

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: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/24/2016 5:23 pm
--	----------------------	---	--

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/24/2016	Time: 5:23 pm
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL OF INDIANA, INC. (150169) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	442,613	67,875	41,083	0	1.00
2.00 Subprovider - IPF	0	12,997	38		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	455,610	67,913	41,083	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: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 5:22 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y		N		40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N	IME	Direct GME	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
61.01	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)		4.21	4.75		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)		1.76	1.76		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: 150169		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 5:22 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		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
			Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 5:22 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 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	1.71	0.000000		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE 1350	0.00	1.78	0.000000	
		1.00	2.00	3.00	4.00	5.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	71.00
		Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	76.00
		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
		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
		V XIX				
		1.00 2.00				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150169		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 5:22 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)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical		Speech		Respiratory	
		1.00		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	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	963,025		0		0	
						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			
119.00	DO NOT USE THIS LINE						
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	
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			
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			
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.						
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.						
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.						
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.						
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.						
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.						
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.						
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.						
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.						

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150169		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 5:22 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		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: COMMUNITY HEALTH NETWORK		Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101			141.00					
142.00	Street: 1500 NORTH RITTER AVENUE		PO Box:					142.00					
143.00	City: INDIANAPOLIS		State: IN		Zip Code: 46219-3095			143.00					
						1.00							
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00							
						1.00							
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		155.00				
156.00	Subprovider - IPF		N		N		N		156.00				
157.00	Subprovider - IRF		N		N		N		157.00				
158.00	SUBPROVIDER								158.00				
159.00	SNF		N		N		N		159.00				
160.00	HOME HEALTH AGENCY		N		N		N		160.00				
161.00	CMHC				N		N		161.00				
								1.00					
Multi campus													
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00							
		Name		County		State		Zip Code		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)											0.00	
												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)					0168.00							
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01							
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.25		169.00					
								1.00					
								1.00					
								2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			01/01/2015		12/31/2015		170.00					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 5:22 pm	
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 5:22 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			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
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		04/29/2014	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150169

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

Worksheet S-2
Part II
Date/Time Prepared:
5/24/2016 5:22 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
1.00					
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RONALD		HELMS	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-5501		RHELMS@COMMUNITY.COM	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/29/2014		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.		REIMBURSEMENT 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: 150169

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 5:22 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	227	81,195	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		227	81,195	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,760	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	43	15,695	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		294	105,650	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	18	6,570		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	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)		312				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: 150169

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 5:22 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,546	1,461	51,541			1.00
2.00 HMO and other (see instructions)	7,046	9,350				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	17,546	1,461	51,541			7.00
8.00 INTENSIVE CARE UNIT	1,960	0	5,414			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 NEONATAL INTENSIVE CARE UNIT	0	8,829	12,269			12.00
13.00 NURSERY		3,172	7,935			13.00
14.00 Total (see instructions)	19,506	13,462	77,159	3.49	1,407.97	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,100	0	2,681	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	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	605			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)				3.49	1,407.97	27.00
28.00 Observation Bed Days		0	7,587			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			2,107			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	478	1,258			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: 150169

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 5:22 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,300	522	16,515	1.00
2.00 HMO and other (see instructions)			1,480	2,336		2.00
3.00 HMO IPF Subprovider				7		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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,300	522	16,515	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	223	0	303	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150169		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/24/2016 5:22 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	83,766,195	0	83,766,195	2,928,587.00	28.60	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		124,974	0	124,974	843.00	148.25	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		137,611	0	137,611	2,127.00	64.70	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,252,050	56,968	1,309,018	36,432.00	35.93	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,119,753	0	1,119,753	10,863.00	103.08	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		3,970,567	0	3,970,567	28,545.00	139.10	13.00
14.00	Home office salaries & wage-related costs		18,654,385	0	18,654,385	366,581.00	50.89	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		23,891,654	0	23,891,654			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		320,606	0	320,606			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		8,677	0	8,677			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		21,893	0	21,893			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	191,045	0	191,045	4,753.00	40.19	26.00
27.00	Administrative & General	5.00	3,948,553	0	3,948,553	140,688.00	28.07	27.00
28.00	Administrative & General under contract (see inst.)		9,041,933	0	9,041,933	73,206.00	123.51	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,402,165	0	2,402,165	116,485.00	20.62	30.00
31.00	Laundry & Linen Service	8.00	117	0	117	8.00	14.63	31.00
32.00	Housekeeping	9.00	1,844,710	0	1,844,710	138,920.00	13.28	32.00
33.00	Housekeeping under contract (see instructions)		417,619	0	417,619	9,911.00	42.14	33.00
34.00	Dietary	10.00	2,321,180	-1,411,974	909,206	141,237.00	6.44	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,411,974	1,411,974	101,144.00	13.96	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	489,121	0	489,121	28,404.00	17.22	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	3,652,835	-43,148	3,609,687	93,939.00	38.43	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150169

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2016 5:22 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medi cal Records & Medi cal Records Li brary	16.00	425,192	0	425,192	12,466.00	34.11	41.00
42.00	Soci al Servi ce	17.00	1,853,002	0	1,853,002	53,312.00	34.76	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150169

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2016 5:22 pm

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	93,088,136	0	93,088,136	3,009,577.00	30.93	1.00
2.00	Excluded area salaries (see instructions)	1,252,050	56,968	1,309,018	36,432.00	35.93	2.00
3.00	Subtotal salaries (line 1 minus line 2)	91,836,086	-56,968	91,779,118	2,973,145.00	30.87	3.00
4.00	Subtotal other wages & related costs (see inst.)	23,744,705	0	23,744,705	405,989.00	58.49	4.00
5.00	Subtotal wage-related costs (see inst.)	23,900,331	0	23,900,331	0.00	26.04	5.00
6.00	Total (sum of lines 3 thru 5)	139,481,122	-56,968	139,424,154	3,379,134.00	41.26	6.00
7.00	Total overhead cost (see instructions)	26,587,472	-43,148	26,544,324	914,473.00	29.03	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2016 5:22 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,025,557	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		2,011,172	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		238,682	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		8,177,913	8.00
9.00	Prescription Drug Plan		3,030,791	9.00
10.00	Dental, Hearing and Vision Plan		135,562	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		39,915	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		530,710	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		5,936,274	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		116,253	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		24,242,829	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150169

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

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2016 5:22 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 150169

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

Worksheet S-10

Date/Time Prepared:
5/24/2016 5:22 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)			0.230835	1.00		
Medicaid (see instructions for each line)							
2.00	Net revenue from Medicaid			30,449,666	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			211,960,344	6.00		
7.00	Medicaid cost (line 1 times line 6)			48,927,866	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)			18,478,200	8.00		
State Children's Health Insurance Program (SCHIP) (see instructions for each line)							
9.00	Net revenue from stand-alone SCHIP			0	9.00		
10.00	Stand-alone SCHIP charges			0	10.00		
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00		
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00		
Other state or local government indigent care program (see instructions for each line)							
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00		
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00		
Uncompensated care (see instructions for each line)							
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00		
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00		
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			18,478,200	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			1,439,050	1,305,716	2,744,766	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			332,183	301,405	633,588	21.00
22.00	Partial payment by patients approved for charity care			0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)			332,183	301,405	633,588	23.00
				1.00			
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)					25,258,808	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)					326,746	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)					24,932,062	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)					5,755,193	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)					6,388,781	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					24,866,981	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150169

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

Worksheet A
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT		0	0	11,101,993	11,101,993	1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	16,138,009	16,138,009	2.00	
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	191,045	11,711,284	11,902,329	-122,420	11,779,909	4.00	
5.00 00500 ADMIN STRATIVE & GENERAL	3,948,553	118,352,488	122,301,041	-17,255,723	105,045,318	5.00	
7.00 00700 OPERATION OF PLANT	2,402,165	5,584,546	7,986,711	-122,478	7,864,233	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	117	758,462	758,579	-80	758,499	8.00	
9.00 00900 HOUSEKEEPING	1,844,710	1,070,217	2,914,927	-13,369	2,901,558	9.00	
10.00 01000 DIETARY	2,321,180	489,236	2,810,416	-1,746,455	1,063,961	10.00	
11.00 01100 CAFETERIA	0	0	0	1,697,800	1,697,800	11.00	
13.00 01300 NURSING ADMINISTRATION	489,121	44,375	533,496	-860	532,636	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	0	790,810	790,810	-687,428	103,382	14.00	
15.00 01500 PHARMACY	3,652,835	11,505,447	15,158,282	-11,910,969	3,247,313	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	425,192	58,340	483,532	-153	483,379	16.00	
17.00 01700 SOCIAL SERVICE	1,853,002	478,272	2,331,274	-116	2,331,158	17.00	
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00	
23.00 02300 EMS TRAINING PROGRAM-ALLIED HEALTHEM	0	0	0	21,047	21,047	23.00	
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01	
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	46,791	46,791	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	28,616,296	17,545,435	46,161,731	-10,080,542	36,081,189	30.00	
31.00 03100 INTENSIVE CARE UNIT	3,546,081	944,525	4,490,606	-268,817	4,221,789	31.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	5,979,446	1,370,651	7,350,097	-240,056	7,110,041	35.00	
40.00 04000 SUBPROVIDER - I PF	1,051,596	206,560	1,258,156	-19,645	1,238,511	40.00	
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00	
43.00 04300 NURSERY	0	0	0	2,283,625	2,283,625	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	4,665,170	31,148,273	35,813,443	-26,527,343	9,286,100	50.00	
51.00 05100 RECOVERY ROOM	1,930,626	669,756	2,600,382	-289,722	2,310,660	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	614,842	614,842	5,342,079	5,956,921	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,134,436	1,945,896	5,080,332	-1,673,335	3,406,997	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	325,657	1,534,295	1,859,952	-1,327,518	532,434	55.00	
57.00 05700 CT SCAN	716,078	662,950	1,379,028	-228,314	1,150,714	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	613,006	3,552,556	4,165,562	-745,372	3,420,190	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	3,704	3,704	0	3,704	59.00	
60.00 06000 LABORATORY	0	7,458,866	7,458,866	-1,082	7,457,784	60.00	
64.00 06400 INTRAVENOUS THERAPY	275,019	101,507	376,526	-89,035	287,491	64.00	
65.00 06500 RESPIRATORY THERAPY	2,720,091	1,146,690	3,866,781	-653,925	3,212,856	65.00	
66.00 06600 PHYSICAL THERAPY	4,622,759	1,789,942	6,412,701	-2,095,066	4,317,635	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,063,499	1,063,499	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	198,568	198,568	68.00	
69.00 06900 ELECTROCARDIOLOGY	90,701	507,896	598,597	-11,636	586,961	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	719,539	384,374	1,103,913	-215,314	888,599	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,333,222	13,333,222	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,310,630	15,310,630	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	11,990,163	11,990,163	73.00	
74.00 07400 RENAL DIALYSIS	0	796,821	796,821	-717	796,104	74.00	
76.00 03330 ENDOSCOPY	909,906	1,386,724	2,296,630	-945,129	1,351,501	76.00	
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01	
76.02 03950 NEUROPSYCHIATRIC SERVICES	0	0	0	0	0	76.02	
76.03 03951 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.03	
76.04 03952 ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04	
76.05 03953 MISCELLANEOUS	0	0	0	0	0	76.05	
76.06 03954 IMAGING CENTER	1,299,457	2,744,489	4,043,946	-835,392	3,208,554	76.06	
76.07 03955 BREAST DIAGNOSTIC CENTER	0	4,941,140	4,941,140	-62,475	4,878,665	76.07	
76.08 03956 BARIATRIC CLINIC	0	0	0	0	0	76.08	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 CLINIC	0	0	0	0	0	90.01	
90.02 09002 CNTR FOR ADVANCED HEART CARE	0	0	0	0	0	90.02	
90.24 04973 PALLIATIVE CARE	0	0	0	0	0	90.24	
90.26 04975 SPINE CENTER	174,862	78,419	253,281	-57,213	196,068	90.26	
90.27 04976 DIABETIC CARE CENTER	0	0	0	0	0	90.27	
91.00 09100 EMERGENCY	5,047,095	2,287,258	7,334,353	-251,125	7,083,228	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	83,565,741	234,667,046	318,232,787	48,602	318,281,389	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150169

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

Worksheet A
Date/Time Prepared:
5/24/2016 5:22 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	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	108,063	108,063	0	108,063	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.06 07956 PAVILLIONS	0	14,514	14,514	-1,194	13,320	194.06
194.07 07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08 07958 OTHER NONREIMBURSABLE COST CENTERS	198,589	133,199	331,788	-47,408	284,380	194.08
194.09 07959 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10 07960 COMMUNITY REHAB HOSPITAL	1,865	82	1,947	0	1,947	194.10
194.11 07961 WALGREENS TAKE CARE CLINIC	0	0	0	0	0	194.11
200.00 TOTAL (SUM OF LINES 118-199)	83,766,195	234,922,904	318,689,099	0	318,689,099	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150169

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

Worksheet A
Date/Time Prepared:
5/24/2016 5:22 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	-3,076,582	8,025,411	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	91,839	16,229,848	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,640,231	17,420,140	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-50,292,199	54,753,119	5.00
7.00	00700	OPERATION OF PLANT	1,122,320	8,986,553	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	758,499	8.00
9.00	00900	HOUSEKEEPING	0	2,901,558	9.00
10.00	01000	DIETARY	-8,704	1,055,257	10.00
11.00	01100	CAFETERIA	-144,742	1,553,058	11.00
13.00	01300	NURSING ADMINISTRATION	623,677	1,156,313	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	258,393	361,775	14.00
15.00	01500	PHARMACY	0	3,247,313	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	961,963	1,445,342	16.00
17.00	01700	SOCIAL SERVICE	0	2,331,158	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	255,738	255,738	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	248,188	248,188	22.00
23.00	02300	EMS TRAINING PROGRAM-ALLIED HEALTHEM	191,634	212,681	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	96,103	142,894	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	8,422	36,089,611	30.00
31.00	03100	INTENSIVE CARE UNIT	287,602	4,509,391	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-72,078	7,037,963	35.00
40.00	04000	SUBPROVIDER - I PF	-33,345	1,205,166	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
43.00	04300	NURSERY	0	2,283,625	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-40,403	9,245,697	50.00
51.00	05100	RECOVERY ROOM	0	2,310,660	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,956,921	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-9,868	3,397,129	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	532,434	55.00
57.00	05700	CT SCAN	0	1,150,714	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-431,933	2,988,257	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,704	59.00
60.00	06000	LABORATORY	-1,274,043	6,183,741	60.00
64.00	06400	INTRAVENOUS THERAPY	0	287,491	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,212,856	65.00
66.00	06600	PHYSICAL THERAPY	-206,454	4,111,181	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,063,499	67.00
68.00	06800	SPEECH PATHOLOGY	0	198,568	68.00
69.00	06900	ELECTROCARDIOLOGY	28,874	615,835	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61,796	950,395	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,333,222	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,310,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	157,862	12,148,025	73.00
74.00	07400	RENAL DIALYSIS	0	796,104	74.00
76.00	03330	ENDOSCOPY	0	1,351,501	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	76.02
76.03	03951	OTHER ANCILLARY SERVICES	0	0	76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0	0	76.04
76.05	03953	MISC ANCILLARY	0	0	76.05
76.06	03954	IMAGING CENTER	-22,500	3,186,054	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	4,878,665	76.07
76.08	03956	BARITRIC CLINIC	0	0	76.08
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	CLINIC	0	0	90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0	0	90.02
90.24	04973	PALLIATIVE CARE	0	0	90.24
90.26	04975	SPINE CENTER	0	196,068	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	90.27
91.00	09100	EMERGENCY	-381,390	6,701,838	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-45,959,599	272,321,790	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	81,173	81,173	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150169

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

Worksheet A
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	108,063	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	HOME OFFICE	0	0	194.00
194.06	07956	PAVILLIONS	0	13,320	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	284,380	194.08
194.09	07959	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.09
194.10	07960	COMMUNITY REHAB HOSPITAL	0	1,947	194.10
194.11	07961	WALGREENS TAKE CARE CLINIC	0	0	194.11
200.00		TOTAL (SUM OF LINES 118-199)	-45,878,426	272,810,673	200.00

