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: 151311	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/26/2016 3:04 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/26/2016 Time: 3:04 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH TIPTON HOSPITAL (151311) 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)

PRESIDENT & CHIEF EXECUTIVE OFFICER
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-80,181	-1,353,428	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	302,499	1,562		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	222,318	-1,351,866	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 12:13 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1000 SOUTH MAIN STREET	PO Box:			1.00
2.00	City: TIPTON	State: IN	Zip Code: 46072	County: TIPTON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	IU HEALTH TIPTON HOSPITAL	151311	29020	1	11/12/2005	N	O	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	IU HEALTH TIPTON HOSPITAL	15Z311	29020		11/12/2005	N	O	N	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.	N	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)	N	N	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.	0	0	0	0	0	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		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I | Date/Time Prepared: 5/25/2016 12:13 pm

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

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	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.				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I | Date/Time Prepared: 5/25/2016 12:13 pm

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 12:13 pm

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

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I | Date/Time Prepared: 5/25/2016 12:13 pm

		V	XIX	
		1.00	2.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	Y		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.	N	110.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	64,047	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: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 12:13 pm

		1.00	2.00	
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	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: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 340 WEST 10TH STREET	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

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

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

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		0 168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		0.00 169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/03/2015	12/31/2015	170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 151311	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 12:13 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II | Date/Time Prepared: 5/25/2016 12:13 pm

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

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C	03/25/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	Y	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

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/01/2016	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II | Date/Time Prepared: 5/25/2016 12:13 pm

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

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	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.	RHONDA	UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.962.1093	RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II | Date/Time Prepared: 5/25/2016 12:13 pm

		Part B Date			
		4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/01/2016			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		GOVERNMENT PROGRAMS 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: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I Date/Time Prepared: 5/25/2016 12:13 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	19	6,935	48,408.00	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)		19	6,935	48,408.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	6	2,190	11,040.00	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						13.00
14.00	Total (see instructions)		25	9,125	59,448.00	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)		25				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: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I | Date/Time Prepared: 5/25/2016 12:13 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,269	16	2,017			1.00
2.00	HMO and other (see instructions)	359	0				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	914	0	914			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		5	192			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	2,183	21	3,123			7.00
8.00	INTENSIVE CARE UNIT	240	14	460			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)	2,423	35	3,583	0.00	173.48	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	173.48	27.00
28.00	Observation Bed Days		0	0			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I | Date/Time Prepared: 5/25/2016 12:13 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	428	9	900	1.00
2.00	HMO and other (see instructions)			105	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	428	9	900	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 UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-10 | Date/Time Prepared: 5/25/2016 12:13 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.315803	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	134,687	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	5,768,335	6.00
7.00	Medicaid cost (line 1 times line 6)	1,821,657	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)	1,686,970	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)	831,790	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	6,055,487	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	1,912,341	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)	1,080,551	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)	2,767,521	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	4,789,799	1,496,974	6,286,773	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,512,633	472,749	1,985,382	21.00
22.00	Partial payment by patients approved for charity care	0	20	20	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,512,633	472,729	1,985,362	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	3,077,637	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	474,189	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	2,603,448	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	822,177	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	2,807,539	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	5,575,060	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A | Date/Time Prepared: 5/25/2016 12:13 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,859,931	1,859,931	-1,220,555	639,376	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES		878,345	878,345	0	878,345	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,220,555	1,220,555	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	92,812	2,535,640	2,628,452	32,012	2,660,464	4.00
5.01	01160	COMMUNICATIONS	-802	-53,634	-54,436	296,989	242,553	5.01
5.02	00550	PATIENT ACCOUNTING	0	31,554	31,554	0	31,554	5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL	994,116	5,320,550	6,314,666	-493,396	5,821,270	5.03
7.00	00700	OPERATION OF PLANT	396,765	3,188,343	3,585,108	-2,290	3,582,818	7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	38,869	53,238	92,107	0	92,107	8.00
9.00	00900	HOUSEKEEPING	245,879	111,930	357,809	-34,108	323,701	9.00
10.00	01000	DIETARY	362,734	209,611	572,345	-279,737	292,608	10.00
11.00	01100	CAFETERIA	0	0	0	279,092	279,092	11.00
13.00	01300	NURSING ADMINISTRATION	377,013	12,472	389,485	183,879	573,364	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26,679	-6,641	20,038	839,130	859,168	14.00
15.00	01500	PHARMACY	516,265	1,906,355	2,422,620	-1,542,830	879,790	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,161,057	114,837	1,275,894	-74,275	1,201,619	30.00
31.00	03100	INTENSIVE CARE UNIT	658,206	29,403	687,609	-22,992	664,617	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,050,268	2,458,658	3,508,926	-2,036,771	1,472,155	50.00
53.00	05300	ANESTHESIOLOGY	195,850	318,810	514,660	-7,344	507,316	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	998,877	313,637	1,312,514	-76,753	1,235,761	54.00
60.00	06000	LABORATORY	0	1,594,493	1,594,493	0	1,594,493	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	388,496	50,509	439,005	-35,562	403,443	65.00
66.00	06600	PHYSICAL THERAPY	572,013	86,893	658,906	-46,280	612,626	66.00
67.00	06700	OCCUPATIONAL THERAPY	284,924	18,287	303,211	12,257	315,468	67.00
69.00	06900	ELECTROCARDIOLOGY	375,215	64,369	439,584	-20,232	419,352	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	249,590	249,590	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,269,267	1,269,267	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,680,253	1,680,253	73.00
73.01	03480	ONCOLOGY	160,016	27,970	187,986	-10,155	177,831	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	61,485	9,310	70,795	-5,870	64,925	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,029,412	1,326,764	2,356,176	-76,048	2,280,128	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	178	227	405	0	405	92.01
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,986,327	22,461,861	32,448,188	77,826	32,526,014	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	-348	38,441	38,093	-1,346	36,747	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	MEALS ON WHEELS	0	0	0	0	0	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	80,660	220,132	300,792	-34,274	266,518	192.00
192.01	19201	OCCUPATIONAL MEDICINE	31,872	56,472	88,344	-9,651	78,693	192.01
194.00	07950	COMMUNITY FITNESS CENTER	49,420	32,266	81,686	-32,555	49,131	194.00
194.01	07951	VACANT SPACE	0	0	0	0	0	194.01
200.00		TOTAL (SUM OF LINES 118-199)	10,147,931	22,809,172	32,957,103	0	32,957,103	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A | Date/Time Prepared: 5/25/2016 12:13 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	974,105	1,613,481		1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES	-11,325	867,020		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	173,395	1,393,950		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,612,759	4,273,223		4.00
5.01	01160	COMMUNICATIONS	-6,953	235,600		5.01
5.02	00550	PATIENT ACCOUNTING	-103	31,451		5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL	-906,697	4,914,573		5.03
7.00	00700	OPERATION OF PLANT	0	3,582,818		7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	0	0		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	92,107		8.00
9.00	00900	HOUSEKEEPING	0	323,701		9.00
10.00	01000	DIETARY	0	292,608		10.00
11.00	01100	CAFETERIA	-87,536	191,556		11.00
13.00	01300	NURSING ADMINISTRATION	-951	572,413		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	859,168		14.00
15.00	01500	PHARMACY	-222,455	657,335		15.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-9,950	1,191,669		30.00
31.00	03100	INTENSIVE CARE UNIT	0	664,617		31.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-305,884	1,166,271		50.00
53.00	05300	ANESTHESIOLOGY	-211,849	295,467		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-202,284	1,033,477		54.00
60.00	06000	LABORATORY	-19,325	1,575,168		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	-11,616	391,827		65.00
66.00	06600	PHYSICAL THERAPY	0	612,626		66.00
67.00	06700	OCCUPATIONAL THERAPY	-2,170	313,298		67.00
69.00	06900	ELECTROCARDIOLOGY	-19,459	399,893		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	249,590		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,269,267		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,680,253		73.00
73.01	03480	ONCOLOGY	-1,500	176,331		73.01
76.00	03160	CARDIOPULMONARY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	64,925		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	-791,545	1,488,583		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	405		92.01
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	-51,343	32,474,671		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	0	36,747		190.01
191.00	19100	RESEARCH	0	0		191.00
191.01	19101	MEALS ON WHEELS	0	0		191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	266,518		192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	78,693		192.01
194.00	07950	COMMUNITY FITNESS CENTER	0	49,131		194.00
194.01	07951	VACANT SPACE	0	0		194.01
200.00		TOTAL (SUM OF LINES 118-199)	-51,343	32,905,760		200.00

