11,862,754	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	9,866,162	0.000000	0.000000	1,108,573	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,064,440	0.000000	0.000000	14,546	52.00
53.00	05300	ANESTHESIOLOGY	0	14,712,920	0.000000	0.000000	1,449,519	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	58,379,428	0.000000	0.000000	3,951,914	54.00
54.01	05401	RADIATION-ONCOLOGY	0	53,763,169	0.000000	0.000000	227,578	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	4,449,606	0.000000	0.000000	231,379	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,969,214	0.000000	0.000000	1,729,322	59.00
60.00	06000	LABORATORY	0	52,791,587	0.000000	0.000000	4,963,404	60.00
64.00	06400	INTRAVENOUS THERAPY	0	7,194,008	0.000000	0.000000	195,490	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,868,150	0.000000	0.000000	1,325,536	65.00
66.00	06600	PHYSICAL THERAPY	0	19,079,680	0.000000	0.000000	1,469,870	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,361,737	0.000000	0.000000	605,182	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,614,982	0.000000	0.000000	165,399	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,374,442	0.000000	0.000000	1,077,313	69.00
69.01	06901	CARDIAC REHAB	0	1,337,218	0.000000	0.000000	13,100	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	524,558	0.000000	0.000000	71,086	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,052,642	0.000000	0.000000	3,302,570	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,751,402	0.000000	0.000000	4,957,451	73.00
73.01	07301	ULTRA SOUND	0	9,054,897	0.000000	0.000000	483,235	73.01
74.00	07400	RENAL DIALYSIS	0	273,265	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	34,909,221	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	52,688,250	0.000000	0.000000	5,522,444	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,943,535	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	455,349,063			39,067,797	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150005