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6

Date/Time Prepared:
5/24/2016 5:22 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - Labor and Delivery Salary						
1.00	NURSERY	43.00	1,848,497	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	4,324,186	0	2.00	
	TOTALS		6,172,683	0		
B - Labor and Delivery Other						
1.00	NURSERY	43.00		435,128	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00		1,017,893	2.00	
			0	1,453,021		
C - Chargeable Medical Supplies						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	766,965	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,333,222	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
	TOTALS		0	14,100,187		
D - Depreciation Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,824,461	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
	TOTALS		0	13,824,461		
E - Radiology Support Salary						
1.00	RADIOLOGY-THERAPEUTIC	55.00	64,759		1.00	
2.00	CT SCAN	57.00	181,296		2.00	
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	51,607		3.00	

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6

Date/Time Prepared:
5/24/2016 5:22 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
			297,662	0	
F - Radiology Support Other					
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,012	1.00
2.00	CT SCAN	57.00	0	30,828	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,775	3.00
TOTALS			0	50,615	
G - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	270,729	1.00
TOTALS			0	270,729	
H - Implantable Device Reclass					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	15,310,630	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
TOTALS			0	15,310,630	
I - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,254,331	1.00
TOTALS			0	8,254,331	
J - Other Capital Rental Reclass					
1.00		0.00	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,890,481	2.00
3.00	OPERATION OF PLANT	7.00	0	19,000	3.00
4.00	PAVILLIONS	194.06	0	13,240	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
TOTALS			0	4,922,721	
K - Depreciation by CC					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,576,933	1.00
TOTALS			0	2,576,933	
L - Cafeteria Salary					
1.00	CAFETERIA	11.00	1,411,974	0	1.00
			1,411,974	0	
M - Cafeteria Reclass					
1.00	CAFETERIA	11.00	0	285,826	1.00
TOTALS			0	285,826	
N - PHARMACY RESIDENCY SALARY RECLASS					
1.00	PHARMACY RESIDENCY-ALLIED HEALTH	23.02	43,148	0	1.00
			43,148	0	
O - PHARMACY RESIDENCY RECLASS					
1.00	PHARMACY RESIDENCY-ALLIED HEALTH	23.02	0	3,643	1.00
			0	3,643	
Q - Drugs Charges to Pat					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,990,163	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00

Provider CCN: 150169

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

Worksheet A-6

Date/Time Prepared:
5/24/2016 5:22 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
TOTALS			0	11,990,163		
R - Therapy Salary						
1.00	OCCUPATIONAL THERAPY	67.00	793,166			1.00
2.00	SPEECH PATHOLOGY	68.00	148,094			2.00
			941,260	0		
S - Therapy Other						
1.00	OCCUPATIONAL THERAPY	67.00		270,333		1.00
2.00	SPEECH PATHOLOGY	68.00		50,474		2.00
				0	320,807	
W - EMS School Allied Health						
1.00	EMS TRAINING PROGRAM-ALLIED HEALTH	23.00	13,820			1.00
			13,820		0	
X - EMS School Allied Health						
1.00	EMS TRAINING PROGRAM-ALLIED HEALTH	23.00		7,227		1.00
				0	7,227	
500.00	Grand Total: Increases		8,880,547	73,371,294		500.00

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6
Date/Time Prepared:
5/24/2016 5:22 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - Labor and Delivery Salary							
1.00	ADULTS & PEDIATRICS	30.00	6,172,683	0	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			6,172,683	0			
B - Labor and Delivery Other							
1.00	ADULTS & PEDIATRICS	30.00		1,453,021			1.00
2.00							2.00
TOTALS				1,453,021			
C - Chargeable Medical Supplies							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	553	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	17,192	0		2.00
3.00	OPERATION OF PLANT	7.00	0	50,928	0		3.00
4.00	HOUSEKEEPING	9.00	0	234	0		4.00
5.00	DIETARY	10.00	0	757	0		5.00
6.00	PHARMACY	15.00	0	32,977	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	1,384,209	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	234,806	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	103,095	0		9.00
10.00	SUBPROVIDER - IPF	40.00	0	2,463	0		10.00
11.00	OPERATING ROOM	50.00	0	9,204,820	0		11.00
12.00	RECOVERY ROOM	51.00	0	277,308	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	419,827	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	855,204	0		14.00
15.00	CT SCAN	57.00	0	157,105	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,466	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	86,111	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	404,480	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	19,836	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	39,112	0		20.00
21.00	RENAL DIALYSIS	74.00	0	717	0		21.00
22.00	ENDOSCOPY	76.00	0	578,455	0		22.00
23.00	IMAGING CENTER	76.06	0	55,737	0		23.00
24.00	BREAST DIAGNOSTIC CENTER	76.07	0	1,322	0		24.00
25.00	EMERGENCY	91.00	0	160,374	0		25.00
26.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	0	4,099	0		26.00
TOTALS				14,100,187			
D - Depreciation Expense							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,828	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	8,455,484	0		2.00
3.00	OPERATION OF PLANT	7.00	0	90,550	0		3.00
4.00	HOUSEKEEPING	9.00	0	12,190	0		4.00
5.00	DIETARY	10.00	0	47,065	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	853	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	79,010	0		7.00
8.00	PHARMACY	15.00	0	132,630	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,032,411	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	31,098	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	134,528	0		11.00
12.00	SUBPROVIDER - IPF	40.00	0	16,847	0		12.00
13.00	OPERATING ROOM	50.00	0	1,109,415	0		13.00
14.00	RECOVERY ROOM	51.00	0	10,999	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	772,112	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	85,763	0		16.00
17.00	CT SCAN	57.00	0	99,786	0		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	591,639	0		18.00
19.00	LABORATORY	60.00	0	1,082	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	2,750	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	211,150	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	104,715	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	11,636	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	93,483	0		24.00
25.00	ENDOSCOPY	76.00	0	294,250	0		25.00
26.00	IMAGING CENTER	76.06	0	250,033	0		26.00
27.00	BREAST DIAGNOSTIC CENTER	76.07	0	61,153	0		27.00
28.00	EMERGENCY	91.00	0	64,860	0		28.00
29.00	PAVILLIONS	194.06	0	14,434	0		29.00
30.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	0	6,707	0		30.00
TOTALS				13,824,461			

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6
Date/Time Prepared:
5/24/2016 5:22 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
E - Radiology Support Salary							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	297,662				1.00
2.00							2.00
3.00							3.00
			297,662	0			
F - Radiology Support Other							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50,615	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	50,615			
G - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	270,729	12		1.00
	TOTALS		0	270,729			
H - Implantable Device Reclass							
1.00	OPERATING ROOM	50.00	0	14,814,176	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	427,545	0		2.00
3.00	ENDOSCOPY	76.00	0	68,909	0		3.00
	TOTALS		0	15,310,630			
I - Interest Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,254,331	11		1.00
	TOTALS		0	8,254,331			
J - Other Capital Rental Reclass							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	112,782	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	185,385	10		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	80	0		3.00
4.00	HOUSEKEEPING	9.00	0	945	0		4.00
5.00	DIETARY	10.00	0	833	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	7	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,374,318	0		7.00
8.00	PHARMACY	15.00	0	437,603	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	153	0		9.00
10.00	SOCIAL SERVICE	17.00	0	116	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	18,398	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	637	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	319	0		13.00
14.00	SUBPROVIDER - IPF	40.00	0	326	0		14.00
15.00	OPERATING ROOM	50.00	0	1,374,515	0		15.00
16.00	RECOVERY ROOM	51.00	0	333	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,560	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	670	0		18.00
19.00	CT SCAN	57.00	0	42,838	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	64,942	0		20.00
21.00	INTRAVENOUS THERAPY	64.00	0	160	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	36,777	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	705,926	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	82,703	0		24.00
25.00	ENDOSCOPY	76.00	0	718	0		25.00
26.00	IMAGING CENTER	76.06	0	389,441	0		26.00
27.00	SPINE CENTER	90.26	0	49,959	0		27.00
28.00	EMERGENCY	91.00	0	3,675	0		28.00
29.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	0	36,602	0		29.00
	TOTALS		0	4,922,721			
K - Depreciation by CC							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,576,933	9		1.00
	TOTALS		0	2,576,933			
L - Cafeteria Salary							
1.00	DIETARY	10.00	1,411,974				1.00
			1,411,974	0			
M - Cafeteria Reclass							
1.00	DIETARY	10.00	0	285,826	0		1.00
	TOTALS		0	285,826			
N - PHARMACY RESIDENCY SALARY RECLASS							
1.00	PHARMACY	15.00	43,148				1.00
			43,148	0			
O - PHARMACY RESIDENCY RECLASS							
1.00	PHARMACY	15.00	0	3,643			1.00
			0	3,643			
Q - Drugs Charges to Pat							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,257	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	72,602	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,065	0		3.00
4.00	PHARMACY	15.00	0	11,260,968	0		4.00

Provider CCN: 150169

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

Worksheet A-6
Date/Time Prepared:
5/24/2016 5:22 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
5.00	ADULTS & PEDIATRICS	30.00	0	19,820	0			5.00
6.00	INTENSIVE CARE UNIT	31.00	0	2,276	0			6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,114	0			7.00
8.00	SUBPROVIDER - IPF	40.00	0	9	0			8.00
9.00	OPERATING ROOM	50.00	0	24,417	0			9.00
10.00	RECOVERY ROOM	51.00	0	1,082	0			10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	131,559	0			11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	34,107	0			12.00
13.00	CT SCAN	57.00	0	140,709	0			13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	140,707	0			14.00
15.00	INTRAVENOUS THERAPY	64.00	0	14	0			15.00
16.00	RESPIRATORY THERAPY	65.00	0	1,518	0			16.00
17.00	PHYSICAL THERAPY	66.00	0	2,522	0			17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	16	0			18.00
19.00	ENDOSCOPY	76.00	0	2,797	0			19.00
20.00	IMAGING CENTER	76.06	0	140,181	0			20.00
21.00	SPINE CENTER	90.26	0	7,254	0			21.00
22.00	EMERGENCY	91.00	0	1,169	0			22.00
	TOTALS		0	11,990,163				
R - Therapy Salary								
1.00	PHYSICAL THERAPY	66.00	941,260					1.00
2.00			941,260	0				2.00
S - Therapy Other								
1.00	PHYSICAL THERAPY	66.00		320,807				1.00
2.00				320,807				2.00
W - EMS School Allied Health								
1.00	EMERGENCY	91.00	13,820					1.00
			13,820	0				
X - EMS School Allied Health								
1.00	EMERGENCY	91.00		7,227				1.00
				7,227				
500.00	Grand Total: Decreases		8,880,547	73,371,294				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150169

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2016 5:22 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,705,851	0	0	0	1.00
2.00	Land Improvements	3,158,137	0	0	0	2.00
3.00	Buildings and Fixtures	291,574,940	0	0	2,290,304	3.00
4.00	Building Improvements	4,977,715	0	0	2,183,003	4.00
5.00	Fixed Equipment	3,118,039	0	0	0	5.00
6.00	Movable Equipment	92,087,813	2,937,565	0	2,937,565	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	397,622,495	2,937,565	0	4,473,307	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	397,622,495	2,937,565	0	4,473,307	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,705,851	0			1.00
2.00	Land Improvements	3,158,137	0			2.00
3.00	Buildings and Fixtures	289,284,636	0			3.00
4.00	Building Improvements	2,794,712	0			4.00
5.00	Fixed Equipment	3,118,039	0			5.00
6.00	Movable Equipment	95,025,378	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	396,086,753	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	396,086,753	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150169

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2016 5:22 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet A-7 Part III Date/Time Prepared: 5/24/2016 5:22 pm
---	--	----------------------	---	---

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	301,061,375	0	301,061,375	0.760089	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	95,025,378	0	95,025,378	0.239911	0	2.00
3.00	Total (sum of lines 1-2)	396,086,753	0	396,086,753	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,576,933	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	15,359,649	870,199	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,936,582	870,199	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	5,177,749	270,729	0	0	8,025,411	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	16,229,848	2.00
3.00	Total (sum of lines 1-2)	5,177,749	270,729	0	0	24,255,259	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150169

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

Worksheet A-8

Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-483,679				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	5,512,325				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00	0	28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 Misc Revenue	B	-137,564		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01 Misc Revenue	B	-95,451		ADMINISTRATIVE & GENERAL	5.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 150169

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

Worksheet A-8

Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.02 Misc Revenue	B	-37,367	OPERATION OF PLANT		7.00	0 33.02
33.03 Misc Revenue	B	-8,704	DIETARY		10.00	0 33.03
33.04 Misc Revenue	B	-163,843	NURSING ADMINISTRATION		13.00	0 33.04
33.05 Misc Revenue	B	-27,845	ADULTS & PEDIATRICS		30.00	0 33.05
33.06 Misc Revenue	B	-39,610	OPERATING ROOM		50.00	0 33.06
33.07 Misc Revenue	B	-94,399	RADIOLOGY-DIAGNOSTIC		54.00	0 33.07
33.08 Misc Revenue	B	-431,933	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0 33.08
33.09 Misc Revenue	B	-1,274,043	LABORATORY		60.00	0 33.09
33.10 Misc Revenue	B	-206,454	PHYSICAL THERAPY		66.00	0 33.10
33.20 Leased Equipment CBI	B	-4,020,282	CAP REL COSTS-MVBLE EQUIP		2.00	10 33.20
33.30 Space Rental Income IHH and OLI	B	-22,500	IMAGING CENTER		76.06	0 33.30
34.00 00 Non-Allow Interest Expense	A	-4,843	CAP REL COSTS-BLDG & FIXT		1.00	11 34.00
34.01 00 Non-Allow Interest Expense	A	-113,471	ADMINISTRATIVE & GENERAL		5.00	0 34.01
34.02 LOC Non-Allow Interest Expense	A	-11,753	CAP REL COSTS-BLDG & FIXT		1.00	11 34.02
34.03 92 Non-Allow Interest Expense	A	-2,628,907	CAP REL COSTS-BLDG & FIXT		1.00	11 34.03
34.04 12B Non-Allow Interest Expense	A	-128,519	CAP REL COSTS-BLDG & FIXT		1.00	11 34.04
34.05 50M BMO Non-Allow Interest Expense	A	-302,560	CAP REL COSTS-BLDG & FIXT		1.00	11 34.05
35.00 HAF Tax Offset	A	-16,085,561	ADMINISTRATIVE & GENERAL		5.00	0 35.00
35.01 Bad Debt Expense	A	-25,258,808	ADMINISTRATIVE & GENERAL		5.00	0 35.01
35.15 Medical Director Allocation	A	144,729	ADMINISTRATIVE & GENERAL		5.00	0 35.15
35.16 Medical Director Allocation	A	287,602	INTENSIVE CARE UNIT		31.00	0 35.16
35.17 Medical Director Allocation	A	23,015	ELECTROCARDIOLOGY		69.00	0 35.17
35.18 Medical Director Allocation	A	81,173	RESEARCH		191.00	0 35.18
36.00 Meals of Wheels Cost	A	-74,528	CAFETERIA		11.00	0 36.00
36.02 Sponsorship	A	-33,000	ADMINISTRATIVE & GENERAL		5.00	0 36.02
36.03 Meals of Wheels Cost	A	-70,214	CAFETERIA		11.00	0 36.03
36.04 EMS Training A_H Onset	A	-115,967	EMERGENCY		91.00	0 36.04
36.05 EMS Training A_H Onset	A	89,234	EMS TRAINING PROGRAM-ALLIED HEALTH		23.00	0 36.05
36.06 EMS Training Allied Health_Expense Onset	A	58,330	EMS TRAINING PROGRAM-ALLIED HEALTH		23.00	0 36.06
36.07 INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	-1,276	ADMINISTRATIVE & GENERAL		5.00	9 36.07
36.08 INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	-62,237	ADULTS & PEDIATRICS		30.00	0 36.08
36.09 INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	-2,185	ADMINISTRATIVE & GENERAL		5.00	0 36.09
36.10 Pharmacy Residency Expense	A	44,070	EMS TRAINING PROGRAM-ALLIED HEALTH		23.00	0 36.10
36.11 Pharmacy Residency Expense	A	96,103	PHARMACY RESIDENCY-ALLIED HEALTH		23.02	0 36.11
36.12 INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	-139,893	EMERGENCY		91.00	0 36.12
36.14 NURSE PRACTITIONER	A	-35,944	ADULTS & PEDIATRICS		30.00	0 36.14
36.15 NURSE PRACTITIONER	A	-72,078	NEONATAL INTENSIVE CARE UNIT		35.00	0 36.15
36.16 NURSE PRACTITIONER	A	-28,796	SUBPROVIDER - IPF		40.00	0 36.16
36.17 NURSE PRACTITIONER	A	-793	OPERATING ROOM		50.00	0 36.17
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-45,878,426				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: 150169