RECLASSIFICATIONS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/25/2016 12:13 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - DIETARY/CAFETERIA				
1.00	CAFETERIA	11.00	177,079	102,013	1.00
	TOTALS		177,079	102,013	
	B - VICE PRESIDENT OF NURSING				
1.00	NURSING ADMINISTRATION	13.00	183,887	0	1.00
	TOTALS		183,887	0	
	C - FITNESS CENTER				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	15,394	16,618	1.00
	TOTALS		15,394	16,618	
	D - SUPPLIES COSTS				
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	839,130	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	249,590	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,269,267	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
	TOTALS		0	2,357,987	
	E - DRUGS COSTS				
1.00	PHARMACY	15.00	0	64,869	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,680,253	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
	TOTALS		0	1,745,122	
	F - EQUIPMENT DEPRECIATION				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,220,555	1.00
	TOTALS		0	1,220,555	
	G - ORTHOPEDIC CLERICAL STAFF				
1.00	OCCUPATIONAL THERAPY	67.00	12,676	0	1.00
	TOTALS		12,676	0	
	H - UTILITIES COSTS				
1.00	COMMUNICATIONS	5.01	0	2,191	1.00
2.00	OPERATION OF PLANT	7.00	0	17,273	2.00
	TOTALS		0	19,464	
	I - COMMUNICATION CLERKS				
1.00	COMMUNICATIONS	5.01	294,798	0	1.00
	TOTALS		294,798	0	
500.00	Grand Total: Increases		683,834	5,461,759	500.00

RECLASSIFICATIONS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/25/2016 12:13 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DIETARY/CAFETERIA						
1.00	DIETARY	10.00	177,079	102,013	0		1.00
	TOTALS		177,079	102,013			
	B - VICE PRESIDENT OF NURSING						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	183,887	0	0		1.00
	TOTALS		183,887	0			
	C - FITNESS CENTER						
1.00	COMMUNITY FITNESS CENTER	194.00	15,394	16,618	0		1.00
	TOTALS		15,394	16,618			
	D - SUPPLIES COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	2,097	0		1.00
2.00	OPERATION OF PLANT	7.00	0	19,563	0		2.00
3.00	HOUSEKEEPING	9.00	0	34,108	0		3.00
4.00	DIETARY	10.00	0	638	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	8	0		5.00
6.00	PHARMACY	15.00	0	4,962	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	64,009	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	19,352	0		8.00
9.00	OPERATING ROOM	50.00	0	2,022,066	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,796	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	35,488	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	33,555	0		12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	419	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	14,888	0		14.00
15.00	ONCOLOGY	73.01	0	8,135	0		15.00
16.00	CARDIAC REHABILITATION	76.97	0	4,858	0		16.00
17.00	EMERGENCY	91.00	0	57,454	0		17.00
18.00	MARKETING/PUBLIC RELATIONS	190.01	0	1,346	0		18.00
19.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	18,818	0		19.00
20.00	OCCUPATIONAL MEDICINE	192.01	0	884	0		20.00
21.00	COMMUNITY FITNESS CENTER	194.00	0	543	0		21.00
	TOTALS		0	2,357,987			
	E - DRUGS COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	8,138	0		1.00
2.00	DIETARY	10.00	0	7	0		2.00
3.00	PHARMACY	15.00	0	1,602,737	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	10,266	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	3,640	0		5.00
6.00	OPERATING ROOM	50.00	0	14,705	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	7,344	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	61,957	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	74	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	49	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	0	5,344	0		11.00
12.00	ONCOLOGY	73.01	0	2,020	0		12.00
13.00	CARDIAC REHABILITATION	76.97	0	1,012	0		13.00
14.00	EMERGENCY	91.00	0	18,594	0		14.00
15.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	468	0		15.00
16.00	OCCUPATIONAL MEDICINE	192.01	0	8,767	0		16.00
	TOTALS		0	1,745,122			
	F - EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,220,555	9		1.00
	TOTALS		0	1,220,555			
	G - ORTHOPEDIC CLERICAL STAFF						
1.00	PHYSICAL THERAPY	66.00	12,676	0	0		1.00
	TOTALS		12,676	0			
	H - UTILITIES COSTS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	14,988	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	4,476	0		2.00
	TOTALS		0	19,464			
	I - COMMUNICATION CLERKS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	294,798	0	0		1.00
	TOTALS		294,798	0			
500.00	Grand Total: Decreases		683,834	5,461,759			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part I | Date/Time Prepared: 5/25/2016 12:13 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	31,500	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	30,724,333	0	0	0	323,249	3.00
4.00	Building Improvements	9,480,671	0	0	0	846,993	4.00
5.00	Fixed Equipment	11,866,783	162,792	0	162,792	0	5.00
6.00	Movable Equipment	15,587,256	1,862,036	0	1,862,036	0	6.00
7.00	HIT designated Assets	1,137,296	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	68,827,839	2,024,828	0	2,024,828	1,170,242	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	68,827,839	2,024,828	0	2,024,828	1,170,242	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	31,500	0	1.00
2.00	Land Improvements	0	0	2.00
3.00	Buildings and Fixtures	30,401,084	0	3.00
4.00	Building Improvements	8,633,678	5,257	4.00
5.00	Fixed Equipment	12,029,575	237,749	5.00
6.00	Movable Equipment	17,449,292	505,096	6.00
7.00	HIT designated Assets	1,137,296	0	7.00
8.00	Subtotal (sum of lines 1-7)	69,682,425	748,102	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	69,682,425	748,102	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part II | Date/Time Prepared: 5/25/2016 12:13 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,751,290	94,462	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - INTERES	0	0	878,345	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,751,290	94,462	878,345	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	14,179	1,859,931		1.00
1.01	CAP REL COSTS-BLDG & FIXT - INTERES	0	878,345		1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	Total (sum of lines 1-2)	14,179	2,738,276		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part III Date/Time Prepared: 5/25/2016 12:13 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	42,430,659	0	42,430,659	0.608915	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - INTERES	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	27,251,766	0	27,251,766	0.391085	0	2.00
3.00	Total (sum of lines 1-2)	69,682,425	0	69,682,425	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,504,840	94,462	1.00
1.01	CAP REL COSTS-BLDG & FIXT - INTERES	0	0	0	-11,325	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,287,564	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,781,079	94,462	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	14,179	1,613,481	1.00
1.01	CAP REL COSTS-BLDG & FIXT - INTERES	878,345	0	0	0	867,020	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	106,386	0	0	0	1,393,950	2.00
3.00	Total (sum of lines 1-2)	984,731	0	0	14,179	3,874,451	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8 | Date/Time Prepared: 5/25/2016 12:13 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT - INTERES (chapter 2)		0	CAP REL COSTS-BLDG & FIXT - INTERES	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,327,156			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	1,272,793			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-87,536	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-222,455	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-103	PATIENT ACCOUNTING	5.02	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	978,792	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT - INTERES		0	CAP REL COSTS-BLDG & FIXT - INTERES	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	148,529	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8 | Date/Time Prepared: 5/25/2016 12:13 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
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	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	-81,520	CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00
33.00	ASSISTED LIVING BLDG DEPRECIATION	A	-134,726	CAP REL COSTS-BLDG & FIXT	1.00	9	33.00
33.01	2015 HAF FEES	A	-14,571	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.01
33.02	2014 HAF FEES	A	33,450	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.02
33.03	CRNA SALARY	A	-165,982	ANESTHESIOLOGY	53.00	0	33.03
33.04	CRNA BENEFITS	A	-54,914	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05	MISCELLANEOUS REVENUE	B	-244,837	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.05
33.06	MISCELLANEOUS REVENUE	B	-6,029	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.06
33.07	MISCELLANEOUS REVENUE	B	-65,585	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.07
33.08	MISCELLANEOUS REVENUE - RADIOLOGY	B	-92	RADIOLOGY-DIAGNOSTIC	54.00	0	33.08
33.09	MISC REVENUE - SPORTS MEDICINE	B	-2,170	OCCUPATIONAL THERAPY	67.00	0	33.09
33.10	MISCELLANEOUS REVENUE - SLEEP LAB	B	-19,459	ELECTROCARDIOLOGY	69.00	0	33.10
33.11	EDUCATION SERVICES	B	-951	NURSING ADMINISTRATION	13.00	0	33.11
33.12	INVESTMENT FEES	A	9,893	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.12
33.13	VOLUNTEER SERVICES	B	-1,548	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.13
33.14	MISCELLANEOUS REVENUE - OPERATING SU	B	-60,723	OPERATING ROOM	50.00	0	33.14
33.15	COSTS OF EMPLOYEE PHYSICALS	A	4,734	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.15
33.16	PATIENT PHONES - SALARY	A	-6,953	COMMUNICATIONS	5.01	0	33.16
33.17	PATIENT PHONES - BENEIFTS	A	-2,224	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.17
33.18			0		0.00	0	33.18
33.19			0		0.00	0	33.19
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-51,343				50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8-1 | Date/Time Prepared: 5/25/2016 12:13 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	BUILDING DEPRECIATION (HO)	130,039	0	1.00
2.00	1.01	CAP REL COSTS-BLDG & FIXT -	INTEREST EXPENSE (HO)	848,607	859,932	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	EQUOPMENT DEPRECIATION (HO)	106,386	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	1,724,404	59,241	4.00
4.01	5.03	OTHER ADMINISTRATIVE AND GEN	OTHER A&G (HO)	3,958,344	4,575,814	4.01
4.02	7.00	OPERATION OF PLANT	FACILITIES (SLA)	119,758	119,758	4.02
4.03	13.00	NURSING ADMINISTRATION	NURSING ADMIN (SLA)	48,763	48,763	4.03
4.04	14.00	CENTRAL SERVICES & SUPPLY	MATERIALS MANAGEMENT (SLA)	27,368	27,368	4.04
4.05	50.00	OPERATING ROOM	OPERATING ROOM (SLA)	139,845	139,845	4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY (SLA)	202,192	202,192	4.06
4.07	60.00	LABORATORY	LABORATORY (SLA)	1,514,876	1,514,876	4.07
4.08	65.00	RESPIRATORY THERAPY	RESP THERAPY (SLA)	11,616	11,616	4.08
4.09	69.00	ELECTROCARDIOLOGY	SLEEP LAB (SLA)	188,264	188,264	4.09
4.10	73.01	ONCOLOGY	ONCOLOGY (SLA)	1,500	1,500	4.10
4.11	91.00	EMERGENCY	EMERGENCY (SLA)	1,257,243	1,257,243	4.11
4.12	190.01	MARKETING/PUBLIC RELATIONS	MARKETING (SLA)	24,606	24,606	4.12
4.13	192.00	PHYSICIANS' PRIVATE OFFICES	PHYSICIAN SERVICES (SLA)	33,563	33,563	4.13
4.14	192.01	OCCUPATIONAL MEDICINE	OCCUPATIONAL HEALTH (SLA)	24,965	24,965	4.14
4.15	0.00			0	0	4.15
4.16	0.00			0	0	4.16
4.17	0.00			0	0	4.17
4.18	0.00			0	0	4.18
4.19	0.00			0	0	4.19
4.20	0.00			0	0	4.20
4.21	0.00			0	0	4.21
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			10,362,339	9,089,546	5.00