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

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XVIII						
				Hospital		PPS
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	18,515,244	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	371,349	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	201,126	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,839,235	0	54.00
54.01	05401	RADIATION-ONCOLOGY	0	17,457,079	0	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,284,598	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,648,750	0	59.00
60.00	06000	LABORATORY	0	4,091,337	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,776,237	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	392,477	0	65.00
66.00	06600	PHYSICAL THERAPY	0	127,358	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	18,532	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,601,197	0	69.00
69.01	06901	CARDIAC REHAB	0	562,480	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	532,072	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,213,928	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,098,129	0	73.00
73.01	07301	ULTRA SOUND	0	1,334,509	0	73.01
74.00	07400	RENAL DIALYSIS	0	7,170	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	38,681	0	90.00
91.00	09100	EMERGENCY	0	8,768,566	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,245,848	0	92.00
200.00		Total (lines 50-199)	0	80,125,902	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/26/2016 11:23 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.432883	18,515,244	0	0	8,014,934	50.00
50.01	05001	ENDOSCOPY	0.181191	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.405463	371,349	0	0	150,568	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.333160	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.089978	201,126	0	0	18,097	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174438	11,839,235	0	964	2,065,212	54.00
54.01	05401	RADIATION-ONCOLOGY	0.294413	17,457,079	0	19,585	5,139,591	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.102573	1,284,598	0	0	131,765	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.035541	2,648,750	0	0	94,139	59.00
60.00	06000	LABORATORY	0.191170	4,091,337	630	0	782,141	60.00
64.00	06400	INTRAVENOUS THERAPY	0.217520	2,776,237	0	0	603,887	64.00
65.00	06500	RESPIRATORY THERAPY	0.918948	392,477	0	0	360,666	65.00
66.00	06600	PHYSICAL THERAPY	0.393576	127,358	0	0	50,125	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.230983	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.424007	18,532	0	0	7,858	68.00
69.00	06900	ELECTROCARDIOLOGY	0.134641	1,601,197	0	0	215,587	69.00
69.01	06901	CARDIAC REHAB	0.715823	562,480	0	0	402,636	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.801822	532,072	0	0	426,627	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.584835	1,213,928	0	0	709,948	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.651994	5,098,129	0	9,443	3,323,950	73.00
73.01	07301	ULTRA SOUND	0.082609	1,334,509	0	0	110,242	73.01
74.00	07400	RENAL DIALYSIS	0.620921	7,170	0	0	4,452	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.217973	38,681	0	0	8,431	90.00
91.00	09100	EMERGENCY	0.174120	8,768,566	0	0	1,526,783	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.165978	1,245,848	0	0	1,452,631	92.00
200.00		Subtotal (see instructions)		80,125,902	630	29,992	25,600,270	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		80,125,902	630	29,992	25,600,270	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/26/2016 11:23 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	168		54.00
54.01 05401 RADIATION-ONCOLOGY	0	5,766		54.01
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	120	0		60.00
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
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,157		73.00
73.01 07301 ULTRA SOUND	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	120	12,091		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	120	12,091		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2016 11:23 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)		19,792	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,792	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		16,271	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)		6,964	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)		25,846,284	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)		25,846,284	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)		25,846,284	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)		1,305.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,094,288	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)		9,094,288	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/26/2016 11:23 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	4,517,120	2,030	2,225.18	1,084	2,412,095		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,485,940		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,992,323		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)					1,385,545		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					846,522		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,232,067		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,760,256		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,521		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,305.90		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,598,074		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/26/2016 11:23 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	3,282,914	25,846,284	0.127017	4,598,074	584,034	90.00
91.00	Nursing School cost	0	25,846,284	0.000000	4,598,074	0	91.00
92.00	Allied health cost	0	25,846,284	0.000000	4,598,074	0	92.00
93.00	All other Medical Education	0	25,846,284	0.000000	4,598,074	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX		Date/Time Prepared: 5/26/2016 11:23 am
		Hospital		Cost
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,792	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,792	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		16,271	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)		489	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,067	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)		25,846,284	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)		25,846,284	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)		25,846,284	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)		1,305.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		638,585	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)		638,585	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 5/26/2016 11:23 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,563,504	3,067	509.78	0	0 42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,517,120	2,030	2,225.18	0	0 43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT					46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
		1.00					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					487,593 48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,126,178 49.00	
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0 50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0 51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					0 52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0 53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0 54.00	
55.00	Target amount per discharge					0.00 55.00	
56.00	Target amount (line 54 x line 55)					0 56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0 57.00	
58.00	Bonus payment (see instructions)					0 58.00	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00 59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00 60.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0 61.00	
62.00	Relief payment (see instructions)					0 62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0 63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0 64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0 65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0 66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0 67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0 68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0 69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00	
72.00	Program routine service cost (line 9 x line 71)					72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00	
77.00	Program capital-related costs (line 9 x line 76)					77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00	
81.00	Inpatient routine service cost per diem limitation					81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00	
83.00	Reasonable inpatient routine service costs (see instructions)					83.00	
84.00	Program inpatient ancillary services (see instructions)					84.00	
85.00	Utilization review - physician compensation (see instructions)					85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,521 87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,305.90 88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,598,074 89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/26/2016 11:23 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	3,282,914	25,846,284	0.127017	4,598,074	584,034	90.00
91.00	Nursing School cost	0	25,846,284	0.000000	4,598,074	0	91.00
92.00	Allied health cost	0	25,846,284	0.000000	4,598,074	0	92.00
93.00	All other Medical Education	0	25,846,284	0.000000	4,598,074	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/26/2016 11:23 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		7,408,812		30.00
31.00	03100 INTENSIVE CARE UNIT		3,262,537		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.432883	6,202,886	2,685,124	50.00
50.01	05001 ENDOSCOPY	0.181191	0	0	50.01
51.00	05100 RECOVERY ROOM	0.405463	1,108,573	449,485	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.333160	14,546	4,846	52.00
53.00	05300 ANESTHESIOLOGY	0.089978	1,449,519	130,425	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.174438	3,951,914	689,364	54.00
54.01	05401 RADIATION-ONCOLOGY	0.294413	227,578	67,002	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.102573	231,379	23,733	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.035541	1,729,322	61,462	59.00
60.00	06000 LABORATORY	0.191170	4,963,404	948,854	60.00
64.00	06400 INTRAVENOUS THERAPY	0.217520	195,490	42,523	64.00
65.00	06500 RESPIRATORY THERAPY	0.918948	1,325,536	1,218,099	65.00
66.00	06600 PHYSICAL THERAPY	0.393576	1,469,870	578,506	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.230983	605,182	139,787	67.00
68.00	06800 SPEECH PATHOLOGY	0.424007	165,399	70,130	68.00
69.00	06900 ELECTROCARDIOLOGY	0.134641	1,077,313	145,050	69.00
69.01	06901 CARDIAC REHAB	0.715823	13,100	9,377	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.801822	71,086	56,998	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.584835	3,302,570	1,931,459	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.651994	4,957,451	3,232,228	73.00
73.01	07301 ULTRA SOUND	0.082609	483,235	39,920	73.01
74.00	07400 RENAL DIALYSIS	0.620921	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.217973	0	0	90.00
91.00	09100 EMERGENCY	0.174120	5,522,444	961,568	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.165978	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		39,067,797	13,485,940	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)		39,067,797		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/26/2016 11:23 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		461,559		30.00
31.00	03100 INTENSIVE CARE UNIT		43,337		31.00
43.00	04300 NURSERY		247,103		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.432883	146,181	63,279	50.00
50.01	05001 ENDOSCOPY	0.181191	4,149	752	50.01
51.00	05100 RECOVERY ROOM	0.405463	26,542	10,762	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.333160	640,465	213,377	52.00
53.00	05300 ANESTHESIOLOGY	0.089978	42,508	3,825	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.174438	81,662	14,245	54.00
54.01	05401 RADIATION-ONCOLOGY	0.294413	0	0	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.102573	3,781	388	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.035541	0	0	59.00
60.00	06000 LABORATORY	0.191170	111,175	21,253	60.00
64.00	06400 INTRAVENOUS THERAPY	0.217520	15,890	3,456	64.00
65.00	06500 RESPIRATORY THERAPY	0.918948	28,996	26,646	65.00
66.00	06600 PHYSICAL THERAPY	0.393576	16,396	6,453	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.230983	6,486	1,498	67.00
68.00	06800 SPEECH PATHOLOGY	0.424007	2,474	1,049	68.00
69.00	06900 ELECTROCARDIOLOGY	0.134641	50,554	6,807	69.00
69.01	06901 CARDIAC REHAB	0.715823	303	217	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.801822	1,278	1,025	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.584835	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.651994	140,647	91,701	73.00
73.01	07301 ULTRA SOUND	0.082609	19,119	1,579	73.01
74.00	07400 RENAL DIALYSIS	0.620921	2,202	1,367	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.217973	0	0	90.00
91.00	09100 EMERGENCY	0.174120	102,881	17,914	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.165978	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,443,689	487,593	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)		1,443,689		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/26/2016 11:23 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)		11,385,494	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,354,545	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)		266,067	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		117.35	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.52	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.44	31.00
32.00	Sum of lines 30 and 31		16.96	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.77	33.00
34.00	Disproportionate share adjustment (see instructions)		148,350	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/26/2016 11:23 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		731,549	608,096	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		547,158	152,855	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		700,013		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)		16,854,469		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)		16,854,469		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,361,544		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		18,216,013		59.00
60.00	Primary payer payments		29,596		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		18,186,417		61.00
62.00	Deductibles billed to program beneficiaries		1,936,648		62.00
63.00	Coinurance billed to program beneficiaries		8,820		63.00
64.00	Allowable bad debts (see instructions)		185,721		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		120,719		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		16,712		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		16,361,668		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)		41,319		70.93
70.94	HRR adjustment amount (see instructions)		-13,295		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/26/2016 11:23 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		16,389,692		71.00
71.01	Sequestration adjustment (see instructions)		327,794		71.01
72.00	Interim payments		15,924,479		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)		137,419		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)		348,769		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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150005