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

Worksheet A-8-1

Date/Time Prepared: 5/24/2016 5:22 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	21.00	I&R SERVICES-SALARY & FRINGE	INTERNS & RESIDENTS	255,738	0 1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COST	INTERNS & RESIDENTS	248,188	0 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	7250 CLEARVISTA	221,164	183,514 3.00
3.01	70.00	ELECTROENCEPHALOGRAPHY	7250 CLEARVISTA	113,356	82,047 3.01
4.00	2.00	CAP REL COSTS-MVBLE EQUIP	CHNW - HOME OFFICE	4,112,121	0 4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	CHNW - HOME OFFICE	5,777,795	0 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	CHNW - HOME OFFICE	25,402,070	33,933,296 4.02
4.03	7.00	OPERATION OF PLANT	CHNW - HOME OFFICE	1,159,687	0 4.03
4.04	13.00	NURSING ADMINISTRATION	CHNW - HOME OFFICE	787,520	0 4.04
4.05	14.00	CENTRAL SERVICES & SUPPLY	CHNW - HOME OFFICE	258,393	0 4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	CHNW - HOME OFFICE	961,963	0 4.06
4.07	30.00	ADULTS & PEDIATRICS	CHNW - HOME OFFICE	134,448	0 4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	CHNW - HOME OFFICE	84,531	0 4.08
4.09	69.00	ELECTROCARDIOLOGY	CHNW - HOME OFFICE	5,859	0 4.09
4.10	70.00	ELECTROENCEPHALOGRAPHY	CHNW - HOME OFFICE	30,487	0 4.10
4.11	73.00	DRUGS CHARGED TO PATIENTS	CHNW - HOME OFFICE	157,862	0 4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			39,711,182	34,198,857 5.00

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

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

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

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

6.00	B	CHNW	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	G			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: 150169

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2016 5:22 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	255,738	0		1.00
2.00	248,188	0		2.00
3.00	37,650	0		3.00
3.01	31,309	0		3.01
4.00	4,112,121	9		4.00
4.01	5,777,795	0		4.01
4.02	-8,531,226	0		4.02
4.03	1,159,687	0		4.03
4.04	787,520	0		4.04
4.05	258,393	0		4.05
4.06	961,963	0		4.06
4.07	134,448	0		4.07
4.08	84,531	0		4.08
4.09	5,859	0		4.09
4.10	30,487	0		4.10
4.11	157,862	0		4.11
5.00	5,512,325			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: 150169

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2016 5:22 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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	438,708	243,907	194,801	211,500	837	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	16,839	0	16,839	181,300	141	2.00
3.00	91.00	AGGREGATE-EMERGENCY	125,530	125,530	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			581,077	369,437	211,640		978	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	85,108	4,255	0	0	0	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	12,290	615	0	0	0	2.00
3.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			97,398	4,870	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	85,108	109,693	353,600		1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	12,290	4,549	4,549		2.00
3.00	91.00	AGGREGATE-EMERGENCY	0	0	0	125,530		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	97,398	114,242	483,679		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	8,025,411	8,025,411			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	16,229,848		16,229,848		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	17,420,140	16,055	8,114,921	25,551,116	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	54,753,119	527,294	5,264,714	1,207,175	5.00
7.00 00700	OPERATION OF PLANT	8,986,553	1,039,971	58,540	734,404	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	758,499	27,742	0	36	8.00
9.00 00900	HOUSEKEEPING	2,901,558	65,575	6,424	563,976	9.00
10.00 01000	DIETARY	1,055,257	73,352	7,040	277,968	10.00
11.00 01100	CAFETERIA	1,553,058	185,039	17,761	431,677	11.00
13.00 01300	NURSING ADMINISTRATION	1,156,313	0	449	149,537	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	361,775	179,737	41,635	0	14.00
15.00 01500	PHARMACY	3,247,313	85,393	69,891	1,103,575	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,445,342	0	0	129,992	16.00
17.00 01700	SOCIAL SERVICE	2,331,158	45,883	0	566,511	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	255,738	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	248,188	0	0	0	22.00
23.00 02300	EMS TRAINING PROGRAM-ALLIED HEALTHEM	212,681	8,803	0	4,225	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	142,894	1,300	0	13,191	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	36,089,611	2,603,299	462,792	6,861,616	30.00
31.00 03100	INTENSIVE CARE UNIT	4,509,391	252,210	16,387	1,084,129	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	7,037,963	475,470	70,891	1,828,072	35.00
40.00 04000	SUBPROVIDER - I PF	1,205,166	83,432	8,878	321,500	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00 04300	NURSERY	2,283,625	248,790	24,331	565,134	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,245,697	416,634	584,621	1,426,264	50.00
51.00 05100	RECOVERY ROOM	2,310,660	152,371	5,796	590,243	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,956,921	581,980	56,919	1,322,016	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,397,129	132,325	393,916	867,276	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	532,434	119,144	48,013	119,360	55.00
57.00 05700	CT SCAN	1,150,714	18,404	60,476	274,351	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,988,257	61,870	314,019	203,189	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,704	11,745	0	0	59.00
60.00 06000	LABORATORY	6,183,741	68,631	570	0	60.00
64.00 06400	INTRAVENOUS THERAPY	287,491	2,383	1,449	84,080	64.00
65.00 06500	RESPIRATORY THERAPY	3,212,856	74,241	111,268	831,603	65.00
66.00 06600	PHYSICAL THERAPY	4,111,181	0	42,860	1,125,530	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,063,499	0	10,382	242,491	67.00
68.00 06800	SPEECH PATHOLOGY	198,568	0	1,939	45,276	68.00
69.00 06900	ELECTROCARDIOLOGY	615,835	0	6,132	27,730	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	950,395	18,187	49,262	219,982	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,333,222	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	15,310,630	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,148,025	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	796,104	2,349	0	0	74.00
76.00 03330	ENDOSCOPY	1,351,501	95,758	155,059	278,182	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.02 03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	76.02
76.03 03951	OTHER ANCILLARY SERVICES	0	0	0	0	76.03
76.04 03952	ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.04
76.05 03953	MISC ANCILLARY	0	0	0	0	76.05
76.06 03954	IMAGING CENTER	3,186,054	0	131,964	397,278	76.06
76.07 03955	BREAST DIAGNOSTIC CENTER	4,878,665	0	32,225	0	76.07
76.08 03956	BARIATRIC CLINIC	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	CLINIC	0	0	0	0	90.01
90.02 09002	CNTR FOR ADVANCED HEART CARE	0	0	0	0	90.02
90.24 04973	PALLIATIVE CARE	0	0	0	0	90.24
90.26 04975	SPINE CENTER	196,068	0	0	53,460	90.26
90.27 04976	DIABETIC CARE CENTER	0	0	0	0	90.27
91.00 09100	EMERGENCY	6,701,838	245,517	34,179	1,538,803	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
118.00	SUBTOTALS (SUM OF LINES 1-117)	272,321,790	7,920,884	16,205,703	25,489,832	272,131,834	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	45,462	0	0	45,462	190.00
191.00	19100 RESEARCH	81,173	0	0	0	81,173	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	108,063	0	0	0	108,063	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HOME OFFICE	0	53,409	0	0	53,409	194.00
194.06	07956 PAVILLIONS	13,320	0	20,611	0	33,931	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958 OTHER NONREIMBURSABLE COST CENTERS	284,380	5,656	3,534	60,714	354,284	194.08
194.09	07959 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	07960 COMMUNITY REHAB HOSPITAL	1,947	0	0	570	2,517	194.10
194.11	07961 WALGREENS TAKE CARE CLINIC	0	0	0	0	0	194.11
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers					0	201.00
202.00	TOTAL (sum lines 118-201)	272,810,673	8,025,411	16,229,848	25,551,116	272,810,673	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	61,752,302					5.00
7.00	00700	OPERATION OF PLANT	3,165,603	13,985,071				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	230,052	60,225	1,076,554			8.00
9.00	00900	HOUSEKEEPING	1,035,026	142,357	0	4,714,916		9.00
10.00	01000	DIETARY	413,602	159,239	0	54,475	2,040,933	10.00
11.00	01100	CAFETERIA	640,038	401,699	0	137,419	0	11.00
13.00	01300	NURSING ADMINISTRATION	382,202	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	170,619	390,188	0	133,481	0	14.00
15.00	01500	PHARMACY	1,318,434	185,378	0	63,417	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	460,918	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	861,236	99,608	0	34,075	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	74,825	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	72,616	0	0	0	0	22.00
23.00	02300	EMS TRAINING PROGRAM-ALLIED HEALTHEM	66,039	19,110	0	6,537	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	46,048	2,822	0	965	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,463,932	5,651,481	521,234	1,933,346	1,317,531	30.00
31.00	03100	INTENSIVE CARE UNIT	1,715,162	547,521	89,381	187,304	138,397	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,753,916	1,032,193	32,442	353,108	313,630	35.00
40.00	04000	SUBPROVIDER - I PF	473,686	181,121	16,166	61,960	68,534	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	913,412	540,095	39,247	184,764	202,841	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,415,396	904,466	53,757	309,413	0	50.00
51.00	05100	RECOVERY ROOM	895,035	330,780	0	113,158	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,316,632	1,263,415	91,804	432,208	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,401,666	287,264	66,476	98,271	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	239,612	258,649	7,604	88,482	0	55.00
57.00	05700	CT SCAN	440,030	39,952	0	13,667	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,043,745	134,312	0	45,947	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,520	25,496	0	8,722	0	59.00
60.00	06000	LABORATORY	1,829,511	148,991	0	50,969	0	60.00
64.00	06400	INTRAVENOUS THERAPY	109,837	5,173	0	1,770	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,237,621	161,170	0	55,135	0	65.00
66.00	06600	PHYSICAL THERAPY	1,544,718	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	385,149	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	71,912	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	190,091	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	362,168	39,482	0	13,506	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,901,087	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,479,645	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,554,318	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	233,615	5,099	0	1,744	0	74.00
76.00	03330	ENDOSCOPY	550,204	207,879	24,317	71,114	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	0	76.02
76.03	03951	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04
76.05	03953	MISC ANCILLARY	0	0	0	0	0	76.05
76.06	03954	IMAGING CENTER	1,087,036	0	0	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	1,436,848	0	0	0	0	76.07
76.08	03956	BARITRIC CLINIC	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0	0	0	0	0	90.02
90.24	04973	PALLIATIVE CARE	0	0	0	0	0	90.24
90.26	04975	SPINE CENTER	73,008	0	1,209	0	0	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	09100	EMERGENCY	2,492,914	532,991	132,917	182,333	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	61,553,684	13,758,156	1,076,554	4,637,290	2,040,933	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,301	98,692	0	33,762	0	190.00
191.00	19100	RESEARCH	23,750	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,618	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	HOME OFFICE	15,627	115,945	0	39,664	0
194.06	07956	PAVILLIONS	9,928	0	0	0	0
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	103,658	12,278	0	4,200	0
194.09	07959	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.10	07960	COMMUNITY REHAB HOSPITAL	736	0	0	0	0
194.11	07961	WALGREENS TAKE CARE CLINIC	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	61,752,302	13,985,071	1,076,554	4,714,916	2,040,933