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

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

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

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

6.00	B	IU HEALTH	100.00		0.00	6.00
7.00	B	IUH NORTH HOSP	1.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 151311	Period: From 01/01/2015 To 12/31/2015	Worksheet A-8-1 Date/Time Prepared: 5/25/2016 12:13 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	130,039	9		1.00
2.00	-11,325	9		2.00
3.00	106,386	11		3.00
4.00	1,665,163	9		4.00
4.01	-617,470	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
5.00	1,272,793			5.00

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

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

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8-2 | Date/Time Prepared: 5/25/2016 12:13 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	9,950	9,950	0	0	0	1.00
2.00	50.00	OPERATING ROOM	172,700	172,700	0	0	0	2.00
3.00	50.00	OPERATING ROOM	72,461	72,461	0	0	0	3.00
4.00	50.00	OPERATING ROOM	36,000	0	36,000	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	45,867	45,867	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	202,192	202,192	0	0	0	6.00
7.00	60.00	LABORATORY	12,675	12,675	0	0	0	7.00
8.00	60.00	LABORATORY	6,650	6,650	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	11,616	11,616	0	0	0	9.00
10.00	67.00	OCCUPATIONAL THERAPY	4,500	0	4,500	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	31,891	0	31,891	0	0	11.00
12.00	73.01	ONCOLOGY	1,500	1,500	0	0	0	12.00
13.00	91.00	EMERGENCY	1,218,297	791,545	426,752	0	0	13.00
200.00			1,826,299	1,327,156	499,143		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	9.00
10.00	67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	73.01	ONCOLOGY	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	9,950		1.00
2.00	50.00	OPERATING ROOM	0	0	0	172,700		2.00
3.00	50.00	OPERATING ROOM	0	0	0	72,461		3.00
4.00	50.00	OPERATING ROOM	0	0	0	0		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	45,867		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	202,192		6.00
7.00	60.00	LABORATORY	0	0	0	12,675		7.00
8.00	60.00	LABORATORY	0	0	0	6,650		8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	11,616		9.00
10.00	67.00	OCCUPATIONAL THERAPY	0	0	0	0		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0		11.00
12.00	73.01	ONCOLOGY	0	0	0	1,500		12.00
13.00	91.00	EMERGENCY	0	0	0	791,545		13.00
200.00			0	0	0	1,327,156		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 5/25/2016 12:13 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - INTERES	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	1.01	2.00	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,613,481	1,613,481				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES	867,020	0	867,020			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,393,950			1,393,950		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,273,223	10,900	6,656	12,206	4,302,985	4.00
5.01	01160	COMMUNICATIONS	235,600	16,083	9,821	18,009	128,119	5.01
5.02	00550	PATIENT ACCOUNTING	31,451	40,211	24,554	45,027	0	5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL	4,914,573	28,188	17,213	31,564	224,617	5.03
7.00	00700	OPERATION OF PLANT	3,582,818	233,927	112,238	261,946	172,904	7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	92,107	20,335	12,417	22,770	16,939	8.00
9.00	00900	HOUSEKEEPING	323,701	10,798	6,594	12,092	107,150	9.00
10.00	01000	DIETARY	292,608	31,344	19,140	35,098	80,906	10.00
11.00	01100	CAFETERIA	191,556	21,801	13,313	24,412	77,168	11.00
13.00	01300	NURSING ADMINISTRATION	572,413	29,011	13,931	25,547	244,432	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	859,168	29,903	18,260	33,484	11,626	14.00
15.00	01500	PHARMACY	657,335	10,155	6,201	11,371	224,981	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,191,669	98,015	59,852	109,754	505,975	30.00
31.00	03100	INTENSIVE CARE UNIT	664,617	25,779	15,741	28,866	286,836	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,166,271	155,686	95,068	174,332	457,691	50.00
53.00	05300	ANESTHESIOLOGY	295,467	2,856	1,744	3,198	13,016	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,033,477	79,025	48,256	88,490	435,296	54.00
60.00	06000	LABORATORY	1,575,168	32,383	19,774	36,261	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	391,827	1,893	1,156	2,120	169,301	65.00
66.00	06600	PHYSICAL THERAPY	612,626	37,412	22,845	41,893	243,751	66.00
67.00	06700	OCCUPATIONAL THERAPY	313,298	6,738	4,114	7,545	129,690	67.00
69.00	06900	ELECTROCARDIOLOGY	399,893	19,340	11,810	21,657	163,513	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	249,590	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,269,267	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,680,253	0	0	0	0	73.00
73.01	03480	ONCOLOGY	176,331	12,551	7,664	14,055	69,733	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	64,925	14,432	8,813	16,160	26,794	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,488,583	75,851	46,318	84,935	448,602	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	405	15,560	9,502	17,424	78	92.01
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,474,671	1,060,177	612,995	1,180,216	4,239,118	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	36,747	4,692	2,865	5,254	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	MEALS ON WHEELS	0	0	0	0	0	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	266,518	177,028	24,255	198,230	35,150	192.00
192.01	19201	OCCUPATIONAL MEDICINE	78,693	9,154	5,590	10,250	13,889	192.01
194.00	07950	COMMUNITY FITNESS CENTER	49,131	0	0	0	14,828	194.00
194.01	07951	VACANT SPACE	0	362,430	221,315	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	32,905,760	1,613,481	867,020	1,393,950	4,302,985	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 5/25/2016 12:13 pm

		Cost Center Description	COMMUNICATIONS	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
			5.01	5.02	5A.02	5.03	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	407,632					5.01
5.02	00550	PATIENT ACCOUNTING	40,072	181,315				5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL	45,600	0	5,261,755	5,261,755		5.03
7.00	00700	OPERATION OF PLANT	26,254	0	4,390,087	835,604	5,225,691	7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	0	0	0	0	316,200	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	164,568	31,324	128,282	8.00
9.00	00900	HOUSEKEEPING	0	0	460,335	87,620	68,122	9.00
10.00	01000	DIETARY	4,145	0	463,241	88,173	197,731	10.00
11.00	01100	CAFETERIA	2,764	0	331,014	63,005	137,531	11.00
13.00	01300	NURSING ADMINISTRATION	29,018	0	914,352	174,038	143,925	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,527	0	957,968	182,340	188,643	14.00
15.00	01500	PHARMACY	6,909	0	916,952	174,533	64,060	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,109	3,885	1,991,259	379,016	618,326	30.00
31.00	03100	INTENSIVE CARE UNIT	12,436	802	1,035,077	197,017	162,624	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,781	41,901	2,122,730	404,040	982,139	50.00
53.00	05300	ANESTHESIOLOGY	0	5,038	321,319	61,160	18,016	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,963	20,353	1,722,860	327,929	498,529	54.00
60.00	06000	LABORATORY	17,963	18,798	1,700,347	323,644	204,286	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,909	2,651	575,857	109,609	11,943	65.00
66.00	06600	PHYSICAL THERAPY	20,727	4,330	983,584	187,215	236,014	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,909	1,585	469,879	89,437	42,506	67.00
69.00	06900	ELECTROCARDIOLOGY	19,345	6,611	642,169	122,230	122,008	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,456	253,046	48,165	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,697	1,284,964	244,580	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,839	1,700,092	323,596	0	73.00
73.01	03480	ONCOLOGY	8,291	1,360	289,985	55,196	79,181	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	955	132,079	25,140	91,044	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	16,582	33,373	2,194,244	417,652	478,503	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	681	43,650	8,308	98,162	92.01
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	341,304	181,315	31,323,413	4,960,571	4,887,775	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,764	0	2,764	526	0	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	4,145	0	53,703	10,222	29,597	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	MEALS ON WHEELS	0	0	0	0	0	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	53,892	0	755,073	143,721	250,572	192.00
192.01	19201	OCCUPATIONAL MEDICINE	5,527	0	123,103	23,431	57,747	192.01
194.00	07950	COMMUNITY FITNESS CENTER	0	0	63,959	12,174	0	194.00
194.01	07951	VACANT SPACE	0	0	583,745	111,110	0	194.01
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	407,632	181,315	32,905,760	5,261,755	5,225,691	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 5/25/2016 12:13 pm