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2016 11:23 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	11,385,494	0	11,385,494	0	11,385,494	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,354,545	0	0	4,354,545	4,354,545	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	266,067	0	171,643	94,424	266,067	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0377	0.0377	0.0377	0.0377		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	148,350	0	107,308	41,042	148,350	11.00
11.01	Uncompensated care payments	36.00	700,013	0	547,158	152,855	700,013	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	16,854,469	0	12,211,603	4,642,866	16,854,469	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	16,854,469	0	12,211,603	4,642,866	16,854,469	15.00
16.00	Payment for inpatient program capital	50.00	1,361,544	0	981,109	380,435	1,361,544	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150005

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2016 11:23 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	13,192,712	5,023,301	18,216,013	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,259,889	0	910,693	349,197	1,259,890	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	57,685	0	57,685	19,051	76,736	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0349	0.0349	0.0349	0.0349		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	43,970	0	31,783	12,187	43,970	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,361,544	0	981,109	380,435	1,361,544	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2016 11:23 am
		Title XVIII	Hospital	PPS

	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)	
	0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	11,385,494	11,385,494		11,385,494
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,354,545		4,354,545	4,354,545
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	266,067	171,643	94,424	266,067
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0377	0.0377	0.0377	
11.00	Disproportionate share adjustment (see instructions)	34.00	148,350	107,308	41,042	148,350
11.01	Uncompensated care payments	36.00	700,013	547,158	152,855	700,013
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0
13.00	Subtotal (see instructions)	47.00	16,854,469	12,211,603	4,642,866	16,854,469
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	16,854,469	12,211,603	4,642,866	16,854,469
16.00	Payment for inpatient program capital	50.00	1,361,544	1,000,160	361,384	1,361,544
17.00	Special add-on payments for new technologies	54.00	0	0	0	0
17.01	Net organ acquisition cost	55.00	0	0	0	0
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	SUBTOTAL			13,211,763	5,004,250	18,216,013