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150169		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/24/2016 5:22 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	3,366,691					11.00
13.00	01300	NURSING ADMINISTRATION	45,584	1,734,085				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,277,435			14.00
15.00	01500	PHARMACY	146,519	0	4,536	6,224,456		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,536	0	7	0	2,055,795	16.00
17.00	01700	SOCIAL SERVICE	84,656	0	67	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	EMS TRAINING PROGRAM-ALLIED HEALTHEM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,149,363	815,089	62,127	0	244,525	30.00
31.00	03100	INTENSIVE CARE UNIT	172,567	122,379	10,473	0	34,659	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	266,991	189,341	9,739	0	149,644	35.00
40.00	04000	SUBPROVIDER - I/PF	48,840	34,636	967	0	9,628	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	94,424	66,962	5,059	0	18,259	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	231,175	163,941	59,134	0	237,092	50.00
51.00	05100	RECOVERY ROOM	91,168	0	4,540	0	46,240	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	218,151	154,705	11,835	0	42,713	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	130,239	0	4,367	0	63,352	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	19,536	0	2,515	0	30,080	55.00
57.00	05700	CT SCAN	45,584	0	259	0	107,523	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	29,304	0	728	0	43,674	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	1,317	59.00
60.00	06000	LABORATORY	0	0	53,210	0	170,491	60.00
64.00	06400	INTRAVENOUS THERAPY	13,024	0	413	0	2,401	64.00
65.00	06500	RESPIRATORY THERAPY	133,495	0	8,187	0	55,130	65.00
66.00	06600	PHYSICAL THERAPY	35,816	0	3,367	0	41,935	66.00
67.00	06700	OCCUPATIONAL THERAPY	35,816	0	742	0	10,747	67.00
68.00	06800	SPEECH PATHOLOGY	6,512	0	138	0	3,170	68.00
69.00	06900	ELECTROCARDIOLOGY	6,512	0	0	0	12,582	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35,816	0	2,418	0	12,603	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	461,263	0	125,956	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	529,681	0	71,251	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,224,456	158,841	73.00
74.00	07400	RENAL DIALYSIS	0	0	161	0	3,936	74.00
76.00	03330	ENDOSCOPY	42,328	0	5,961	0	25,538	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	0	76.02
76.03	03951	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04
76.05	03953	MISC ANCILLARY	0	0	0	0	0	76.05
76.06	03954	IMAGING CENTER	0	0	5,023	0	91,063	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0	323	0	19,628	76.07
76.08	03956	BARIATRIC CLINIC	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0	0	0	0	0	90.02
90.24	04973	PALLIATIVE CARE	0	0	0	0	0	90.24
90.26	04975	SPINE CENTER	0	0	3	0	1,313	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	09100	EMERGENCY	263,735	187,032	26,692	0	220,504	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,366,691	1,734,085	1,273,935	6,224,456	2,055,795	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,585	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.06	07956	PAVILLIONS	0	0	153	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	1,762	0	0	194.08
194.09	07959	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	0	194.10
194.11	07961	WALGREENS TAKE CARE CLINIC	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,366,691	1,734,085	1,277,435	6,224,456	2,055,795	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		EMS TRAINING PROGRAM-ALLIED HEALTH	HEALTH
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			17.00	19.00		
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.00 00500						5.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100						11.00
13.00 01300						13.00
14.00 01400						14.00
15.00 01500						15.00
16.00 01600						16.00
17.00 01700	4,023,194					17.00
19.00 01900		0	0			19.00
21.00 02100			330,563			21.00
22.00 02200				320,804		22.00
23.00 02300					317,395	23.00
23.01 02301						23.01
23.02 02302						23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	2,597,188	0	194,611	188,866	0	30.00
31.00 03100	272,815	0	0	0	0	31.00
35.00 02060	618,244	0	0	0	0	35.00
40.00 04000	135,097	0	0	0	0	40.00
41.00 04100	0	0	0	0	0	41.00
43.00 04300	399,850	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	0	0	0	0	0	50.00
51.00 05100	0	0	0	0	0	51.00
52.00 05200	0	0	0	0	0	52.00
54.00 05400	0	0	0	0	0	54.00
55.00 05500	0	0	0	0	0	55.00
57.00 05700	0	0	0	0	0	57.00
58.00 05800	0	0	0	0	0	58.00
59.00 05900	0	0	0	0	0	59.00
60.00 06000	0	0	0	0	0	60.00
64.00 06400	0	0	0	0	0	64.00
65.00 06500	0	0	0	0	0	65.00
66.00 06600	0	0	0	0	0	66.00
67.00 06700	0	0	0	0	0	67.00
68.00 06800	0	0	0	0	0	68.00
69.00 06900	0	0	0	0	0	69.00
70.00 07000	0	0	0	0	0	70.00
71.00 07100	0	0	0	0	0	71.00
72.00 07200	0	0	0	0	0	72.00
73.00 07300	0	0	0	0	0	73.00
74.00 07400	0	0	0	0	0	74.00
76.00 03330	0	0	0	0	0	76.00
76.01 03550	0	0	0	0	0	76.01
76.02 03950	0	0	0	0	0	76.02
76.03 03951	0	0	0	0	0	76.03
76.04 03952	0	0	0	0	0	76.04
76.05 03953	0	0	0	0	0	76.05
76.06 03954	0	0	0	0	0	76.06
76.07 03955	0	0	0	0	0	76.07
76.08 03956	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	0	0	0	0	0	90.00
90.01 09001	0	0	0	0	0	90.01
90.02 09002	0	0	0	0	0	90.02
90.24 04973	0	0	0	0	0	90.24
90.26 04975	0	0	0	0	0	90.26
90.27 04976	0	0	0	0	0	90.27
91.00 09100	0	0	0	0	317,395	91.00
92.00 09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	0	0	0	0	0	113.00
118.00	4,023,194	0	194,611	188,866	317,395	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		EMS TRAINING PROGRAM-ALLIED HEALTH			
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			17.00	19.00			21.00	22.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
191.00	19100	RESEARCH	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	135,952	131,938	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00	
194.00	07950	HOME OFFICE	0	0	0	0	194.00	
194.06	07956	PAVILLIONS	0	0	0	0	194.06	
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.07	
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.08	
194.09	07959	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.09	
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	194.10	
194.11	07961	WALGREENS TAKE CARE CLINIC	0	0	0	0	194.11	
200.00		Cross Foot Adjustments	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	4,023,194	0	330,563	320,804	317,395	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/24/2016 5:22 pm	
Cost Center Description			RADIOLOGY SCHOOL-ALLIED HEALTH	PHARMACY RESIDENCY-ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.01	23.02	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	EMS TRAINING PROGRAM-ALLIED HEALTH					23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0				23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH		207,220			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	74,156,611	-383,477	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	9,152,775	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	15,131,644	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,649,611	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	5,586,793	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	17,047,590	0	50.00
51.00	05100	RECOVERY ROOM	0	0	4,539,991	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	12,449,299	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	6,842,281	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,465,429	0	55.00
57.00	05700	CT SCAN	0	0	2,150,960	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	4,865,045	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	55,504	0	59.00
60.00	06000	LABORATORY	0	0	8,506,114	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	508,021	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,880,706	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	6,905,407	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,748,826	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	327,515	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	858,882	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,703,819	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	17,821,528	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	20,391,207	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	207,220	22,292,860	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,043,008	0	74.00
76.00	03330	ENDOSCOPY	0	0	2,807,841	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	76.02
76.03	03951	OTHER ANCILLARY SERVICES	0	0	0	0	76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.04
76.05	03953	MISC ANCILLARY	0	0	0	0	76.05
76.06	03954	IMAGING CENTER	0	0	4,898,418	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0	6,367,689	0	76.07
76.08	03956	BIATRIC CLINIC	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0	0	0	0	90.02
90.24	04973	PALLIATIVE CARE	0	0	0	0	90.24
90.26	04975	SPINE CENTER	0	0	325,061	0	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0	0	90.27
91.00	09100	EMERGENCY	0	0	12,876,850	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	207,220	271,357,285	-383,477	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description		RADIOLOGY SCHOOL-ALLIED HEALTH	PHARMACY RESIDENCY-ALLI ED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	23.02	24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	191,217	0	191,217	190.00
191.00	19100	RESEARCH	0	0	104,923	0	104,923	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	409,156	-267,890	141,266	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	0	0	224,645	0	224,645	194.00
194.06	07956	PAVILLIONS	0	0	44,012	0	44,012	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	476,182	0	476,182	194.08
194.09	07959	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	3,253	0	3,253	194.10
194.11	07961	WALGREENS TAKE CARE CLINIC	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	207,220	272,810,673	-651,367	272,159,306	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	16,055	8,114,921	8,130,976	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	527,294	5,264,714	5,792,008	5.00
7.00 00700	OPERATION OF PLANT	0	1,039,971	58,540	1,098,511	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	27,742	0	27,742	8.00
9.00 00900	HOUSEKEEPING	0	65,575	6,424	71,999	9.00
10.00 01000	DIETARY	0	73,352	7,040	80,392	10.00
11.00 01100	CAFETERIA	0	185,039	17,761	202,800	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	449	449	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	179,737	41,635	221,372	14.00
15.00 01500	PHARMACY	0	85,393	69,891	155,284	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	45,883	0	45,883	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	EMS TRAINING PROGRAM-ALLIED HEALTHEM	0	8,803	0	8,803	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	1,300	0	1,300	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,603,299	462,792	3,066,091	30.00
31.00 03100	INTENSIVE CARE UNIT	0	252,210	16,387	268,597	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	475,470	70,891	546,361	35.00
40.00 04000	SUBPROVIDER - I PF	0	83,432	8,878	92,310	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00 04300	NURSERY	0	248,790	24,331	273,121	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	416,634	584,621	1,001,255	50.00
51.00 05100	RECOVERY ROOM	0	152,371	5,796	158,167	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	581,980	56,919	638,899	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	132,325	393,916	526,241	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	119,144	48,013	167,157	55.00
57.00 05700	CT SCAN	0	18,404	60,476	78,880	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	61,870	314,019	375,889	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	11,745	0	11,745	59.00
60.00 06000	LABORATORY	0	68,631	570	69,201	60.00
64.00 06400	INTRAVENOUS THERAPY	0	2,383	1,449	3,832	64.00
65.00 06500	RESPIRATORY THERAPY	0	74,241	111,268	185,509	65.00
66.00 06600	PHYSICAL THERAPY	0	0	42,860	42,860	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	10,382	10,382	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	1,939	1,939	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	6,132	6,132	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	18,187	49,262	67,449	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	2,349	0	2,349	74.00
76.00 03330	ENDOSCOPY	0	95,758	155,059	250,817	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.02 03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	76.02
76.03 03951	OTHER ANCILLARY SERVICES	0	0	0	0	76.03
76.04 03952	ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.04
76.05 03953	MISC ANCILLARY	0	0	0	0	76.05
76.06 03954	IMAGING CENTER	0	0	131,964	131,964	76.06
76.07 03955	BREAST DIAGNOSTIC CENTER	0	0	32,225	32,225	76.07
76.08 03956	BIOPSY CLINIC	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	CLINIC	0	0	0	0	90.01
90.02 09002	CNTR FOR ADVANCED HEART CARE	0	0	0	0	90.02
90.24 04973	PALLIATIVE CARE	0	0	0	0	90.24
90.26 04975	SPINE CENTER	0	0	0	0	90.26
90.27 04976	DIABETIC CARE CENTER	0	0	0	0	90.27
91.00 09100	EMERGENCY	0	245,517	34,179	279,696	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	7,920,884	16,205,703	24,126,587	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	45,462	0	45,462	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 HOME OFFICE	0	53,409	0	53,409	0	194.00
194.06 07956 PAVILLIONS	0	0	20,611	20,611	0	194.06
194.07 07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08 07958 OTHER NONREIMBURSABLE COST CENTERS	0	5,656	3,534	9,190	19,321	194.08
194.09 07959 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10 07960 COMMUNITY REHAB HOSPITAL	0	0	0	0	181	194.10
194.11 07961 WALGREENS TAKE CARE CLINIC	0	0	0	0	0	194.11
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	0	8,025,411	16,229,848	24,255,259	8,130,976	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 5:22 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	6,176,159				5.00	
7.00	00700	OPERATION OF PLANT	316,610	1,648,825			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	23,009	7,100	57,862		8.00	
9.00	00900	HOUSEKEEPING	103,519	16,784	0	371,772	9.00	
10.00	01000	DIETARY	41,367	18,774	0	4,295	233,284	10.00
11.00	01100	CAFETERIA	64,014	47,360	0	10,836	0	11.00
13.00	01300	NURSING ADMINISTRATION	38,226	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,065	46,003	0	10,525	0	14.00
15.00	01500	PHARMACY	131,864	21,856	0	5,000	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	46,099	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	86,137	11,744	0	2,687	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,484	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,263	0	0	0	0	22.00
23.00	02300	EMS TRAINING PROGRAM-ALLIED HEALTHEM	6,605	2,253	0	515	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	4,606	333	0	76	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,346,560	666,302	28,015	152,442	150,597	30.00
31.00	03100	INTENSIVE CARE UNIT	171,543	64,552	4,804	14,769	15,819	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	275,435	121,694	1,744	27,843	35,849	35.00
40.00	04000	SUBPROVIDER - I/PF	47,376	21,354	869	4,886	7,834	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	91,356	63,677	2,109	14,569	23,185	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	341,593	106,636	2,889	24,397	0	50.00
51.00	05100	RECOVERY ROOM	89,518	38,999	0	8,923	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	231,700	148,955	4,934	34,080	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	140,189	33,868	3,573	7,749	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	23,965	30,494	409	6,977	0	55.00
57.00	05700	CT SCAN	44,010	4,710	0	1,078	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	104,391	15,835	0	3,623	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	452	3,006	0	688	0	59.00
60.00	06000	LABORATORY	182,980	17,566	0	4,019	0	60.00
64.00	06400	INTRAVENOUS THERAPY	10,985	610	0	140	0	64.00
65.00	06500	RESPIRATORY THERAPY	123,782	19,002	0	4,347	0	65.00
66.00	06600	PHYSICAL THERAPY	154,496	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	38,521	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,192	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,012	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	36,223	4,655	0	1,065	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	390,170	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	448,035	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	355,488	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	23,365	601	0	138	0	74.00
76.00	03330	ENDOSCOPY	55,029	24,509	1,307	5,607	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	0	76.02
76.03	03951	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04
76.05	03953	MISC ANCILLARY	0	0	0	0	0	76.05
76.06	03954	IMAGING CENTER	108,721	0	0	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	143,707	0	0	0	0	76.07
76.08	03956	BARITRIC CLINIC	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0	0	0	0	0	90.02
90.24	04973	PALLIATIVE CARE	0	0	0	0	0	90.24
90.26	04975	SPINE CENTER	7,302	0	65	0	0	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	09100	EMERGENCY	249,331	62,839	7,144	14,377	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,156,295	1,622,071	57,862	365,651	233,284	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,330	11,636	0	2,662	0	190.00
191.00	19100	RESEARCH	2,375	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,162	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150169			Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 5:22 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	1,563	13,670	0	3,128	0	194.00
194.06	07956	PAVILLIONS	993	0	0	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	10,367	1,448	0	331	0	194.08
194.09	07959	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	07960	COMMUNITY REHAB HOSPITAL	74	0	0	0	0	194.10
194.11	07961	WALGREENS TAKE CARE CLINIC	0	0	0	0	0	194.11
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)	6,176,159	1,648,825	57,862	371,772	233,284	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150169		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 5:22 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	462,380					11.00
13.00	01300	6,260	92,521				13.00
14.00	01400	0	0	294,965			14.00
15.00	01500	20,123	0	1,047	686,357		15.00
16.00	01600	2,683	0	2	0	90,151	16.00
17.00	01700	11,627	0	15	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	157,855	43,489	14,345	0	10,502	30.00
31.00	03100	23,700	6,529	2,418	0	1,524	31.00
35.00	02060	36,668	10,102	2,249	0	6,581	35.00
40.00	04000	6,708	1,848	223	0	423	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	12,968	3,573	1,168	0	803	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	31,749	8,747	13,654	0	10,426	50.00
51.00	05100	12,521	0	1,048	0	2,033	51.00
52.00	05200	29,961	8,254	2,733	0	1,878	52.00
54.00	05400	17,887	0	1,008	0	2,786	54.00
55.00	05500	2,683	0	581	0	1,323	55.00
57.00	05700	6,260	0	60	0	4,728	57.00
58.00	05800	4,025	0	168	0	1,921	58.00
59.00	05900	0	0	0	0	58	59.00
60.00	06000	0	0	12,286	0	7,497	60.00
64.00	06400	1,789	0	95	0	106	64.00
65.00	06500	18,334	0	1,890	0	2,424	65.00
66.00	06600	4,919	0	777	0	1,844	66.00
67.00	06700	4,919	0	171	0	473	67.00
68.00	06800	894	0	32	0	139	68.00
69.00	06900	894	0	0	0	553	69.00
70.00	07000	4,919	0	558	0	554	70.00
71.00	07100	0	0	106,506	0	5,539	71.00
72.00	07200	0	0	122,311	0	3,133	72.00
73.00	07300	0	0	0	686,357	6,985	73.00
74.00	07400	0	0	37	0	173	74.00
76.00	03330	5,813	0	1,376	0	1,123	76.00
76.01	03550	0	0	0	0	0	76.01
76.02	03950	0	0	0	0	0	76.02
76.03	03951	0	0	0	0	0	76.03
76.04	03952	0	0	0	0	0	76.04
76.05	03953	0	0	0	0	0	76.05
76.06	03954	0	0	1,160	0	4,004	76.06
76.07	03955	0	0	75	0	863	76.07
76.08	03956	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.24	04973	0	0	0	0	0	90.24
90.26	04975	0	0	1	0	58	90.26
90.27	04976	0	0	0	0	0	90.27
91.00	09100	36,221	9,979	6,163	0	9,697	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		462,380	92,521	294,157	686,357	90,151	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	366	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.06	07956	PAVILLIONS	0	0	35	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	407	0	0	194.08
194.09	07959	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	0	194.10
194.11	07961	WALGREENS TAKE CARE CLINIC	0	0	0	0	0	194.11
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)	462,380	92,521	294,965	686,357	90,151	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 5:22 pm
-------------------------------------	--	----------------------	---	--