		Cost Center Description	OPERATION OF PLANT- OFFSITE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.01	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	PATIENT ACCOUNTING						5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	316,200					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	324,174				8.00
9.00	00900	HOUSEKEEPING	0	0	616,077			9.00
10.00	01000	DIETARY	0	0	23,827	772,972		10.00
11.00	01100	CAFETERIA	0	0	16,573	0	548,123	11.00
13.00	01300	NURSING ADMINISTRATION	13,653	0	17,344	0	17,852	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	22,732	0	0	14.00
15.00	01500	PHARMACY	0	0	7,720	0	26,112	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	124,066	74,511	673,716	97,299	30.00
31.00	03100	INTENSIVE CARE UNIT	0	20,643	19,597	99,256	41,334	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	57,601	118,350	0	61,149	50.00
53.00	05300	ANESTHESIOLOGY	0	0	2,171	0	3,704	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	31,042	60,075	0	59,038	54.00
60.00	06000	LABORATORY	0	472	24,617	0	45,816	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	493	1,439	0	24,408	65.00
66.00	06600	PHYSICAL THERAPY	0	14,214	28,441	0	34,741	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,122	0	17,926	67.00
69.00	06900	ELECTROCARDIOLOGY	0	11,057	14,703	0	15,667	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03480	ONCOLOGY	0	1,036	9,542	0	9,334	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	10,971	0	3,222	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	41,628	57,662	0	74,002	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	12,311	11,829	0	37	92.01
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,653	314,563	527,226	772,972	531,641	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	0	0	3,567	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	MEALS ON WHEELS	0	0	0	0	0	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	302,547	0	78,325	0	2,889	192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	0	6,959	0	8,815	192.01
194.00	07950	COMMUNITY FITNESS CENTER	0	9,611	0	0	4,778	194.00
194.01	07951	VACANT SPACE	0	0	0	0	0	194.01
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)	316,200	324,174	616,077	772,972	548,123	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/25/2016 12:13 pm

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			13.00	14.00	15.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	PATIENT ACCOUNTING						5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- OFFSITE						7.01
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	1,281,164					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,351,683				14.00
15.00	01500	PHARMACY	0	2,832	1,192,209			15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	341,779	35,938	0	4,335,910	0	30.00
31.00	03100	INTENSIVE CARE UNIT	145,228	10,149	0	1,730,925	0	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	214,730	292,275	0	4,253,014	0	50.00
53.00	05300	ANESTHESIOLOGY	12,974	0	0	419,344	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	207,350	7,555	0	2,914,378	0	54.00
60.00	06000	LABORATORY	0	38,203	0	2,337,385	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	20,253	0	744,002	0	65.00
66.00	06600	PHYSICAL THERAPY	0	18,922	0	1,503,131	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	199	0	625,069	0	67.00
69.00	06900	ELECTROCARDIOLOGY	55,045	9,145	0	992,024	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	142,438	0	443,649	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	724,352	0	2,253,896	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,192,209	3,215,897	0	73.00
73.01	03480	ONCOLOGY	32,781	4,616	0	481,671	0	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	11,298	2,772	0	276,526	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	259,883	30,152	0	3,553,726	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	96	0	0	174,393	0	92.01
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,281,164	1,339,801	1,192,209	30,254,940	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,290	0	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	0	768	0	97,857	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	MEALS ON WHEELS	0	0	0	0	0	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,547	0	1,543,674	0	192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	504	0	220,559	0	192.01
194.00	07950	COMMUNITY FITNESS CENTER	0	63	0	90,585	0	194.00
194.01	07951	VACANT SPACE	0	0	0	694,855	0	194.01
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,281,164	1,351,683	1,192,209	32,905,760	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 5/25/2016 12:13 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	01160	COMMUNICATIONS			5.01
5.02	00550	PATIENT ACCOUNTING			5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL			5.03
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	OPERATION OF PLANT- OFFSITE			7.01
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
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	4,335,910		30.00
31.00	03100	INTENSIVE CARE UNIT	1,730,925		31.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	4,253,014		50.00
53.00	05300	ANESTHESIOLOGY	419,344		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,914,378		54.00
60.00	06000	LABORATORY	2,337,385		60.00
64.00	06400	INTRAVENOUS THERAPY	0		64.00
65.00	06500	RESPIRATORY THERAPY	744,002		65.00
66.00	06600	PHYSICAL THERAPY	1,503,131		66.00
67.00	06700	OCCUPATIONAL THERAPY	625,069		67.00
69.00	06900	ELECTROCARDIOLOGY	992,024		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	443,649		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,253,896		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,215,897		73.00
73.01	03480	ONCOLOGY	481,671		73.01
76.00	03160	CARDIOPULMONARY	0		76.00
76.97	07697	CARDIAC REHABILITATION	276,526		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0		90.00
91.00	09100	EMERGENCY	3,553,726		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	174,393		92.01
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1-117)	30,254,940		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,290		190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	97,857		190.01
191.00	19100	RESEARCH	0		191.00
191.01	19101	MEALS ON WHEELS	0		191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,543,674		192.00
192.01	19201	OCCUPATIONAL MEDICINE	220,559		192.01
194.00	07950	COMMUNITY FITNESS CENTER	90,585		194.00
194.01	07951	VACANT SPACE	694,855		194.01
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	32,905,760		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/25/2016 12:13 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS BLDG & FIXT - INTERES	CAPITAL RELATED COSTS MVBLE EQUIP	CAPITAL RELATED COSTS Subtotal	
			0	1.00	1.01	2.00	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	10,900	6,656	12,206	29,762	4.00
5.01	01160	COMMUNICATIONS	0	16,083	9,821	18,009	43,913	5.01
5.02	00550	PATIENT ACCOUNTING	0	40,211	24,554	45,027	109,792	5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL	0	28,188	17,213	31,564	76,965	5.03
7.00	00700	OPERATION OF PLANT	0	233,927	112,238	261,946	608,111	7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	20,335	12,417	22,770	55,522	8.00
9.00	00900	HOUSEKEEPING	0	10,798	6,594	12,092	29,484	9.00
10.00	01000	DIETARY	0	31,344	19,140	35,098	85,582	10.00
11.00	01100	CAFETERIA	0	21,801	13,313	24,412	59,526	11.00
13.00	01300	NURSING ADMINISTRATION	0	29,011	13,931	25,547	68,489	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	29,903	18,260	33,484	81,647	14.00
15.00	01500	PHARMACY	0	10,155	6,201	11,371	27,727	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	98,015	59,852	109,754	267,621	30.00
31.00	03100	INTENSIVE CARE UNIT	0	25,779	15,741	28,866	70,386	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	155,686	95,068	174,332	425,086	50.00
53.00	05300	ANESTHESIOLOGY	0	2,856	1,744	3,198	7,798	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	79,025	48,256	88,490	215,771	54.00
60.00	06000	LABORATORY	0	32,383	19,774	36,261	88,418	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,893	1,156	2,120	5,169	65.00
66.00	06600	PHYSICAL THERAPY	0	37,412	22,845	41,893	102,150	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,738	4,114	7,545	18,397	67.00
69.00	06900	ELECTROCARDIOLOGY	0	19,340	11,810	21,657	52,807	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03480	ONCOLOGY	0	12,551	7,664	14,055	34,270	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	14,432	8,813	16,160	39,405	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	75,851	46,318	84,935	207,104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	15,560	9,502	17,424	42,486	92.01
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,060,177	612,995	1,180,216	2,853,388	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	0	4,692	2,865	5,254	12,811	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	MEALS ON WHEELS	0	0	0	0	0	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	177,028	24,255	198,230	399,513	192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	9,154	5,590	10,250	24,994	192.01
194.00	07950	COMMUNITY FITNESS CENTER	0	0	0	0	0	194.00
194.01	07951	VACANT SPACE	0	362,430	221,315	0	583,745	194.01
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	1,613,481	867,020	1,393,950	3,874,451	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 5/25/2016 12:13 pm