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2016 11:23 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,259,889	910,692	349,197	1,259,889	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	57,685	57,685	0	57,685	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0349	0.0349	0.0349		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	43,970	31,783	12,187	43,970	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,361,544	1,000,160	361,384	1,361,544	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	41,319	19,157	22,162	41,319	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-13,295	-10,247	-3,048	-13,295	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/26/2016 11:23 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,211	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25,600,270	2.00
3.00	PPS payments		15,767,207	3.00
4.00	Outlier payment (see instructions)		334,140	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,211	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		30,622	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)		30,622	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)		30,622	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		18,411	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)		12,211	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)		16,101,347	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)		3,395,671	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		12,717,887	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		12,717,887	30.00
31.00	Primary payer payments		5,346	31.00
32.00	Subtotal (line 30 minus line 31)		12,712,541	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)		468,959	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		304,823	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		160,476	36.00
37.00	Subtotal (see instructions)		13,017,364	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-137	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,017,501	40.00
40.01	Sequestration adjustment (see instructions)		260,350	40.01
41.00	Interim payments		12,636,465	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		120,686	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: 150005

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2016 11:23 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		15,847,708		12,447,658	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	12/31/2015	32,771	12/31/2015	137,607	3.01
3.02		07/31/2015	44,000	07/31/2015	51,200	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)		76,771		188,807	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)		15,924,479		12,636,465	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		137,419		120,686	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		16,061,898		12,757,151	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		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2016 11:23 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		1,126,178		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,126,178	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1,126,178	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		751,999		8.00
9.00	Ancillary service charges		1,443,689	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		2,195,688	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		2,195,688	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,069,510	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		1,126,178	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		1,126,178	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		1,126,178	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		1,126,178	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		1,126,178	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		1,126,178	0	40.00
41.00	Interim payments		962,819	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		163,359	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 150005

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

Worksheet G

Date/Time Prepared:
5/26/2016 11:23 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	2,530,068	0	0	0	1.00
2.00	Temporary investments	318,764	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	27,497,667	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	2,091,937	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	33,026,792	0	0	0	9.00
10.00	Due from other funds	5,229,192	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	70,694,420	0	0	0	11.00
FIXED ASSETS						
12.00	Land	16,574,202	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	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	658,195	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	334,931,747	0	0	0	19.00
20.00	Accumulated depreciation	-154,653,678	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	0	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)	197,510,466	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	176,298,339	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	16,849,872	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	193,148,211	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	461,353,097	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	7,638,187	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,008,222	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	949,937	0	0	0	43.00
44.00	Other current liabilities	17,317,226	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	34,913,572	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	102,964,391	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	102,964,391	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	137,877,963	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	323,475,134				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)	323,475,134	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	461,353,097	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150005

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

Worksheet G-1

Date/Time Prepared:
5/26/2016 11:23 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		313,752,176		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		9,722,958			2.00
3.00	Total (sum of line 1 and line 2)		323,475,134		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)		323,475,134		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)		323,475,134		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: 150005

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2016 11:23 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	27,393,439		27,393,439	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	27,393,439		27,393,439	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,445,266		6,445,266	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,445,266		6,445,266	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	33,838,705		33,838,705	17.00
18.00	Ancillary services	85,543,578	275,807,260	361,350,838	18.00
19.00	Outpatient services	10,030,813	81,510,193	91,541,006	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN OFFICES AND PROFESSIONAL F	9,023,672	59,842,372	68,866,044	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	138,436,768	417,159,825	555,596,593	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		234,203,828		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)		234,203,828		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150005

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

Worksheet G-3

Date/Time Prepared:
5/26/2016 11:23 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	555,596,593	1.00
2.00	Less contractual allowances and discounts on patients' accounts	320,232,280	2.00
3.00	Net patient revenues (line 1 minus line 2)	235,364,313	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	234,203,828	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,160,485	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,990,590	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	MISCELLANEOUS REVENUE	6,571,883	24.00
25.00	Total other income (sum of lines 6-24)	8,562,473	25.00
26.00	Total (line 5 plus line 25)	9,722,958	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)	9,722,958	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150005	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/26/2016 11:23 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,259,889	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		57,685	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)		51.39	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.52	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.44	8.00
9.00	Sum of lines 7 and 8		16.96	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.49	10.00
11.00	Disproportionate share adjustment (see instructions)		43,970	11.00
12.00	Total prospective capital payments (see instructions)		1,361,544	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