Line	Code	Cost Center Description	INTERNS & RESIDENTS				EMS TRAINING PROGRAM-ALLIED HEALTH	23.00
			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00	01700	SOCIAL SERVICE	338,370				17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		7,484		21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			7,263	22.00	
23.00	02300	EMS TRAINING PROGRAM-ALLIED HEALTH	0				23.00	
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0				23.01	
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0			19,521	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	218,437				30.00	
31.00	03100	INTENSIVE CARE UNIT	22,945				31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	51,997				35.00	
40.00	04000	SUBPROVIDER - I PF	11,362				40.00	
41.00	04100	SUBPROVIDER - I RF	0				41.00	
43.00	04300	NURSERY	33,629				43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0				50.00	
51.00	05100	RECOVERY ROOM	0				51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0				52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0				55.00	
57.00	05700	CT SCAN	0				57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0				58.00	
59.00	05900	CARDIAC CATHETERIZATION	0				59.00	
60.00	06000	LABORATORY	0				60.00	
64.00	06400	INTRAVENOUS THERAPY	0				64.00	
65.00	06500	RESPIRATORY THERAPY	0				65.00	
66.00	06600	PHYSICAL THERAPY	0				66.00	
67.00	06700	OCCUPATIONAL THERAPY	0				67.00	
68.00	06800	SPEECH PATHOLOGY	0				68.00	
69.00	06900	ELECTROCARDIOLOGY	0				69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0				70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0				71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0				72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0				73.00	
74.00	07400	RENAL DIALYSIS	0				74.00	
76.00	03330	ENDOSCOPY	0				76.00	
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0				76.01	
76.02	03950	NEUROPSYCHIATRIC SERVICES	0				76.02	
76.03	03951	OTHER ANCILLARY SERVICES	0				76.03	
76.04	03952	ANCILLARY SERVICE COST CENTERS	0				76.04	
76.05	03953	MISC ANCILLARY	0				76.05	
76.06	03954	IMAGING CENTER	0				76.06	
76.07	03955	BREAST DIAGNOSTIC CENTER	0				76.07	
76.08	03956	BARIATRIC CLINIC	0				76.08	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0				90.00	
90.01	09001	CLINIC	0				90.01	
90.02	09002	CNTR FOR ADVANCED HEART CARE	0				90.02	
90.24	04973	PALLIATIVE CARE	0				90.24	
90.26	04975	SPINE CENTER	0				90.26	
90.27	04976	DIABETIC CARE CENTER	0				90.27	
91.00	09100	EMERGENCY	0				91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				92.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	338,370	0	0	0	0118.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		EMS TRAINING PROGRAM-ALLIED HEALTH			
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			17.00	19.00			21.00	22.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				190.00	
191.00	19100	RESEARCH	0				191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0				192.00	
193.00	19300	NONPAID WORKERS	0				193.00	
194.00	07950	HOME OFFICE	0				194.00	
194.06	07956	PAVILLIONS	0				194.06	
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0				194.07	
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0				194.08	
194.09	07959	OTHER NONREIMBURSABLE COST CENTERS	0				194.09	
194.10	07960	COMMUNITY REHAB HOSPITAL	0				194.10	
194.11	07961	WALGREENS TAKE CARE CLINIC	0				194.11	
200.00		Cross Foot Adjustments		0	7,484	7,263	19,521	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	338,370	0	7,484	7,263	19,521	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 5:22 pm	
Cost Center Description			RADIOLOGY SCHOOL-ALLIED HEALTH	PHARMACY RESIDENCY-ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.01	23.02	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	EMS TRAINING PROGRAM-ALLIED HEALTH					23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0				23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH		10,513			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			8,038,183	0	30.00
31.00	03100	INTENSIVE CARE UNIT			942,195	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			1,698,257	0	35.00
40.00	04000	SUBPROVIDER - IPF			297,502	0	40.00
41.00	04100	SUBPROVIDER - IRF			0	0	41.00
43.00	04300	NURSERY			699,996	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			1,995,216	0	50.00
51.00	05100	RECOVERY ROOM			499,038	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			1,522,090	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,009,288	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			271,572	0	55.00
57.00	05700	CT SCAN			227,031	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			570,512	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			15,949	0	59.00
60.00	06000	LABORATORY			293,549	0	60.00
64.00	06400	INTRAVENOUS THERAPY			44,313	0	64.00
65.00	06500	RESPIRATORY THERAPY			619,923	0	65.00
66.00	06600	PHYSICAL THERAPY			563,065	0	66.00
67.00	06700	OCCUPATIONAL THERAPY			131,632	0	67.00
68.00	06800	SPEECH PATHOLOGY			24,604	0	68.00
69.00	06900	ELECTROCARDIOLOGY			35,415	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			185,426	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			502,215	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			573,479	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			1,048,830	0	73.00
74.00	07400	RENAL DIALYSIS			26,663	0	74.00
76.00	03330	ENDOSCOPY			434,105	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES			0	0	76.02
76.03	03951	OTHER ANCILLARY SERVICES			0	0	76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS			0	0	76.04
76.05	03953	MISC ANCILLARY			0	0	76.05
76.06	03954	IMAGING CENTER			372,272	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER			176,870	0	76.07
76.08	03956	BARIATRIC CLINIC			0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC			0	0	90.00
90.01	09001	CLINIC			0	0	90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE			0	0	90.02
90.24	04973	PALLIATIVE CARE			0	0	90.24
90.26	04975	SPINE CENTER			24,438	0	90.26
90.27	04976	DIABETIC CARE CENTER			0	0	90.27
91.00	09100	EMERGENCY			1,165,129	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE			0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	24,008,757	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description		RADIOLOGY SCHOOL-ALLIED HEALTH	PHARMACY RESIDENCY-ALLI ED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.02	24.00	25.00	26.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		61,090	0	61,090	190.00
191.00	19100	RESEARCH		2,375	0	2,375	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		3,528	0	3,528	192.00
193.00	19300	NONPAID WORKERS		0	0	0	193.00
194.00	07950	HOME OFFICE		71,770	0	71,770	194.00
194.06	07956	PAVILLIONS		21,639	0	21,639	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS		41,064	0	41,064	194.08
194.09	07959	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.09
194.10	07960	COMMUNITY REHAB HOSPITAL		255	0	255	194.10
194.11	07961	WALGREENS TAKE CARE CLINIC		0	0	0	194.11
200.00		Cross Foot Adjustments	0	10,513	0	44,781	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	10,513	0	24,255,259	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	703,833				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		30,798,858			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,408	15,399,429	83,575,150		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	46,244	9,990,672	3,948,553	-61,752,302	5.00
7.00 00700	OPERATION OF PLANT	91,206	111,089	2,402,165	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,433	0	117	0	8.00
9.00 00900	HOUSEKEEPING	5,751	12,190	1,844,710	0	9.00
10.00 01000	DIETARY	6,433	13,360	909,206	0	10.00
11.00 01100	CAFETERIA	16,228	33,705	1,411,974	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	853	489,121	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,763	79,010	0	0	14.00
15.00 01500	PHARMACY	7,489	132,630	3,609,687	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	425,192	0	16.00
17.00 01700	SOCIAL SERVICE	4,024	0	1,853,002	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	EMS TRAINING PROGRAM-ALLIED HEALTHEM	772	0	13,820	0	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	114	0	43,148	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	228,311	878,225	22,443,613	0	30.00
31.00 03100	INTENSIVE CARE UNIT	22,119	31,098	3,546,081	0	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	41,699	134,528	5,979,446	0	35.00
40.00 04000	SUBPROVIDER - I PF	7,317	16,847	1,051,596	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00 04300	NURSERY	21,819	46,173	1,848,497	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	36,539	1,109,415	4,665,170	0	50.00
51.00 05100	RECOVERY ROOM	13,363	10,999	1,930,626	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	51,040	108,013	4,324,186	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,605	747,521	2,836,774	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	10,449	91,113	390,416	0	55.00
57.00 05700	CT SCAN	1,614	114,763	897,374	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	5,426	595,903	664,613	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,030	0	0	0	59.00
60.00 06000	LABORATORY	6,019	1,082	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	209	2,750	275,019	0	64.00
65.00 06500	RESPIRATORY THERAPY	6,511	211,150	2,720,091	0	65.00
66.00 06600	PHYSICAL THERAPY	0	81,334	3,681,499	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	19,702	793,166	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	3,679	148,094	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	11,636	90,701	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,595	93,483	719,539	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	206	0	0	0	74.00
76.00 03330	ENDOSCOPY	8,398	294,250	909,906	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.02 03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	76.02
76.03 03951	OTHER ANCILLARY SERVICES	0	0	0	0	76.03
76.04 03952	ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.04
76.05 03953	MISC ANCILLARY	0	0	0	0	76.05
76.06 03954	IMAGING CENTER	0	250,424	1,299,457	0	76.06
76.07 03955	BREAST DIAGNOSTIC CENTER	0	61,153	0	0	76.07
76.08 03956	BARIATRIC CLINIC	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	CLINIC	0	0	0	0	90.01
90.02 09002	CNTR FOR ADVANCED HEART CARE	0	0	0	0	90.02
90.24 04973	PALLIATIVE CARE	0	0	0	0	90.24
90.26 04975	SPINE CENTER	0	0	174,862	0	90.26
90.27 04976	DIABETIC CARE CENTER	0	0	0	0	90.27
91.00 09100	EMERGENCY	21,532	64,860	5,033,275	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00	4.00					
118.00	SUBTOTALS (SUM OF LINES 1-117)				5A	5.00	118.00	
	694,666	30,753,039		83,374,696	-61,752,302	210,379,532		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,987	0	0	0	45,462	190.00
191.00	19100	RESEARCH	0	0	0	0	81,173	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	108,063	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	4,684	0	0	0	53,409	194.00
194.06	07956	PAVILLIONS	0	39,112	0	0	33,931	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	496	6,707	198,589	0	354,284	194.08
194.09	07959	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	1,865	0	2,517	194.10
194.11	07961	WALGREENS TAKE CARE CLINIC	0	0	0	0	0	194.11
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)	8,025,411	16,229,848	25,551,116		61,752,302	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.402436	0.526963	0.305726		0.292584	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			8,130,976		6,176,159	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.097289		0.029263	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	564,975				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,433	243,939			8.00
9.00	00900	HOUSEKEEPING	5,751	0	556,791		9.00
10.00	01000	DIETARY	6,433	0	6,433	79,840	10.00
11.00	01100	CAFETERIA	16,228	0	16,228	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,763	0	15,763	0	14.00
15.00	01500	PHARMACY	7,489	0	7,489	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,024	0	4,024	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	EMS TRAINING PROGRAM-ALLIED HEALTHEM	772	0	772	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	114	0	114	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	228,311	118,108	228,311	51,541	30.00
31.00	03100	INTENSIVE CARE UNIT	22,119	20,253	22,119	5,414	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	41,699	7,351	41,699	12,269	35.00
40.00	04000	SUBPROVIDER - IPF	7,317	3,663	7,317	2,681	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	21,819	8,893	21,819	7,935	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,539	12,181	36,539	0	50.00
51.00	05100	RECOVERY ROOM	13,363	0	13,363	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,040	20,802	51,040	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,605	15,063	11,605	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,449	1,723	10,449	0	55.00
57.00	05700	CT SCAN	1,614	0	1,614	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,426	0	5,426	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,030	0	1,030	0	59.00
60.00	06000	LABORATORY	6,019	0	6,019	0	60.00
64.00	06400	INTRAVENOUS THERAPY	209	0	209	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,511	0	6,511	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,595	0	1,595	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	206	0	206	0	74.00
76.00	03330	ENDOSCOPY	8,398	5,510	8,398	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	76.02
76.03	03951	OTHER ANCILLARY SERVICES	0	0	0	0	76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.04
76.05	03953	MISC ANCILLARY	0	0	0	0	76.05
76.06	03954	IMAGING CENTER	0	0	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0	0	0	76.07
76.08	03956	BARIATRIC CLINIC	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0	0	0	0	90.02
90.24	04973	PALLIATIVE CARE	0	0	0	0	90.24
90.26	04975	SPIRE CENTER	0	274	0	0	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0	0	90.27
91.00	09100	EMERGENCY	21,532	30,118	21,532	81	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	555,808	243,939	547,624	79,840	1,034
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,987	0	3,987	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
			7.00	8.00	9.00	10.00	11.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	4,684	0	4,684	0	0	194.00
194.06	07956	PAVILLIONS	0	0	0	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	496	0	496	0	0	194.08
194.09	07959	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	0	194.10
194.11	07961	WALGREENS TAKE CARE CLINIC	0	0	0	0	0	194.11
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)	13,985,071	1,076,554	4,714,916	2,040,933	3,366,691	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.753433	4.413210	8.468018	25.562788	3,255.987427	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,648,825	57,862	371,772	233,284	462,380	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.918403	0.237199	0.667705	2.921894	447.176015	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	751					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	36,925,117				14.00
15.00	01500	PHARMACY	0	131,129	11,990,165			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	191	0	1,173,887,558		16.00
17.00	01700	SOCIAL SERVICE	0	1,933	0	0	79,840	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	EMS TRAINING PROGRAM-ALLIED HEALTH	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	353	1,795,828	0	139,464,846	51,541	30.00
31.00	03100	INTENSIVE CARE UNIT	53	302,740	0	19,794,065	5,414	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	82	281,504	0	85,461,872	12,269	35.00
40.00	04000	SUBPROVIDER - I PF	15	27,945	0	5,498,849	2,681	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	29	146,239	0	10,427,739	7,935	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	71	1,709,309	0	135,403,927	0	50.00
51.00	05100	RECOVERY ROOM	0	131,233	0	26,407,804	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	67	342,097	0	24,393,597	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	126,221	0	36,180,507	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	72,711	0	17,178,935	0	55.00
57.00	05700	CT SCAN	0	7,481	0	61,406,362	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	21,044	0	24,942,516	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	752,298	0	59.00
60.00	06000	LABORATORY	0	1,538,081	0	97,367,896	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	11,950	0	1,371,344	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	236,649	0	31,485,119	0	65.00
66.00	06600	PHYSICAL THERAPY	0	97,324	0	23,949,446	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	21,442	0	6,137,588	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,003	0	1,810,667	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6	0	7,185,410	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	69,891	0	7,197,360	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,333,222	0	71,933,903	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,310,631	0	40,691,842	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	11,990,165	90,714,345	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,644	0	2,247,846	0	74.00
76.00	03330	ENDOSCOPY	0	172,319	0	14,584,910	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	0	76.02
76.03	03951	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04
76.05	03953	MISC ANCILLARY	0	0	0	0	0	76.05
76.06	03954	IMAGING CENTER	0	145,183	0	52,006,489	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	9,327	0	11,209,665	0	76.07
76.08	03956	BARITRIC CLINIC	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0	0	0	0	0	90.02
90.24	04973	PALLIATIVE CARE	0	0	0	0	0	90.24
90.26	04975	SPINE CENTER	0	100	0	749,889	0	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	09100	EMERGENCY	81	771,570	0	125,930,522	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	751	36,823,947	11,990,165	1,173,887,558	79,840	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	45,813	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	HOME OFFICE	0	0	0	0	194.00
194.06	07956	PAVILLIONS	0	4,412	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	50,945	0	0	194.08
194.09	07959	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.09
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	194.10
194.11	07961	WALGREENS TAKE CARE CLINIC	0	0	0	0	194.11
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)	1,734,085	1,277,435	6,224,456	2,055,795	4,023,194
203.00		Unit cost multiplier (Wkst. B, Part I)	2,309.034621	0.034595	0.519130	0.001751	50.390706
204.00		Cost to be allocated (per Wkst. B, Part II)	92,521	294,965	686,357	90,151	338,370
205.00		Unit cost multiplier (Wkst. B, Part II)	123.197071	0.007988	0.057243	0.000077	4.238101