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	PATIENT ACCOUNTING	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
			4.00	5.01	5.02	5.03	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	29,762					4.00
5.01	01160	COMMUNICATIONS	886	44,799				5.01
5.02	00550	PATIENT ACCOUNTING	0	4,404	114,196			5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL	1,554	5,011	0	83,530		5.03
7.00	00700	OPERATION OF PLANT	1,196	2,885	0	13,259	625,451	7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	0	0	0	0	37,845	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	117	0	0	497	15,354	8.00
9.00	00900	HOUSEKEEPING	741	0	0	1,391	8,153	9.00
10.00	01000	DIETARY	560	456	0	1,400	23,666	10.00
11.00	01100	CAFETERIA	534	304	0	1,000	16,461	11.00
13.00	01300	NURSING ADMINISTRATION	1,691	3,189	0	2,763	17,226	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	80	607	0	2,895	22,578	14.00
15.00	01500	PHARMACY	1,556	759	0	2,771	7,667	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,498	2,430	2,446	6,018	74,006	30.00
31.00	03100	INTENSIVE CARE UNIT	1,984	1,367	505	3,128	19,464	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,166	3,493	26,410	6,415	117,552	50.00
53.00	05300	ANESTHESIOLOGY	90	0	3,172	971	2,156	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,011	1,974	12,816	5,206	59,668	54.00
60.00	06000	LABORATORY	0	1,974	11,837	5,138	24,450	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,171	759	1,669	1,740	1,429	65.00
66.00	06600	PHYSICAL THERAPY	1,686	2,278	2,726	2,972	28,248	66.00
67.00	06700	OCCUPATIONAL THERAPY	897	759	998	1,420	5,087	67.00
69.00	06900	ELECTROCARDIOLOGY	1,131	2,126	4,163	1,941	14,603	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,176	765	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	9,884	3,883	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	12,493	5,138	0	73.00
73.01	03480	ONCOLOGY	482	911	856	876	9,477	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	185	0	601	399	10,897	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	3,103	1,822	21,015	6,631	57,271	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1	0	429	132	11,749	92.01
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	29,320	37,508	114,196	78,749	585,007	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	304	0	8	0	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	0	456	0	162	3,542	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	MEALS ON WHEELS	0	0	0	0	0	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	243	5,924	0	2,282	29,990	192.00
192.01	19201	OCCUPATIONAL MEDICINE	96	607	0	372	6,912	192.01
194.00	07950	COMMUNITY FITNESS CENTER	103	0	0	193	0	194.00
194.01	07951	VACANT SPACE	0	0	0	1,764	0	194.01
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)	29,762	44,799	114,196	83,530	625,451	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 5/25/2016 12:13 pm

		Cost Center Description	OPERATION OF PLANT- OFFSITE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.01	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	PATIENT ACCOUNTING						5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	37,845					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	71,490				8.00
9.00	00900	HOUSEKEEPING	0	0	39,769			9.00
10.00	01000	DIETARY	0	0	1,538	113,202		10.00
11.00	01100	CAFETERIA	0	0	1,070	0	78,895	11.00
13.00	01300	NURSING ADMINISTRATION	1,634	0	1,120	0	2,570	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,467	0	0	14.00
15.00	01500	PHARMACY	0	0	498	0	3,758	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	27,360	4,810	98,666	14,003	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,552	1,265	14,536	5,950	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	12,703	7,640	0	8,802	50.00
53.00	05300	ANESTHESIOLOGY	0	0	140	0	533	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,846	3,878	0	8,498	54.00
60.00	06000	LABORATORY	0	104	1,589	0	6,595	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	109	93	0	3,513	65.00
66.00	06600	PHYSICAL THERAPY	0	3,135	1,836	0	5,001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	331	0	2,580	67.00
69.00	06900	ELECTROCARDIOLOGY	0	2,438	949	0	2,255	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03480	ONCOLOGY	0	228	616	0	1,343	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	708	0	464	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	9,180	3,722	0	10,652	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,715	764	0	5	92.01
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,634	69,370	34,034	113,202	76,522	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	0	0	230	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	MEALS ON WHEELS	0	0	0	0	0	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	36,211	0	5,056	0	416	192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	0	449	0	1,269	192.01
194.00	07950	COMMUNITY FITNESS CENTER	0	2,120	0	0	688	194.00
194.01	07951	VACANT SPACE	0	0	0	0	0	194.01
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)	37,845	71,490	39,769	113,202	78,895	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 5/25/2016 12:13 pm

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			13.00	14.00	15.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	PATIENT ACCOUNTING						5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- OFFSITE						7.01
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	98,682					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	109,274				14.00
15.00	01500	PHARMACY	0	229	44,965			15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,329	2,905	0	530,092	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,186	820	0	135,143	0	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,539	23,628	0	651,434	0	50.00
53.00	05300	ANESTHESIOLOGY	999	0	0	15,859	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,970	611	0	334,249	0	54.00
60.00	06000	LABORATORY	0	3,088	0	143,193	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,637	0	17,289	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,530	0	151,562	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16	0	30,485	0	67.00
69.00	06900	ELECTROCARDIOLOGY	4,240	739	0	87,392	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,515	0	14,456	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	58,560	0	72,327	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	44,965	62,596	0	73.00
73.01	03480	ONCOLOGY	2,525	373	0	51,957	0	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	870	224	0	53,753	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	20,017	2,438	0	342,955	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7	0	0	58,288	0	92.01
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	98,682	108,313	44,965	2,753,030	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	312	0	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	0	62	0	17,263	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	MEALS ON WHEELS	0	0	0	0	0	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	853	0	480,488	0	192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	41	0	34,740	0	192.01
194.00	07950	COMMUNITY FITNESS CENTER	0	5	0	3,109	0	194.00
194.01	07951	VACANT SPACE	0	0	0	585,509	0	194.01
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	98,682	109,274	44,965	3,874,451	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 5/25/2016 12:13 pm

		Cost Center Description	Total
			26.00
		GENERAL SERVICE COST CENTERS	
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	01160	COMMUNICATIONS	5.01
5.02	00550	PATIENT ACCOUNTING	5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL	5.03
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	7.01
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
		INPATIENT ROUTINE SERVICE COST CENTERS	
30.00	03000	ADULTS & PEDIATRICS	530,092
31.00	03100	INTENSIVE CARE UNIT	135,143
		ANCILLARY SERVICE COST CENTERS	
50.00	05000	OPERATING ROOM	651,434
53.00	05300	ANESTHESIOLOGY	15,859
54.00	05400	RADIOLOGY-DIAGNOSTIC	334,249
60.00	06000	LABORATORY	143,193
64.00	06400	INTRAVENOUS THERAPY	0
65.00	06500	RESPIRATORY THERAPY	17,289
66.00	06600	PHYSICAL THERAPY	151,562
67.00	06700	OCCUPATIONAL THERAPY	30,485
69.00	06900	ELECTROCARDIOLOGY	87,392
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,456
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,327
73.00	07300	DRUGS CHARGED TO PATIENTS	62,596
73.01	03480	ONCOLOGY	51,957
76.00	03160	CARDIOPULMONARY	0
76.97	07697	CARDIAC REHABILITATION	53,753
		OUTPATIENT SERVICE COST CENTERS	
90.00	09000	CLINIC	0
91.00	09100	EMERGENCY	342,955
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	58,288
		SPECIAL PURPOSE COST CENTERS	
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,753,030
		NONREIMBURSABLE COST CENTERS	
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	312
190.01	19001	MARKETING/PUBLIC RELATIONS	17,263
191.00	19100	RESEARCH	0
191.01	19101	MEALS ON WHEELS	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	480,488
192.01	19201	OCCUPATIONAL MEDICINE	34,740
194.00	07950	COMMUNITY FITNESS CENTER	3,109
194.01	07951	VACANT SPACE	585,509
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118-201)	3,874,451

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/25/2016 12:13 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - INTERES (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NON-PATIEN T TELEPHON)	
			1.00	1.01	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	253,113					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES	0	222,738				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			195,285			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,710	1,710	1,710	9,874,091		4.00
5.01	01160	COMMUNICATIONS	2,523	2,523	2,523	293,996	295	5.01
5.02	00550	PATIENT ACCOUNTING	6,308	6,308	6,308	0	29	5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL	4,422	4,422	4,422	515,431	33	5.03
7.00	00700	OPERATION OF PLANT	36,697	28,834	36,697	396,765	19	7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,190	3,190	3,190	38,869	0	8.00
9.00	00900	HOUSEKEEPING	1,694	1,694	1,694	245,879	0	9.00
10.00	01000	DIETARY	4,917	4,917	4,917	185,655	3	10.00
11.00	01100	CAFETERIA	3,420	3,420	3,420	177,079	2	11.00
13.00	01300	NURSING ADMINISTRATION	4,551	3,579	3,579	560,900	21	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,691	4,691	4,691	26,679	4	14.00
15.00	01500	PHARMACY	1,593	1,593	1,593	516,265	5	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,376	15,376	15,376	1,161,057	16	30.00
31.00	03100	INTENSIVE CARE UNIT	4,044	4,044	4,044	658,206	9	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,423	24,423	24,423	1,050,268	23	50.00
53.00	05300	ANESTHESIOLOGY	448	448	448	29,868	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,397	12,397	12,397	998,877	13	54.00
60.00	06000	LABORATORY	5,080	5,080	5,080	0	13	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	297	297	297	388,496	5	65.00
66.00	06600	PHYSICAL THERAPY	5,869	5,869	5,869	559,337	15	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,057	1,057	1,057	297,600	5	67.00
69.00	06900	ELECTROCARDIOLOGY	3,034	3,034	3,034	375,215	14	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03480	ONCOLOGY	1,969	1,969	1,969	160,016	6	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,264	2,264	2,264	61,485	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	11,899	11,899	11,899	1,029,412	12	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,441	2,441	2,441	178	0	92.01
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	166,314	157,479	165,342	9,727,533	247	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	736	736	736	0	3	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	MEALS ON WHEELS	0	0	0	0	0	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27,771	6,231	27,771	80,660	39	192.00
192.01	19201	OCCUPATIONAL MEDICINE	1,436	1,436	1,436	31,872	4	192.01
194.00	07950	COMMUNITY FITNESS CENTER	0	0	0	34,026	0	194.00
194.01	07951	VACANT SPACE	56,856	56,856	0	0	0	194.01
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)	1,613,481	867,020	1,393,950	4,302,985	407,632	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.374548	3.892555	7.138029	0.435785	1,381.803390	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				29,762	44,799	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.003014	151.861017	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/25/2016 12:13 pm