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description	INTERNS & RESIDENTS					EMERGENCY PROGRAM-ALLIED HEALTH (ASSIGNED TIME)	RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	
	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	SERVICES-SALAR	SERVICES-OTHER	PRGM COSTS (ASSIGNED TIME)	PROGRAM-ALLIED HEALTH (ASSIGNED TIME)			
		Y & FRINGES (ASSIGNED TIME)	PRGM COSTS (ASSIGNED TIME)					
	19.00	21.00	22.00	23.00	23.01			
GENERAL SERVICE COST CENTERS								
1.00 00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500	ADMINISTRATIVE & GENERAL							5.00
7.00 00700	OPERATION OF PLANT							7.00
8.00 00800	LAUNDRY & LINEN SERVICE							8.00
9.00 00900	HOUSEKEEPING							9.00
10.00 01000	DIETARY							10.00
11.00 01100	CAFETERIA							11.00
13.00 01300	NURSING ADMINISTRATION							13.00
14.00 01400	CENTRAL SERVICES & SUPPLY							14.00
15.00 01500	PHARMACY							15.00
16.00 01600	MEDICAL RECORDS & LIBRARY							16.00
17.00 01700	SOCIAL SERVICE							17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0						19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		7,078					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			7,078				22.00
23.00 02300	EMS TRAINING PROGRAM-ALLIED HEALTHEM				100			23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH					0		23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH							23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	0	4,167	4,167	0	0		30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0		31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0		35.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0		40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0		41.00
43.00 04300	NURSERY	0	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	0	0	0	0	0		50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
57.00 05700	CT SCAN	0	0	0	0	0		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 06000	LABORATORY	0	0	0	0	0		60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0		65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0		66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0		74.00
76.00 03330	ENDOSCOPY	0	0	0	0	0		76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0		76.01
76.02 03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	0		76.02
76.03 03951	OTHER ANCILLARY SERVICES	0	0	0	0	0		76.03
76.04 03952	ANCILLARY SERVICE COST CENTERS	0	0	0	0	0		76.04
76.05 03953	MISC ANCILLARY	0	0	0	0	0		76.05
76.06 03954	IMAGING CENTER	0	0	0	0	0		76.06
76.07 03955	BREAST DIAGNOSTIC CENTER	0	0	0	0	0		76.07
76.08 03956	BARIATRIC CLINIC	0	0	0	0	0		76.08
OUTPATIENT SERVICE COST CENTERS								
90.00 09000	CLINIC	0	0	0	0	0		90.00
90.01 09001	CLINIC	0	0	0	0	0		90.01
90.02 09002	CNTR FOR ADVANCED HEART CARE	0	0	0	0	0		90.02
90.24 04973	PALLIATIVE CARE	0	0	0	0	0		90.24
90.26 04975	SPINE CENTER	0	0	0	0	0		90.26
90.27 04976	DIABETIC CARE CENTER	0	0	0	0	0		90.27
91.00 09100	EMERGENCY	0	0	0	100	0		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
SPECIAL PURPOSE COST CENTERS								
113.00 11300	INTEREST EXPENSE							113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		EMS TRAINING PROGRAM-ALLIED HEALTH (ASSIGNED TIME)	RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)						
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)								
		19.00	21.00				22.00	23.00	23.01		
118.00	SUBTOTALS (SUM OF LINES 1-117)					0	4,167	4,167	100	0	118.00
NONREIMBURSABLE COST CENTERS											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	0	190.00	
191.00	19100	RESEARCH	0	0	0	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,911	2,911	0	0	0	0	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	0	193.00	
194.00	07950	HOME OFFICE	0	0	0	0	0	0	0	194.00	
194.06	07956	PAVILLIONS	0	0	0	0	0	0	0	194.06	
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	194.07	
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	194.08	
194.09	07959	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	194.09	
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	0	0	0	194.10	
194.11	07961	WALGREENS TAKE CARE CLINIC	0	0	0	0	0	0	0	194.11	
200.00		Cross Foot Adjustments								200.00	
201.00		Negative Cost Centers								201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	0	330,563	320,804	317,395				202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	46.702882	45.324103	3,173.950000	0.000000			203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	0	7,484	7,263	19,521	0			204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	1.057361	1.026137	195.210000	0.000000			205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description		PHARMACY RESIDENCY-ALLIED HEALTH (ASSIGNED TIME)	
		23.02	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
191.00	19100	RESEARCH	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
193.00	19300	NONPAID WORKERS	0
194.00	07950	HOME OFFICE	0
194.06	07956	PAVILLIONS	0
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0
194.09	07959	OTHER NONREIMBURSABLE COST CENTERS	0
194.10	07960	COMMUNITY REHAB HOSPITAL	0
194.11	07961	WALGREENS TAKE CARE CLINIC	0
200.00		Cross Foot Adjustments	
201.00		Negative Cost Centers	
202.00		Cost to be allocated (per Wkst. B, Part I)	207,220
203.00		Unit cost multiplier (Wkst. B, Part I)	2,072.200000
204.00		Cost to be allocated (per Wkst. B, Part II)	10,513
205.00		Unit cost multiplier (Wkst. B, Part II)	105.130000

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 5:22 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	73,773,134	73,773,134	0	73,773,134	30.00
31.00	03100 INTENSIVE CARE UNIT	9,152,775	9,152,775	0	9,152,775	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	15,131,644	15,131,644	0	15,131,644	35.00
40.00	04000 SUBPROVIDER - I PF	2,649,611	2,649,611	4,549	2,654,160	40.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300 NURSERY	5,586,793	5,586,793	0	5,586,793	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	17,047,590	17,047,590	0	17,047,590	50.00
51.00	05100 RECOVERY ROOM	4,539,991	4,539,991	0	4,539,991	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	12,449,299	12,449,299	0	12,449,299	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,842,281	6,842,281	0	6,842,281	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,465,429	1,465,429	0	1,465,429	55.00
57.00	05700 CT SCAN	2,150,960	2,150,960	0	2,150,960	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,865,045	4,865,045	0	4,865,045	58.00
59.00	05900 CARDIAC CATHETERIZATION	55,504	55,504	0	55,504	59.00
60.00	06000 LABORATORY	8,506,114	8,506,114	0	8,506,114	60.00
64.00	06400 INTRAVENOUS THERAPY	508,021	508,021	0	508,021	64.00
65.00	06500 RESPIRATORY THERAPY	5,880,706	5,880,706	0	5,880,706	65.00
66.00	06600 PHYSICAL THERAPY	6,905,407	6,905,407	0	6,905,407	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,748,826	1,748,826	0	1,748,826	67.00
68.00	06800 SPEECH PATHOLOGY	327,515	327,515	0	327,515	68.00
69.00	06900 ELECTROCARDIOLOGY	858,882	858,882	0	858,882	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,703,819	1,703,819	0	1,703,819	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,821,528	17,821,528	0	17,821,528	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	20,391,207	20,391,207	0	20,391,207	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,292,860	22,292,860	0	22,292,860	73.00
74.00	07400 RENAL DIALYSIS	1,043,008	1,043,008	0	1,043,008	74.00
76.00	03330 ENDOSCOPY	2,807,841	2,807,841	0	2,807,841	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	0	0	0	76.02
76.03	03951 OTHER ANCILLARY SERVICES	0	0	0	0	76.03
76.04	03952 ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.04
76.05	03953 MISCELLANEOUS ANCILLARY	0	0	0	0	76.05
76.06	03954 IMAGING CENTER	4,898,418	4,898,418	0	4,898,418	76.06
76.07	03955 BREAST DIAGNOSTIC CENTER	6,367,689	6,367,689	0	6,367,689	76.07
76.08	03956 BARIATRIC CLINIC	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 CLINIC	0	0	0	0	90.01
90.02	09002 CNTR FOR ADVANCED HEART CARE	0	0	0	0	90.02
90.24	04973 PALLIATIVE CARE	0	0	0	0	90.24
90.26	04975 SPINE CENTER	325,061	325,061	0	325,061	90.26
90.27	04976 DIABETIC CARE CENTER	0	0	0	0	90.27
91.00	09100 EMERGENCY	12,876,850	12,876,850	0	12,876,850	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,466,224	9,466,224	0	9,466,224	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	280,440,032	280,440,032	4,549	280,444,581	200.00
201.00	Less Observation Beds	9,466,224	9,466,224		9,466,224	201.00
202.00	Total (see instructions)	270,973,808	270,973,808	4,549	270,978,357	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150169		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 5:22 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	128,778,714		128,778,714			30.00
31.00	03100	INTENSIVE CARE UNIT	19,794,065		19,794,065			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	85,461,872		85,461,872			35.00
40.00	04000	SUBPROVIDER - IPF	5,498,849		5,498,849			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	10,427,739		10,427,739			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	95,238,667	40,165,260	135,403,927	0.125902	0.000000	50.00
51.00	05100	RECOVERY ROOM	15,604,073	10,803,731	26,407,804	0.171919	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,393,597	0	24,393,597	0.510351	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,391,991	25,788,516	36,180,507	0.189115	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,382,066	9,796,869	17,178,935	0.085304	0.000000	55.00
57.00	05700	CT SCAN	18,030,943	43,375,419	61,406,362	0.035028	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,455,380	20,487,136	24,942,516	0.195050	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	752,298	0	752,298	0.073779	0.000000	59.00
60.00	06000	LABORATORY	61,513,621	35,854,275	97,367,896	0.087361	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,209,445	161,899	1,371,344	0.370455	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	25,153,255	6,331,864	31,485,119	0.186777	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,527,147	18,422,299	23,949,446	0.288333	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,248,443	1,889,145	6,137,588	0.284937	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,156,734	653,933	1,810,667	0.180881	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,829,539	1,355,871	7,185,410	0.119531	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	905,812	6,291,548	7,197,360	0.236728	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	54,142,694	17,791,209	71,933,903	0.247749	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,059,879	5,631,963	40,691,842	0.501113	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,601,297	24,113,048	90,714,345	0.245748	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,247,846	0	2,247,846	0.464003	0.000000	74.00
76.00	03330	ENDOSCOPY	3,014,944	11,569,966	14,584,910	0.192517	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0.000000	0.000000	76.02
76.03	03951	OTHER ANCILLARY SERVICES	0	0	0	0.000000	0.000000	76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.04
76.05	03953	MISC ANCILLARY	0	0	0	0.000000	0.000000	76.05
76.06	03954	IMAGING CENTER	339,538	51,666,951	52,006,489	0.094189	0.000000	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	8,776	11,200,889	11,209,665	0.568053	0.000000	76.07
76.08	03956	BARIATRIC CLINIC	0	0	0	0.000000	0.000000	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	CLINIC	0	0	0	0.000000	0.000000	90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0	0	0	0.000000	0.000000	90.02
90.24	04973	PALLIATIVE CARE	0	0	0	0.000000	0.000000	90.24
90.26	04975	SPINE CENTER	0	749,889	749,889	0.433479	0.000000	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000	90.27
91.00	09100	EMERGENCY	24,489,665	101,440,857	125,930,522	0.102254	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,977,709	8,708,423	10,686,132	0.885842	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	719,636,598	454,250,960	1,173,887,558			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	719,636,598	454,250,960	1,173,887,558			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 5:22 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.125902		50.00
51.00	05100 RECOVERY ROOM	0.171919		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.510351		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.189115		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.085304		55.00
57.00	05700 CT SCAN	0.035028		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.195050		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073779		59.00
60.00	06000 LABORATORY	0.087361		60.00
64.00	06400 INTRAVENOUS THERAPY	0.370455		64.00
65.00	06500 RESPIRATORY THERAPY	0.186777		65.00
66.00	06600 PHYSICAL THERAPY	0.288333		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.284937		67.00
68.00	06800 SPEECH PATHOLOGY	0.180881		68.00
69.00	06900 ELECTROCARDIOLOGY	0.119531		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.236728		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.247749		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.501113		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.245748		73.00
74.00	07400 RENAL DIALYSIS	0.464003		74.00
76.00	03330 ENDOSCOPY	0.192517		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0.000000		76.02
76.03	03951 OTHER ANCILLARY SERVICES	0.000000		76.03
76.04	03952 ANCILLARY SERVICE COST CENTERS	0.000000		76.04
76.05	03953 MISCELLANEOUS ANCILLARY	0.000000		76.05
76.06	03954 IMAGING CENTER	0.094189		76.06
76.07	03955 BREAST DIAGNOSTIC CENTER	0.568053		76.07
76.08	03956 BARIATRIC CLINIC	0.000000		76.08
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 CLINIC	0.000000		90.01
90.02	09002 CNTR FOR ADVANCED HEART CARE	0.000000		90.02
90.24	04973 PALLIATIVE CARE	0.000000		90.24
90.26	04975 SPINE CENTER	0.433479		90.26
90.27	04976 DIABETIC CARE CENTER	0.000000		90.27
91.00	09100 EMERGENCY	0.102254		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.885842		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 5:22 pm	
			Title XIX	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	73,773,134	73,773,134	0	73,773,134	30.00
31.00	03100 INTENSIVE CARE UNIT	9,152,775	9,152,775	0	9,152,775	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	15,131,644	15,131,644	0	15,131,644	35.00
40.00	04000 SUBPROVIDER - I PF	2,649,611	2,649,611	4,549	2,654,160	40.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300 NURSERY	5,586,793	5,586,793	0	5,586,793	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	17,047,590	17,047,590	0	17,047,590	50.00
51.00	05100 RECOVERY ROOM	4,539,991	4,539,991	0	4,539,991	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	12,449,299	12,449,299	0	12,449,299	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,842,281	6,842,281	0	6,842,281	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,465,429	1,465,429	0	1,465,429	55.00
57.00	05700 CT SCAN	2,150,960	2,150,960	0	2,150,960	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,865,045	4,865,045	0	4,865,045	58.00
59.00	05900 CARDIAC CATHETERIZATION	55,504	55,504	0	55,504	59.00
60.00	06000 LABORATORY	8,506,114	8,506,114	0	8,506,114	60.00
64.00	06400 INTRAVENOUS THERAPY	508,021	508,021	0	508,021	64.00
65.00	06500 RESPIRATORY THERAPY	5,880,706	5,880,706	0	5,880,706	65.00
66.00	06600 PHYSICAL THERAPY	6,905,407	6,905,407	0	6,905,407	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,748,826	1,748,826	0	1,748,826	67.00
68.00	06800 SPEECH PATHOLOGY	327,515	327,515	0	327,515	68.00
69.00	06900 ELECTROCARDIOLOGY	858,882	858,882	0	858,882	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,703,819	1,703,819	0	1,703,819	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,821,528	17,821,528	0	17,821,528	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	20,391,207	20,391,207	0	20,391,207	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,292,860	22,292,860	0	22,292,860	73.00
74.00	07400 RENAL DIALYSIS	1,043,008	1,043,008	0	1,043,008	74.00
76.00	03330 ENDOSCOPY	2,807,841	2,807,841	0	2,807,841	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	0	0	0	76.02
76.03	03951 OTHER ANCILLARY SERVICES	0	0	0	0	76.03
76.04	03952 ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.04
76.05	03953 MISCELLANEOUS ANCILLARY	0	0	0	0	76.05
76.06	03954 IMAGING CENTER	4,898,418	4,898,418	0	4,898,418	76.06
76.07	03955 BREAST DIAGNOSTIC CENTER	6,367,689	6,367,689	0	6,367,689	76.07
76.08	03956 BARIATRIC CLINIC	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 CLINIC	0	0	0	0	90.01
90.02	09002 CNTR FOR ADVANCED HEART CARE	0	0	0	0	90.02
90.24	04973 PALLIATIVE CARE	0	0	0	0	90.24
90.26	04975 SPINE CENTER	325,061	325,061	0	325,061	90.26
90.27	04976 DIABETIC CARE CENTER	0	0	0	0	90.27
91.00	09100 EMERGENCY	12,876,850	12,876,850	0	12,876,850	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,466,224	9,466,224	0	9,466,224	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	280,440,032	280,440,032	4,549	280,444,581	200.00
201.00	Less Observation Beds	9,466,224	9,466,224		9,466,224	201.00
202.00	Total (see instructions)	270,973,808	270,973,808	4,549	270,978,357	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150169		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 5:22 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	128,778,714		128,778,714			30.00
31.00	03100	INTENSIVE CARE UNIT	19,794,065		19,794,065			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	85,461,872		85,461,872			35.00
40.00	04000	SUBPROVIDER - IPF	5,498,849		5,498,849			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	10,427,739		10,427,739			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	95,238,667	40,165,260	135,403,927	0.125902	0.000000	50.00
51.00	05100	RECOVERY ROOM	15,604,073	10,803,731	26,407,804	0.171919	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,393,597	0	24,393,597	0.510351	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,391,991	25,788,516	36,180,507	0.189115	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,382,066	9,796,869	17,178,935	0.085304	0.000000	55.00
57.00	05700	CT SCAN	18,030,943	43,375,419	61,406,362	0.035028	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,455,380	20,487,136	24,942,516	0.195050	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	752,298	0	752,298	0.073779	0.000000	59.00
60.00	06000	LABORATORY	61,513,621	35,854,275	97,367,896	0.087361	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,209,445	161,899	1,371,344	0.370455	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	25,153,255	6,331,864	31,485,119	0.186777	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,527,147	18,422,299	23,949,446	0.288333	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,248,443	1,889,145	6,137,588	0.284937	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,156,734	653,933	1,810,667	0.180881	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,829,539	1,355,871	7,185,410	0.119531	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	905,812	6,291,548	7,197,360	0.236728	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	54,142,694	17,791,209	71,933,903	0.247749	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,059,879	5,631,963	40,691,842	0.501113	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,601,297	24,113,048	90,714,345	0.245748	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,247,846	0	2,247,846	0.464003	0.000000	74.00
76.00	03330	ENDOSCOPY	3,014,944	11,569,966	14,584,910	0.192517	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0.000000	0.000000	76.02
76.03	03951	OTHER ANCILLARY SERVICES	0	0	0	0.000000	0.000000	76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.04
76.05	03953	MISC ANCILLARY	0	0	0	0.000000	0.000000	76.05
76.06	03954	IMAGING CENTER	339,538	51,666,951	52,006,489	0.094189	0.000000	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	8,776	11,200,889	11,209,665	0.568053	0.000000	76.07
76.08	03956	BARIATRIC CLINIC	0	0	0	0.000000	0.000000	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	CLINIC	0	0	0	0.000000	0.000000	90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0	0	0	0.000000	0.000000	90.02
90.24	04973	PALLIATIVE CARE	0	0	0	0.000000	0.000000	90.24
90.26	04975	SPINE CENTER	0	749,889	749,889	0.433479	0.000000	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000	90.27
91.00	09100	EMERGENCY	24,489,665	101,440,857	125,930,522	0.102254	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,977,709	8,708,423	10,686,132	0.885842	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	719,636,598	454,250,960	1,173,887,558			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	719,636,598	454,250,960	1,173,887,558			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 5:22 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.125902		50.00
51.00	05100 RECOVERY ROOM	0.171919		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.510351		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.189115		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.085304		55.00
57.00	05700 CT SCAN	0.035028		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.195050		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073779		59.00
60.00	06000 LABORATORY	0.087361		60.00
64.00	06400 INTRAVENOUS THERAPY	0.370455		64.00
65.00	06500 RESPIRATORY THERAPY	0.186777		65.00
66.00	06600 PHYSICAL THERAPY	0.288333		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.284937		67.00
68.00	06800 SPEECH PATHOLOGY	0.180881		68.00
69.00	06900 ELECTROCARDIOLOGY	0.119531		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.236728		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.247749		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.501113		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.245748		73.00
74.00	07400 RENAL DIALYSIS	0.464003		74.00
76.00	03330 ENDOSCOPY	0.192517		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0.000000		76.02
76.03	03951 OTHER ANCILLARY SERVICES	0.000000		76.03
76.04	03952 ANCILLARY SERVICE COST CENTERS	0.000000		76.04
76.05	03953 MISCELLANEOUS	0.000000		76.05
76.06	03954 IMAGING CENTER	0.094189		76.06
76.07	03955 BREAST DIAGNOSTIC CENTER	0.568053		76.07
76.08	03956 BARIATRIC CLINIC	0.000000		76.08
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 CLINIC	0.000000		90.01
90.02	09002 CNTR FOR ADVANCED HEART CARE	0.000000		90.02
90.24	04973 PALLIATIVE CARE	0.000000		90.24
90.26	04975 SPINE CENTER	0.433479		90.26
90.27	04976 DIABETIC CARE CENTER	0.000000		90.27
91.00	09100 EMERGENCY	0.102254		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.885842		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150169

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

Worksheet C Part II Date/Time Prepared: 5/24/2016 5:22 pm

Cost Center Description			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Hospital Capital Reduction	PPS Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,047,590	1,995,216	15,052,374	0	0	50.00
51.00	05100	RECOVERY ROOM	4,539,991	499,038	4,040,953	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,449,299	1,522,090	10,927,209	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,842,281	1,009,288	5,832,993	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,465,429	271,572	1,193,857	0	0	55.00
57.00	05700	CT SCAN	2,150,960	227,031	1,923,929	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,865,045	570,512	4,294,533	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	55,504	15,949	39,555	0	0	59.00
60.00	06000	LABORATORY	8,506,114	293,549	8,212,565	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	508,021	44,313	463,708	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,880,706	619,923	5,260,783	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,905,407	563,065	6,342,342	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,748,826	131,632	1,617,194	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	327,515	24,604	302,911	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	858,882	35,415	823,467	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,703,819	185,426	1,518,393	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,821,528	502,215	17,319,313	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,391,207	573,479	19,817,728	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,292,860	1,048,830	21,244,030	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,043,008	26,663	1,016,345	0	0	74.00
76.00	03330	ENDOSCOPY	2,807,841	434,105	2,373,736	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	0	76.02
76.03	03951	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04
76.05	03953	MISC ANCILLARY	0	0	0	0	0	76.05
76.06	03954	IMAGING CENTER	4,898,418	372,272	4,526,146	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	6,367,689	176,870	6,190,819	0	0	76.07
76.08	03956	BARIATRIC CLINIC	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0	0	0	0	0	90.02
90.24	04973	PALLIATIVE CARE	0	0	0	0	0	90.24
90.26	04975	SPINE CENTER	325,061	24,438	300,623	0	0	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	09100	EMERGENCY	12,876,850	1,165,129	11,711,721	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,466,224	1,031,421	8,434,803	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	174,146,075	13,364,045	160,782,030	0	0	200.00
201.00		Less Observation Beds	9,466,224	1,031,421	8,434,803	0	0	201.00
202.00		Total (line 200 minus line 201)	164,679,851	12,332,624	152,347,227	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part II Date/Time Prepared: 5/24/2016 5:22 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	17,047,590	135,403,927	0.125902	50.00
51.00 05100 RECOVERY ROOM	4,539,991	26,407,804	0.171919	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	12,449,299	24,393,597	0.510351	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,842,281	36,180,507	0.189115	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,465,429	17,178,935	0.085304	55.00
57.00 05700 CT SCAN	2,150,960	61,406,362	0.035028	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	4,865,045	24,942,516	0.195050	58.00
59.00 05900 CARDIAC CATHETERIZATION	55,504	752,298	0.073779	59.00
60.00 06000 LABORATORY	8,506,114	97,367,896	0.087361	60.00
64.00 06400 INTRAVENOUS THERAPY	508,021	1,371,344	0.370455	64.00
65.00 06500 RESPIRATORY THERAPY	5,880,706	31,485,119	0.186777	65.00
66.00 06600 PHYSICAL THERAPY	6,905,407	23,949,446	0.288333	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,748,826	6,137,588	0.284937	67.00
68.00 06800 SPEECH PATHOLOGY	327,515	1,810,667	0.180881	68.00
69.00 06900 ELECTROCARDIOLOGY	858,882	7,185,410	0.119531	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,703,819	7,197,360	0.236728	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,821,528	71,933,903	0.247749	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	20,391,207	40,691,842	0.501113	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	22,292,860	90,714,345	0.245748	73.00
74.00 07400 RENAL DIALYSIS	1,043,008	2,247,846	0.464003	74.00
76.00 03330 ENDOSCOPY	2,807,841	14,584,910	0.192517	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	76.01
76.02 03950 NEUROPSYCHIATRIC SERVICES	0	0	0.000000	76.02
76.03 03951 OTHER ANCILLARY SERVICES	0	0	0.000000	76.03
76.04 03952 ANCILLARY SERVICE COST CENTERS	0	0	0.000000	76.04
76.05 03953 MISC ANCILLARY	0	0	0.000000	76.05
76.06 03954 IMAGING CENTER	4,898,418	52,006,489	0.094189	76.06
76.07 03955 BREAST DIAGNOSTIC CENTER	6,367,689	11,209,665	0.568053	76.07
76.08 03956 BARIATRIC CLINIC	0	0	0.000000	76.08
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0.000000	90.00
90.01 09001 CLINIC	0	0	0.000000	90.01
90.02 09002 CNTR FOR ADVANCED HEART CARE	0	0	0.000000	90.02
90.24 04973 PALLIATIVE CARE	0	0	0.000000	90.24
90.26 04975 SPINE CENTER	325,061	749,889	0.433479	90.26
90.27 04976 DIABETIC CARE CENTER	0	0	0.000000	90.27
91.00 09100 EMERGENCY	12,876,850	125,930,522	0.102254	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,466,224	10,686,132	0.885842	92.00
SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE				113.00
200.00	Subtotal (sum of lines 50 thru 199)	174,146,075	923,926,319	200.00
201.00	Less Observation Beds	9,466,224	0	201.00
202.00	Total (line 200 minus line 201)	164,679,851	923,926,319	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/24/2016 5:22 pm
--	----------------------	---	---

Cost Center Description	Title XVIII			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,038,183	0	8,038,183	59,128	135.95	30.00
31.00	INTENSIVE CARE UNIT	942,195		942,195	5,414	174.03	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,698,257		1,698,257	12,269	138.42	35.00
40.00	SUBPROVIDER - IPF	297,502	0	297,502	2,681	110.97	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	699,996		699,996	7,935	88.22	43.00
200.00	Total (Lines 30-199)	11,676,133		11,676,133	87,427		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
		6.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	17,546	2,385,379				30.00
31.00	INTENSIVE CARE UNIT	1,960	341,099				31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	2,100	233,037				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	21,606	2,959,515				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 5:22 pm		
				Title XVIII	Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,995,216	135,403,927	0.014735	39,531,233	582,493	50.00
51.00	05100	RECOVERY ROOM	499,038	26,407,804	0.018897	1,196,685	22,614	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,522,090	24,393,597	0.062397	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,009,288	36,180,507	0.027896	4,133,272	115,302	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	271,572	17,178,935	0.015808	2,910,133	46,003	55.00
57.00	05700	CT SCAN	227,031	61,406,362	0.003697	7,726,557	28,565	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	570,512	24,942,516	0.022873	1,736,799	39,726	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,949	752,298	0.021200	0	0	59.00
60.00	06000	LABORATORY	293,549	97,367,896	0.003015	22,886,808	69,004	60.00
64.00	06400	INTRAVENOUS THERAPY	44,313	1,371,344	0.032314	501,237	16,197	64.00
65.00	06500	RESPIRATORY THERAPY	619,923	31,485,119	0.019689	7,193,996	141,643	65.00
66.00	06600	PHYSICAL THERAPY	563,065	23,949,446	0.023511	2,628,461	61,798	66.00
67.00	06700	OCCUPATIONAL THERAPY	131,632	6,137,588	0.021447	1,714,144	36,763	67.00
68.00	06800	SPEECH PATHOLOGY	24,604	1,810,667	0.013588	402,319	5,467	68.00
69.00	06900	ELECTROCARDIOLOGY	35,415	7,185,410	0.004929	2,635,085	12,988	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	185,426	7,197,360	0.025763	319,918	8,242	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	502,215	71,933,903	0.006982	12,317,990	86,004	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	573,479	40,691,842	0.014093	15,347,032	216,286	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,048,830	90,714,345	0.011562	23,104,840	267,138	73.00
74.00	07400	RENAL DIALYSIS	26,663	2,247,846	0.011862	1,160,661	13,768	74.00
76.00	03330	ENDOSCOPY	434,105	14,584,910	0.029764	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0.000000	0	0	76.02
76.03	03951	OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.04
76.05	03953	MISC ANCILLARY	0	0	0.000000	0	0	76.05
76.06	03954	IMAGING CENTER	372,272	52,006,489	0.007158	34,254	245	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	176,870	11,209,665	0.015778	423	7	76.07
76.08	03956	BARITRIC CLINIC	0	0	0.000000	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	CLINIC	0	0	0.000000	0	0	90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0	0	0.000000	0	0	90.02
90.24	04973	PALLIATIVE CARE	0	0	0.000000	0	0	90.24
90.26	04975	SPI NE CENTER	24,438	749,889	0.032589	0	0	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.27
91.00	09100	EMERGENCY	1,165,129	125,930,522	0.009252	11,544,843	106,813	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,031,421	10,686,132	0.096520	1,023,118	98,751	92.00
200.00		Total (lines 50-199)	13,364,045	923,926,319		160,049,808	1,975,817	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/24/2016 5:22 pm
---	----------------------	---	---

Cost Center Description	Title XVIII			Hospital		Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	PPS	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	6.00	7.00	8.00	9.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	59,128	0.00	17,546	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,414	0.00	1,960	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,269	0.00	0	0	35.00
40.00	04000	SUBPROVIDER - I PF	2,681	0.00	2,100	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0.00	0	0	41.00
43.00	04300	NURSERY	7,935	0.00	0	0	43.00
200.00		Total (lines 30-199)	87,427		21,606	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 5:22 pm
--	----------------------	---------------------------------------	---

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	207,220	0	207,220	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	0	0	76.02
76.03	03951	OTHER ANCILLARY SERVICES	0	0	0	0	0	0	76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.04
76.05	03953	MISC ANCILLARY	0	0	0	0	0	0	76.05
76.06	03954	IMAGING CENTER	0	0	0	0	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0	0	0	0	0	76.07
76.08	03956	BARIATRIC CLINIC	0	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	0	90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0	0	0	0	0	0	90.02
90.24	04973	PALLIATIVE CARE	0	0	0	0	0	0	90.24
90.26	04975	SPINE CENTER	0	0	0	0	0	0	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0	0	0	0	90.27
91.00	09100	EMERGENCY	0	0	317,395	0	317,395	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	524,615	0	524,615	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150169

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	135,403,927	0.000000	0.000000	39,531,233	50.00
51.00	05100	RECOVERY ROOM	0	26,407,804	0.000000	0.000000	1,196,685	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,393,597	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	36,180,507	0.000000	0.000000	4,133,272	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,178,935	0.000000	0.000000	2,910,133	55.00
57.00	05700	CT SCAN	0	61,406,362	0.000000	0.000000	7,726,557	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24,942,516	0.000000	0.000000	1,736,799	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	752,298	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	97,367,896	0.000000	0.000000	22,886,808	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,371,344	0.000000	0.000000	501,237	64.00
65.00	06500	RESPIRATORY THERAPY	0	31,485,119	0.000000	0.000000	7,193,996	65.00
66.00	06600	PHYSICAL THERAPY	0	23,949,446	0.000000	0.000000	2,628,461	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,137,588	0.000000	0.000000	1,714,144	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,810,667	0.000000	0.000000	402,319	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,185,410	0.000000	0.000000	2,635,085	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,197,360	0.000000	0.000000	319,918	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71,933,903	0.000000	0.000000	12,317,990	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	40,691,842	0.000000	0.000000	15,347,032	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	207,220	90,714,345	0.002284	0.002284	23,104,840	73.00
74.00	07400	RENAL DIALYSIS	0	2,247,846	0.000000	0.000000	1,160,661	74.00
76.00	03330	ENDOSCOPY	0	14,584,910	0.000000	0.000000	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0.000000	0.000000	0	76.02
76.03	03951	OTHER ANCILLARY SERVICES	0	0	0.000000	0.000000	0	76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.04
76.05	03953	MISC ANCILLARY	0	0	0.000000	0.000000	0	76.05
76.06	03954	IMAGING CENTER	0	52,006,489	0.000000	0.000000	34,254	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	11,209,665	0.000000	0.000000	423	76.07
76.08	03956	BARIATRIC CLINIC	0	0	0.000000	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0	0	0.000000	0.000000	0	90.02
90.24	04973	PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.24
90.26	04975	SPIRE CENTER	0	749,889	0.000000	0.000000	0	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.27
91.00	09100	EMERGENCY	317,395	125,930,522	0.002520	0.002520	11,544,843	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,686,132	0.000000	0.000000	1,023,118	92.00
200.00		Total (lines 50-199)	524,615	923,926,319			160,049,808	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 5:22 pm
--	----------------------	---	--