		Cost Center Description	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT-OFFSITE (SQUARE FEET)	
			5.02	5A.03	5.03	7.00	7.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	PATIENT ACCOUNTING	95,803,343					5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL	0	-5,261,755	27,644,005			5.03
7.00	00700	OPERATION OF PLANT	0	0	4,390,087	129,948		7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	0	0	0	7,863	22,512	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	164,568	3,190	0	8.00
9.00	00900	HOUSEKEEPING	0	0	460,335	1,694	0	9.00
10.00	01000	DIETARY	0	0	463,241	4,917	0	10.00
11.00	01100	CAFETERIA	0	0	331,014	3,420	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	914,352	3,579	972	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	957,968	4,691	0	14.00
15.00	01500	PHARMACY	0	0	916,952	1,593	0	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,052,285	0	1,991,259	15,376	0	30.00
31.00	03100	INTENSIVE CARE UNIT	423,744	0	1,035,077	4,044	0	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,155,066	0	2,122,730	24,423	0	50.00
53.00	05300	ANESTHESIOLOGY	2,661,398	0	321,319	448	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,751,878	0	1,722,860	12,397	0	54.00
60.00	06000	LABORATORY	9,930,507	0	1,700,347	5,080	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,400,539	0	575,857	297	0	65.00
66.00	06600	PHYSICAL THERAPY	2,287,321	0	983,584	5,869	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	837,335	0	469,879	1,057	0	67.00
69.00	06900	ELECTROCARDIOLOGY	3,492,443	0	642,169	3,034	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,825,882	0	253,046	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,292,158	0	1,284,964	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,480,385	0	1,700,092	0	0	73.00
73.01	03480	ONCOLOGY	718,266	0	289,985	1,969	0	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	504,289	0	132,079	2,264	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	17,629,924	0	2,194,244	11,899	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	359,923	0	43,650	2,441	0	92.01
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	95,803,343	-5,261,755	26,061,658	121,545	972	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,764	0	0	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	0	0	53,703	736	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	MEALS ON WHEELS	0	0	0	0	0	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	755,073	6,231	21,540	192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	0	123,103	1,436	0	192.01
194.00	07950	COMMUNITY FITNESS CENTER	0	0	63,959	0	0	194.00
194.01	07951	VACANT SPACE	0	0	583,745	0	0	194.01
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)	181,315		5,261,755	5,225,691	316,200	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001893		0.190340	40.213709	14.045842	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	114,196		83,530	625,451	37,845	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001192		0.003022	4.813087	1.681103	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/25/2016 12:13 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURSING HOURS)	
			8.00	9.00	10.00	11.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	PATIENT ACCOUNTING						5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- OFFSITE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE	154,650					8.00
9.00	00900	HOUSEKEEPING	0	127,133				9.00
10.00	01000	DIETARY	0	4,917	14,119			10.00
11.00	01100	CAFETERIA	0	3,420	0	14,799		11.00
13.00	01300	NURSING ADMINISTRATION	0	3,579	0	482	20,596,392	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,691	0	0	0	14.00
15.00	01500	PHARMACY	0	1,593	0	705	0	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	59,187	15,376	12,306	2,627	5,494,464	30.00
31.00	03100	INTENSIVE CARE UNIT	9,848	4,044	1,813	1,116	2,334,737	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,479	24,423	0	1,651	3,452,087	50.00
53.00	05300	ANESTHESIOLOGY	0	448	0	100	208,571	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,809	12,397	0	1,594	3,333,437	54.00
60.00	06000	LABORATORY	225	5,080	0	1,237	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	235	297	0	659	0	65.00
66.00	06600	PHYSICAL THERAPY	6,781	5,869	0	938	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,057	0	484	0	67.00
69.00	06900	ELECTROCARDIOLOGY	5,275	3,034	0	423	884,926	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03480	ONCOLOGY	494	1,969	0	252	527,007	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,264	0	87	181,635	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	19,859	11,899	0	1,998	4,177,988	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,873	2,441	0	1	1,540	92.01
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	150,065	108,798	14,119	14,354	20,596,392	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	0	736	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	MEALS ON WHEELS	0	0	0	0	0	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	16,163	0	78	0	192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	1,436	0	238	0	192.01
194.00	07950	COMMUNITY FITNESS CENTER	4,585	0	0	129	0	194.00
194.01	07951	VACANT SPACE	0	0	0	0	0	194.01
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)	324,174	616,077	772,972	548,123	1,281,164	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.096178	4.845925	54.746937	37.037840	0.062203	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	71,490	39,769	113,202	78,895	98,682	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.462270	0.312814	8.017707	5.331103	0.004791	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/25/2016 12:13 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
			14.00	15.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	PATIENT ACCOUNTING				5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL				5.03
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT- OFFSITE				7.01
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	2,368,523			14.00
15.00	01500	PHARMACY	4,962	100		15.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	62,973	0		30.00
31.00	03100	INTENSIVE CARE UNIT	17,784	0		31.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	512,146	0		50.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,239	0		54.00
60.00	06000	LABORATORY	66,942	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	35,488	0		65.00
66.00	06600	PHYSICAL THERAPY	33,156	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	349	0		67.00
69.00	06900	ELECTROCARDIOLOGY	16,025	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	249,590	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,269,266	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100		73.00
73.01	03480	ONCOLOGY	8,089	0		73.01
76.00	03160	CARDIOPULMONARY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	4,858	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	52,834	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,347,701	100		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	1,346	0		190.01
191.00	19100	RESEARCH	0	0		191.00
191.01	19101	MEALS ON WHEELS	0	0		191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,481	0		192.00
192.01	19201	OCCUPATIONAL MEDICINE	884	0		192.01
194.00	07950	COMMUNITY FITNESS CENTER	111	0		194.00
194.01	07951	VACANT SPACE	0	0		194.01
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)	1,351,683	1,192,209		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.570686	11,922.090000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	109,274	44,965		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.046136	449.650000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,335,910		4,335,910	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,730,925		1,730,925	0	0	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,253,014		4,253,014	0	0	50.00
53.00	05300	ANESTHESIOLOGY	419,344		419,344	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,914,378		2,914,378	0	0	54.00
60.00	06000	LABORATORY	2,337,385		2,337,385	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	744,002	0	744,002	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,503,131	0	1,503,131	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	625,069	0	625,069	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	992,024		992,024	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	443,649		443,649	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,253,896		2,253,896	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,215,897		3,215,897	0	0	73.00
73.01	03480	ONCOLOGY	481,671		481,671	0	0	73.01
76.00	03160	CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	276,526		276,526	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	3,553,726		3,553,726	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	174,393		174,393	0	0	92.01
200.00		Subtotal (see instructions)	30,254,940	0	30,254,940	0	0	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	30,254,940	0	30,254,940	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Charges: Inpatient	Charges: Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,052,285		2,052,285			30.00
31.00	03100	INTENSIVE CARE UNIT	423,744		423,744			31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,201,979	15,953,087	22,155,066	0.191966	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	284,572	2,376,826	2,661,398	0.157565	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	712,617	10,039,260	10,751,877	0.271058	0.000000	54.00
60.00	06000	LABORATORY	2,230,400	7,700,106	9,930,506	0.235374	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	615,220	785,319	1,400,539	0.531225	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	820,875	1,466,446	2,287,321	0.657158	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	419,422	417,913	837,335	0.746498	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	227,889	3,264,554	3,492,443	0.284049	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	974,778	851,104	1,825,882	0.242978	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,197,957	1,094,201	8,292,158	0.271811	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,045,380	7,435,005	10,480,385	0.306849	0.000000	73.00
73.01	03480	ONCOLOGY	0	718,266	718,266	0.670603	0.000000	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	504,289	504,289	0.548348	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	445,498	17,184,426	17,629,924	0.201574	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	16,234	343,689	359,923	0.484529	0.000000	92.01
200.00		Subtotal (see instructions)	25,668,850	70,134,491	95,803,341			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	25,668,850	70,134,491	95,803,341			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | 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
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
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
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
73.01	03480	ONCOLOGY	0.000000	73.01
76.00	03160	CARDIOPULMONARY	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
		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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
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: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/25/2016 12:13 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,335,910		4,335,910	0	4,335,910	30.00
31.00	03100	INTENSIVE CARE UNIT	1,730,925		1,730,925	0	1,730,925	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,253,014		4,253,014	0	4,253,014	50.00
53.00	05300	ANESTHESIOLOGY	419,344		419,344	0	419,344	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,914,378		2,914,378	0	2,914,378	54.00
60.00	06000	LABORATORY	2,337,385		2,337,385	0	2,337,385	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	744,002	0	744,002	0	744,002	65.00
66.00	06600	PHYSICAL THERAPY	1,503,131	0	1,503,131	0	1,503,131	66.00
67.00	06700	OCCUPATIONAL THERAPY	625,069	0	625,069	0	625,069	67.00
69.00	06900	ELECTROCARDIOLOGY	992,024		992,024	0	992,024	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	443,649		443,649	0	443,649	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,253,896		2,253,896	0	2,253,896	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,215,897		3,215,897	0	3,215,897	73.00
73.01	03480	ONCOLOGY	481,671		481,671	0	481,671	73.01
76.00	03160	CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	276,526		276,526	0	276,526	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	3,553,726		3,553,726	0	3,553,726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	174,393		174,393	0	174,393	92.01
200.00		Subtotal (see instructions)	30,254,940	0	30,254,940	0	30,254,940	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	30,254,940	0	30,254,940	0	30,254,940	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/25/2016 12:13 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges: Inpatient	Charges: Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,052,285		2,052,285			30.00
31.00	03100	INTENSIVE CARE UNIT	423,744		423,744			31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,201,979	15,953,087	22,155,066	0.191966	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	284,572	2,376,826	2,661,398	0.157565	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	712,617	10,039,260	10,751,877	0.271058	0.000000	54.00
60.00	06000	LABORATORY	2,230,400	7,700,106	9,930,506	0.235374	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	615,220	785,319	1,400,539	0.531225	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	820,875	1,466,446	2,287,321	0.657158	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	419,422	417,913	837,335	0.746498	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	227,889	3,264,554	3,492,443	0.284049	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	974,778	851,104	1,825,882	0.242978	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,197,957	1,094,201	8,292,158	0.271811	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,045,380	7,435,005	10,480,385	0.306849	0.000000	73.00
73.01	03480	ONCOLOGY	0	718,266	718,266	0.670603	0.000000	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	504,289	504,289	0.548348	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	445,498	17,184,426	17,629,924	0.201574	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	16,234	343,689	359,923	0.484529	0.000000	92.01
200.00		Subtotal (see instructions)	25,668,850	70,134,491	95,803,341			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	25,668,850	70,134,491	95,803,341			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/25/2016 12:13 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	03480	ONCOLOGY	0.000000		73.01
76.00	03160	CARDIOPULMONARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part II Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	651,434	22,155,066	0.029403	2,887,184	84,892	50.00
53.00	05300	ANESTHESIOLOGY	15,859	2,661,398	0.005959	130,753	779	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	334,249	10,751,877	0.031088	308,669	9,596	54.00
60.00	06000	LABORATORY	143,193	9,930,506	0.014420	1,047,087	15,099	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	17,289	1,400,539	0.012345	266,004	3,284	65.00
66.00	06600	PHYSICAL THERAPY	151,562	2,287,321	0.066262	303,511	20,111	66.00
67.00	06700	OCCUPATIONAL THERAPY	30,485	837,335	0.036407	178,290	6,491	67.00
69.00	06900	ELECTROCARDIOLOGY	87,392	3,492,443	0.025023	134,637	3,369	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,456	1,825,882	0.007917	457,261	3,620	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,327	8,292,158	0.008722	3,347,342	29,196	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,596	10,480,385	0.005973	1,226,096	7,323	73.00
73.01	03480	ONCOLOGY	51,957	718,266	0.072337	0	0	73.01
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	53,753	504,289	0.106592	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	342,955	17,629,924	0.019453	13,662	266	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	58,288	359,923	0.161946	0	0	92.01
200.00		Total (lines 50-199)	2,087,795	93,327,312		10,300,496	184,026	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03480	ONCOLOGY	0	0	0	0	0	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	22,155,066	0.000000	0.000000	2,887,184	50.00
53.00	05300	ANESTHESIOLOGY	0	2,661,398	0.000000	0.000000	130,753	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,751,877	0.000000	0.000000	308,669	54.00
60.00	06000	LABORATORY	0	9,930,506	0.000000	0.000000	1,047,087	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,400,539	0.000000	0.000000	266,004	65.00
66.00	06600	PHYSICAL THERAPY	0	2,287,321	0.000000	0.000000	303,511	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	837,335	0.000000	0.000000	178,290	67.00
69.00	06900	ELECTROCARDIOLOGY	0	3,492,443	0.000000	0.000000	134,637	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,825,882	0.000000	0.000000	457,261	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,292,158	0.000000	0.000000	3,347,342	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,480,385	0.000000	0.000000	1,226,096	73.00
73.01	03480	ONCOLOGY	0	718,266	0.000000	0.000000	0	73.01
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	504,289	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	17,629,924	0.000000	0.000000	13,662	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	359,923	0.000000	0.000000	0	92.01
200.00		Total (lines 50-199)	0	93,327,312			10,300,496	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
60.00	06000	LABORATORY	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
73.01	03480	ONCOLOGY	0	0	0		73.01
76.00	03160	CARDIOPULMONARY	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.191966	0	5,003,177	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.157565	0	108,358	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.271058	0	3,563,905	0	0	54.00
60.00	06000	LABORATORY	0.235374	0	2,213,324	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.531225	0	389,735	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.657158	0	604,399	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.746498	0	180,147	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.284049	0	1,337,864	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.242978	0	209,482	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271811	0	377,998	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.306849	0	2,964,407	2,454	0	73.00
73.01	03480	ONCOLOGY	0.670603	0	302,389	0	0	73.01
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.548348	0	270,945	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.201574	0	5,830,312	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.484529	0	152,525	0	0	92.01
200.00		Subtotal (see instructions)		0	23,508,967	2,454	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	23,508,967	2,454	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	960,440	0		50.00
53.00	05300	ANESTHESIOLOGY	17,073	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	966,025	0		54.00
60.00	06000	LABORATORY	520,959	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	207,037	0		65.00
66.00	06600	PHYSICAL THERAPY	397,186	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	134,479	0		67.00
69.00	06900	ELECTROCARDIOLOGY	380,019	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	50,900	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	102,744	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	909,625	753		73.00
73.01	03480	ONCOLOGY	202,783	0		73.01
76.00	03160	CARDIOPULMONARY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	148,572	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	1,175,239	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	73,903	0		92.01
200.00		Subtotal (see instructions)	6,246,984	753		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	6,246,984	753		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 151311 | Component CCN: 15Z311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V | Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.191966	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.157565	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.271058	0	0	0	0	54.00
60.00	06000	LABORATORY	0.235374	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.531225	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.657158	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.746498	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.284049	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.242978	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271811	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.306849	0	0	0	0	73.00
73.01	03480	ONCOLOGY	0.670603	0	0	0	0	73.01
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.548348	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.201574	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.484529	0	0	0	0	92.01
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 151311 | Component CCN: 15Z311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V | Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
60.00	06000	LABORATORY	0	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
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01	03480	ONCOLOGY	0	0		73.01
76.00	03160	CARDIOPULMONARY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V Date/Time Prepared: 5/25/2016 12:13 pm

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.191966	0	1,158,307	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.157565	0	249,562	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.271058	0	647,580	0	0	54.00
60.00	06000	LABORATORY	0.235374	0	10,510	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.531225	0	40,848	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.657158	0	51,156	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.746498	0	9,714	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.284049	0	160,577	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.242978	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271811	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.306849	0	560,298	0	0	73.00
73.01	03480	ONCOLOGY	0.670603	0	82,362	0	0	73.01
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.548348	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.201574	0	2,120,539	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.484529	0	0	0	0	92.01
200.00		Subtotal (see instructions)		0	5,091,453	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	5,091,453	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V Date/Time Prepared: 5/25/2016 12:13 pm

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	222,356	0		50.00
53.00	05300	ANESTHESIOLOGY	39,322	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	175,532	0		54.00
60.00	06000	LABORATORY	2,474	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	21,699	0		65.00
66.00	06600	PHYSICAL THERAPY	33,618	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	7,251	0		67.00
69.00	06900	ELECTROCARDIOLOGY	45,612	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	171,927	0		73.00
73.01	03480	ONCOLOGY	55,232	0		73.01
76.00	03160	CARDIOPULMONARY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	427,446	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	1,202,469	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	1,202,469	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | 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)	3,123	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,017	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)	2,017	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	914	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	192	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,269	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)	914	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		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	134.09	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)	4,335,910	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)	25,745	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)	1,369,819	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,966,091	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,966,091	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)	1,470.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,866,115	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,866,115	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	1,730,925	460	3,762.88	240	903,091	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)	2,816,995	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,586,201	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)	1,344,074	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)	1,344,074	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | Hospital | Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	530,092	2,966,091	0.178717	0	0	90.00
91.00	Nursing School cost	0	2,966,091	0.000000	0	0	91.00
92.00	Allied health cost	0	2,966,091	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,966,091	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-3 | Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		887,076		30.00
31.00	03100	INTENSIVE CARE UNIT		245,128		31.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.191966	2,887,184	554,241	50.00
53.00	05300	ANESTHESIOLOGY	0.157565	130,753	20,602	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.271058	308,669	83,667	54.00
60.00	06000	LABORATORY	0.235374	1,047,087	246,457	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.531225	266,004	141,308	65.00
66.00	06600	PHYSICAL THERAPY	0.657158	303,511	199,455	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.746498	178,290	133,093	67.00
69.00	06900	ELECTROCARDIOLOGY	0.284049	134,637	38,244	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.242978	457,261	111,104	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271811	3,347,342	909,844	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.306849	1,226,096	376,226	73.00
73.01	03480	ONCOLOGY	0.670603	0	0	73.01
76.00	03160	CARDIOPULMONARY	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.548348	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
91.00	09100	EMERGENCY	0.201574	13,662	2,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.484529	0	0	92.01
200.00		Total (sum of lines 50-94 and 96-98)		10,300,496	2,816,995	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		10,300,496		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 151311 | Component CCN: 15Z311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-3 | Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.191966	28,367	5,445	50.00
53.00	05300	ANESTHESIOLOGY	0.157565	1,938	305	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.271058	67,131	18,196	54.00
60.00	06000	LABORATORY	0.235374	408,510	96,153	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.531225	183,623	97,545	65.00
66.00	06600	PHYSICAL THERAPY	0.657158	232,532	152,810	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.746498	126,136	94,160	67.00
69.00	06900	ELECTROCARDIOLOGY	0.284049	16,577	4,709	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.242978	4,629	1,125	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271811	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.306849	661,761	203,061	73.00
73.01	03480	ONCOLOGY	0.670603	0	0	73.01
76.00	03160	CARDIOPULMONARY	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.548348	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
91.00	09100	EMERGENCY	0.201574	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.484529	0	0	92.01
200.00		Total (sum of lines 50-94 and 96-98)		1,731,204	673,509	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		1,731,204		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-3 | Date/Time Prepared: 5/25/2016 12:13 pm

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		46,834		30.00
31.00	03100	INTENSIVE CARE UNIT		20,000		31.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.191966	113,909	21,867	50.00
53.00	05300	ANESTHESIOLOGY	0.157565	2,962	467	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.271058	37,303	10,111	54.00
60.00	06000	LABORATORY	0.235374	2,400	565	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.531225	20,198	10,730	65.00
66.00	06600	PHYSICAL THERAPY	0.657158	8,412	5,528	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.746498	4,515	3,370	67.00
69.00	06900	ELECTROCARDIOLOGY	0.284049	4,405	1,251	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.242978	1,647	400	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271811	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.306849	77,749	23,857	73.00
73.01	03480	ONCOLOGY	0.670603	0	0	73.01
76.00	03160	CARDIOPULMONARY	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.548348	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
91.00	09100	EMERGENCY	0.201574	61,625	12,422	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.484529	0	0	92.01
200.00		Total (sum of lines 50-94 and 96-98)		335,125	90,568	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		335,125		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 151311	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/25/2016 12:13 pm
	Title XVIII	Hospital	Cost

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	6,247,737	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	6,247,737	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	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)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	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)	6,310,214	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	26,166	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	4,270,451	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)	2,013,597	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)	2,013,597	30.00
31.00	Primary payer payments	106	31.00
32.00	Subtotal (line 30 minus line 31)	2,013,491	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)	687,014	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	446,559	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	606,704	36.00
37.00	Subtotal (see instructions)	2,460,050	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	2,460,050	40.00
40.01	Sequestration adjustment (see instructions)	49,201	40.01
41.00	Interim payments	3,764,277	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-1,353,428	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: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-1 Part I Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | Hospital | Cost

		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		4,331,384		3,764,277	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	08/14/2015	892,300		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		892,300		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,223,684		3,764,277	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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		80,181		1,353,428	6.02
7.00	Total Medicare program liability (see instructions)		5,143,503		2,410,849	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 151311 | Component CCN: 15Z311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-1 Part I | Date/Time Prepared: 5/25/2016 12:13 pm

Title XVIII | Swing Beds - SNF | Cost

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,532,309		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	08/14/2015	130,400		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		130,400		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,662,709		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		302,499		1,562	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,965,208		1,562	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 151311	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/25/2016 12:13 pm
	Title XVIII	Hospital	Cost

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	900	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	1,509	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	359	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	2,477	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	95,803,341	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6,286,773	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS	Provider CCN: 151311 Component CCN: 15Z311	Period: From 01/01/2015 To 12/31/2015	Worksheet E-2 Date/Time Prepared: 5/25/2016 12:13 pm
	Title XVIII	Swing Beds - SNF	Cost

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	1,357,515	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)	680,244	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	914	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	2,037,759	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	2,037,759	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	2,037,759	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	32,445	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	2,005,314	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	16.50
16.55	410A RURAL DEMONSTRATION PROJECT	0		16.55
17.00	Allowable bad debts (see instructions)	0	2,453	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	1,594	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	2,453	18.00
19.00	Total (see instructions)	2,005,314	1,594	19.00
19.01	Sequestration adjustment (see instructions)	40,106	32	19.01
20.00	Interim payments	1,662,709	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	302,499	1,562	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 151311	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part V Date/Time Prepared: 5/25/2016 12:13 pm
	Title XVIII	Hospital	Cost

		1.00	
	PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT		
1.00	Inpatient services	5,586,201	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)	0	2.00
3.00	Organ acquisition	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	5,586,201	4.00
5.00	Primary payer payments	0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)	5,642,063	6.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
7.00	Routine service charges	0	7.00
8.00	Ancillary service charges	0	8.00
9.00	Organ acquisition charges, net of revenue	0	9.00
10.00	Total reasonable charges	0	10.00
	Customary charges		
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	11.00
12.00	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	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)	0.000000	13.00
14.00	Total customary charges (see instructions)	0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)	0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)	0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)	0	17.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)	5,642,063	19.00
20.00	Deductibles (exclude professional component)	416,792	20.00
21.00	Excess reasonable cost (from line 16)	0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)	5,225,271	22.00
23.00	Coinsurance	2,835	23.00
24.00	Subtotal (line 22 minus line 23)	5,222,436	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	40,056	25.00
26.00	Adjusted reimbursable bad debts (see instructions)	26,036	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	27,673	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)	5,248,472	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	29.50
29.99	Recovery of Accelerated Depreciation	0	29.99
30.00	Subtotal (see instructions)	5,248,472	30.00
30.01	Sequestration adjustment (see instructions)	104,969	30.01
31.00	Interim payments	5,223,684	31.00
32.00	Tentative settlement (for contractor use only)	0	32.00
33.00	Balance due provider/program (line 30 minus lines 30.01, 31, and 32)	-80,181	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	34.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G | Date/Time Prepared: 5/25/2016 12:13 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	11,412,744	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	3,772,991	0	0	0	4.00
5.00	Other receivable	-80,106	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	731,298	0	0	0	7.00
8.00	Prepaid expenses	147,254	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	15,984,181	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	0	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	2,098,520	0	0	0	17.00
18.00	Accumulated depreciation	-754,697	0	0	0	18.00
19.00	Fixed equipment	1,619,348	0	0	0	19.00
20.00	Accumulated depreciation	-1,107,953	0	0	0	20.00
21.00	Automobiles and trucks	5,837	0	0	0	21.00
22.00	Accumulated depreciation	-5,837	0	0	0	22.00
23.00	Major movable equipment	8,677,821	0	0	0	23.00
24.00	Accumulated depreciation	-6,275,297	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	1,137,296	0	0	0	27.00
28.00	Accumulated depreciation	-555,123	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)	4,839,915	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	5,099,947	0	0	0	31.00
32.00	Deposits on leases	11,050,618	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	8,669,107	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	24,819,672	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	45,643,768	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	2,068,999	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,051,162	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	760,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	4,481,890	0	0	0	43.00
44.00	Other current liabilities	-1,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	8,361,051	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	17,741,923	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	47,301	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	17,789,224	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	26,150,275	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	19,493,493				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)	19,493,493	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	45,643,768	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G-1 | Date/Time Prepared: 5/25/2016 12:13 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		13,964,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		5,605,935				2.00
3.00	Total (sum of line 1 and line 2)		19,569,935		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		19,569,935		0		11.00
12.00	RECONCILING DIFFERENCE	625,000		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		625,000		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		18,944,935		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	RECONCILING DIFFERENCE		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: 151311 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/25/2016 12:13 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	2,052,285		2,052,285	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)	2,052,285		2,052,285	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	423,744		423,744	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)	423,744		423,744	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	2,476,029		2,476,029	17.00
18.00	Ancillary services	23,192,822	70,134,490	93,327,312	18.00
19.00	Outpatient services	0	63,627	63,627	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	25,668,851	70,198,117	95,866,968	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		32,957,103		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	RECONCILING DIFFERENCE	-4			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)		-4		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		32,957,107		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 151311	Period: From 01/01/2015 To 12/31/2015	Worksheet G-3 Date/Time Prepared: 5/25/2016 12:13 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	95,866,968	1.00
2.00	Less contractual allowances and discounts on patients' accounts	58,880,250	2.00
3.00	Net patient revenues (line 1 minus line 2)	36,986,718	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	32,957,107	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,029,611	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	50,598	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	345,952	22.00
23.00	Governmental appropriations	257,051	23.00
24.00	OTHER OPERATING REVENUE	922,723	24.00
25.00	Total other income (sum of lines 6-24)	1,576,324	25.00
26.00	Total (line 5 plus line 25)	5,605,935	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)	5,605,935	29.00