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	9,048,146	0	50.00
51.00	05100 RECOVERY ROOM	0	344,196	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,791,834	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,366,889	0	55.00
57.00	05700 CT SCAN	0	9,283,803	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,411,013	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	6,972,151	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,623,365	0	65.00
66.00	06600 PHYSICAL THERAPY	0	2,274	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,505	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	443,334	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	997,274	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	884,232	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,216,285	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	52,771	5,010,689	11,444	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03330 ENDOSCOPY	0	4,213,401	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	0	0	76.02
76.03	03951 OTHER ANCILLARY SERVICES	0	0	0	76.03
76.04	03952 ANCILLARY SERVICE COST CENTERS	0	0	0	76.04
76.05	03953 MISCELLANEOUS ANCILLARY	0	0	0	76.05
76.06	03954 IMAGING CENTER	0	11,445,226	0	76.06
76.07	03955 BREAST DIAGNOSTIC CENTER	0	808,881	0	76.07
76.08	03956 BARIATRIC CLINIC	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 CLINIC	0	0	0	90.01
90.02	09002 CNTR FOR ADVANCED HEART CARE	0	0	0	90.02
90.24	04973 PALLIATIVE CARE	0	0	0	90.24
90.26	04975 SPINE CENTER	0	126	0	90.26
90.27	04976 DIABETIC CARE CENTER	0	0	0	90.27
91.00	09100 EMERGENCY	29,093	14,811,277	37,324	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,437,308	0	92.00
200.00	Total (lines 50-199)	81,864	84,113,209	48,768	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 5:22 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.125902	9,048,146	0	1,139,180	50.00	
51.00	05100 RECOVERY ROOM	0.171919	344,196	0	59,174	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.510351	0	0	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.189115	4,791,834	0	906,208	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.085304	5,366,889	0	457,817	55.00	
57.00	05700 CT SCAN	0.035028	9,283,803	0	325,193	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.195050	3,411,013	0	665,318	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.073779	0	0	0	59.00	
60.00	06000 LABORATORY	0.087361	6,972,151	0	609,094	60.00	
64.00	06400 INTRAVENOUS THERAPY	0.370455	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.186777	1,623,365	0	303,207	65.00	
66.00	06600 PHYSICAL THERAPY	0.288333	2,274	0	656	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.284937	1,505	0	429	67.00	
68.00	06800 SPEECH PATHOLOGY	0.180881	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.119531	443,334	0	52,992	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.236728	997,274	0	236,083	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.247749	884,232	0	219,068	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.501113	1,216,285	0	609,496	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.245748	5,010,689	0	147,846	1,231,367	73.00
74.00	07400 RENAL DIALYSIS	0.464003	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.192517	4,213,401	0	811,151	76.00	
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0.000000	0	0	0	0	76.02
76.03	03951 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.03
76.04	03952 ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.04
76.05	03953 MISC ANCILLARY	0.000000	0	0	0	0	76.05
76.06	03954 IMAGING CENTER	0.094189	11,445,226	0	1,078,014	76.06	
76.07	03955 BREAST DIAGNOSTIC CENTER	0.568053	808,881	0	459,487	76.07	
76.08	03956 BARIATRIC CLINIC	0.000000	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	90.00	
90.01	09001 CLINIC	0.000000	0	0	0	90.01	
90.02	09002 CNTR FOR ADVANCED HEART CARE	0.000000	0	0	0	90.02	
90.24	04973 PALLIATIVE CARE	0.000000	0	0	0	90.24	
90.26	04975 SPINE CENTER	0.433479	126	0	55	90.26	
90.27	04976 DIABETIC CARE CENTER	0.000000	0	0	0	90.27	
91.00	09100 EMERGENCY	0.102254	14,811,277	0	89	1,514,512	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.885842	3,437,308	0	0	3,044,912	92.00
200.00	Subtotal (see instructions)		84,113,209	0	147,935	13,723,413	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		84,113,209	0	147,935	13,723,413	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 5:22 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
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
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	36,333		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	0		76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.01
76.02 03950 NEUROPSYCHIATRIC SERVICES	0	0		76.02
76.03 03951 OTHER ANCILLARY SERVICES	0	0		76.03
76.04 03952 ANCILLARY SERVICE COST CENTERS	0	0		76.04
76.05 03953 MISC ANCILLARY	0	0		76.05
76.06 03954 IMAGING CENTER	0	0		76.06
76.07 03955 BREAST DIAGNOSTIC CENTER	0	0		76.07
76.08 03956 BARIATRIC CLINIC	0	0		76.08
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 CLINIC	0	0		90.01
90.02 09002 CNTR FOR ADVANCED HEART CARE	0	0		90.02
90.24 04973 PALLIATIVE CARE	0	0		90.24
90.26 04975 SPINE CENTER	0	0		90.26
90.27 04976 DIABETIC CARE CENTER	0	0		90.27
91.00 09100 EMERGENCY	0	9		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	36,342		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	36,342		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150169		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/24/2016 5:22 pm	
		Component CCN: 15S169		Title XVIII		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,995,216	135,403,927	0.014735	0	50.00
51.00	05100	RECOVERY ROOM	499,038	26,407,804	0.018897	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,522,090	24,393,597	0.062397	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,009,288	36,180,507	0.027896	27,338	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	271,572	17,178,935	0.015808	0	55.00
57.00	05700	CT SCAN	227,031	61,406,362	0.003697	77,640	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	570,512	24,942,516	0.022873	5,194	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,949	752,298	0.021200	0	59.00
60.00	06000	LABORATORY	293,549	97,367,896	0.003015	571,207	60.00
64.00	06400	INTRAVENOUS THERAPY	44,313	1,371,344	0.032314	13,278	64.00
65.00	06500	RESPIRATORY THERAPY	619,923	31,485,119	0.019689	42,019	65.00
66.00	06600	PHYSICAL THERAPY	563,065	23,949,446	0.023511	97,603	66.00
67.00	06700	OCCUPATIONAL THERAPY	131,632	6,137,588	0.021447	76,765	67.00
68.00	06800	SPEECH PATHOLOGY	24,604	1,810,667	0.013588	3,877	68.00
69.00	06900	ELECTROCARDIOLOGY	35,415	7,185,410	0.004929	16,929	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	185,426	7,197,360	0.025763	6,410	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	502,215	71,933,903	0.006982	26,115	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	573,479	40,691,842	0.014093	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,048,830	90,714,345	0.011562	581,013	73.00
74.00	07400	RENAL DIALYSIS	26,663	2,247,846	0.011862	0	74.00
76.00	03330	ENDOSCOPY	434,105	14,584,910	0.029764	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0.000000	0	76.02
76.03	03951	OTHER ANCILLARY SERVICES	0	0	0.000000	0	76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	76.04
76.05	03953	MISC ANCILLARY	0	0	0.000000	0	76.05
76.06	03954	IMAGING CENTER	372,272	52,006,489	0.007158	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	176,870	11,209,665	0.015778	0	76.07
76.08	03956	BIATRICAL CLINIC	0	0	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	90.00
90.01	09001	CLINIC	0	0	0.000000	0	90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0	0	0.000000	0	90.02
90.24	04973	PALLIATIVE CARE	0	0	0.000000	0	90.24
90.26	04975	SPINE CENTER	24,438	749,889	0.032589	0	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0.000000	0	90.27
91.00	09100	EMERGENCY	1,165,129	125,930,522	0.009252	217,395	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,686,132	0.000000	9,128	92.00
200.00		Total (lines 50-199)	12,332,624	923,926,319		1,771,911	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 5:22 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	207,220	0	207,220	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	0	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	0	0	0	0	76.02
76.03	03951 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.03
76.04	03952 ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04
76.05	03953 MISCELLANEOUS ANCILLARY	0	0	0	0	0	76.05
76.06	03954 IMAGING CENTER	0	0	0	0	0	76.06
76.07	03955 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07
76.08	03956 BARIATRIC CLINIC	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 CLINIC	0	0	0	0	0	90.01
90.02	09002 CNTR FOR ADVANCED HEART CARE	0	0	0	0	0	90.02
90.24	04973 PALLIATIVE CARE	0	0	0	0	0	90.24
90.26	04975 SPINE CENTER	0	0	0	0	0	90.26
90.27	04976 DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	09100 EMERGENCY	0	0	317,395	0	317,395	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	524,615	0	524,615	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 5:22 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	135,403,927	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	26,407,804	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	24,393,597	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	36,180,507	0.000000	0.000000	27,338	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	17,178,935	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	61,406,362	0.000000	0.000000	77,640	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	24,942,516	0.000000	0.000000	5,194	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	752,298	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	97,367,896	0.000000	0.000000	571,207	60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,371,344	0.000000	0.000000	13,278	64.00
65.00	06500 RESPIRATORY THERAPY	0	31,485,119	0.000000	0.000000	42,019	65.00
66.00	06600 PHYSICAL THERAPY	0	23,949,446	0.000000	0.000000	97,603	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,137,588	0.000000	0.000000	76,765	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,810,667	0.000000	0.000000	3,877	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,185,410	0.000000	0.000000	16,929	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,197,360	0.000000	0.000000	6,410	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71,933,903	0.000000	0.000000	26,115	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	40,691,842	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	207,220	90,714,345	0.002284	0.002284	581,013	73.00
74.00	07400 RENAL DIALYSIS	0	2,247,846	0.000000	0.000000	0	74.00
76.00	03330 ENDOSCOPY	0	14,584,910	0.000000	0.000000	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	0	0.000000	0.000000	0	76.02
76.03	03951 OTHER ANCILLARY SERVICES	0	0	0.000000	0.000000	0	76.03
76.04	03952 ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.04
76.05	03953 MISC ANCILLARY	0	0	0.000000	0.000000	0	76.05
76.06	03954 IMAGING CENTER	0	52,006,489	0.000000	0.000000	0	76.06
76.07	03955 BREAST DIAGNOSTIC CENTER	0	11,209,665	0.000000	0.000000	0	76.07
76.08	03956 BARIATRIC CLINIC	0	0	0.000000	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002 CNTR FOR ADVANCED HEART CARE	0	0	0.000000	0.000000	0	90.02
90.24	04973 PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.24
90.26	04975 SPINE CENTER	0	749,889	0.000000	0.000000	0	90.26
90.27	04976 DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.27
91.00	09100 EMERGENCY	317,395	125,930,522	0.002520	0.002520	217,395	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10,686,132	0.000000	0.000000	9,128	92.00
200.00	Total (lines 50-199)	524,615	923,926,319			1,771,911	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 5:22 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	1,327	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	0	0	76.02
76.03	03951 OTHER ANCILLARY SERVICES	0	0	0	76.03
76.04	03952 ANCILLARY SERVICE COST CENTERS	0	0	0	76.04
76.05	03953 MISC ANCILLARY	0	0	0	76.05
76.06	03954 IMAGING CENTER	0	0	0	76.06
76.07	03955 BREAST DIAGNOSTIC CENTER	0	0	0	76.07
76.08	03956 BARIATRIC CLINIC	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 CLINIC	0	0	0	90.01
90.02	09002 CNTR FOR ADVANCED HEART CARE	0	0	0	90.02
90.24	04973 PALLIATIVE CARE	0	0	0	90.24
90.26	04975 SPINE CENTER	0	0	0	90.26
90.27	04976 DIABETIC CARE CENTER	0	0	0	90.27
91.00	09100 EMERGENCY	548	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	1,875	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 5:22 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.125902	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.171919	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.510351	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.189115	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.085304	0	0	0	0	55.00
57.00 05700 CT SCAN	0.035028	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.195050	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.073779	0	0	0	0	59.00
60.00 06000 LABORATORY	0.087361	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0.370455	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.186777	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.288333	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.284937	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.180881	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.119531	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.236728	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.247749	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.501113	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.245748	0	0	4,715	0	73.00
74.00 07400 RENAL DIALYSIS	0.464003	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0.192517	0	0	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.01
76.02 03950 NEUROPSYCHIATRIC SERVICES	0.000000	0	0	0	0	76.02
76.03 03951 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.03
76.04 03952 ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.04
76.05 03953 MISCELLANEOUS ANCILLARY	0.000000	0	0	0	0	76.05
76.06 03954 IMAGING CENTER	0.094189	0	0	0	0	76.06
76.07 03955 BREAST DIAGNOSTIC CENTER	0.568053	0	0	0	0	76.07
76.08 03956 BARIATRIC CLINIC	0.000000	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 CLINIC	0.000000	0	0	0	0	90.01
90.02 09002 CNTR FOR ADVANCED HEART CARE	0.000000	0	0	0	0	90.02
90.24 04973 PALLIATIVE CARE	0.000000	0	0	0	0	90.24
90.26 04975 SPINE CENTER	0.433479	0	0	0	0	90.26
90.27 04976 DIABETIC CARE CENTER	0.000000	0	0	0	0	90.27
91.00 09100 EMERGENCY	0.102254	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.885842	0	0	0	0	92.00
200.00	Subtotal (see instructions)	0	0	4,715	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)			4,715	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 5:22 pm
	Title XVII I	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
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
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,159	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.01
76.02 03950 NEUROPSYCHIATRIC SERVICES	0	0	76.02
76.03 03951 OTHER ANCILLARY SERVICES	0	0	76.03
76.04 03952 ANCILLARY SERVICE COST CENTERS	0	0	76.04
76.05 03953 MISC ANCILLARY	0	0	76.05
76.06 03954 IMAGING CENTER	0	0	76.06
76.07 03955 BREAST DIAGNOSTIC CENTER	0	0	76.07
76.08 03956 BARIATRIC CLINIC	0	0	76.08
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 CLINIC	0	0	90.01
90.02 09002 CNTR FOR ADVANCED HEART CARE	0	0	90.02
90.24 04973 PALLIATIVE CARE	0	0	90.24
90.26 04975 SPINE CENTER	0	0	90.26
90.27 04976 DIABETIC CARE CENTER	0	0	90.27
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	1,159	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	1,159	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/24/2016 5:22 pm
		Title XIX	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	8,038,183	0	8,038,183	59,128	135.95	30.00
31.00 INTENSIVE CARE UNIT	942,195		942,195	5,414	174.03	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	1,698,257		1,698,257	12,269	138.42	35.00
40.00 SUBPROVIDER - IPF	297,502	0	297,502	2,681	110.97	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00 NURSERY	699,996		699,996	7,935	88.22	43.00
200.00 Total (Lines 30-199)	11,676,133		11,676,133	87,427		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,461	198,623				30.00
31.00 INTENSIVE CARE UNIT	0	0				31.00
35.00 NEONATAL INTENSIVE CARE UNIT	8,829	1,222,110				35.00
40.00 SUBPROVIDER - IPF	0	0				40.00
41.00 SUBPROVIDER - IRF	0	0				41.00
43.00 NURSERY	3,172	279,834				43.00
200.00 Total (Lines 30-199)	13,462	1,700,567				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 5:22 pm	
				Title XIX	Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,995,216	135,403,927	0.014735	2,192,906	32,312	50.00
51.00	05100 RECOVERY ROOM	499,038	26,407,804	0.018897	328,802	6,213	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,522,090	24,393,597	0.062397	399,776	24,945	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,009,288	36,180,507	0.027896	425,164	11,860	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	271,572	17,178,935	0.015808	236,559	3,740	55.00
57.00	05700 CT SCAN	227,031	61,406,362	0.003697	628,844	2,325	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	570,512	24,942,516	0.022873	161,968	3,705	58.00
59.00	05900 CARDIAC CATHETERIZATION	15,949	752,298	0.021200	0	0	59.00
60.00	06000 LABORATORY	293,549	97,367,896	0.003015	2,531,208	7,632	60.00
64.00	06400 INTRAVENOUS THERAPY	44,313	1,371,344	0.032314	53,689	1,735	64.00
65.00	06500 RESPIRATORY THERAPY	619,923	31,485,119	0.019689	1,286,171	25,323	65.00
66.00	06600 PHYSICAL THERAPY	563,065	23,949,446	0.023511	144,839	3,405	66.00
67.00	06700 OCCUPATIONAL THERAPY	131,632	6,137,588	0.021447	237,703	5,098	67.00
68.00	06800 SPEECH PATHOLOGY	24,604	1,810,667	0.013588	104,726	1,423	68.00
69.00	06900 ELECTROCARDIOLOGY	35,415	7,185,410	0.004929	181,715	896	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	185,426	7,197,360	0.025763	63,995	1,649	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	502,215	71,933,903	0.006982	1,623,176	11,333	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	573,479	40,691,842	0.014093	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,048,830	90,714,345	0.011562	3,209,248	37,105	73.00
74.00	07400 RENAL DIALYSIS	26,663	2,247,846	0.011862	65,945	782	74.00
76.00	03330 ENDOSCOPY	434,105	14,584,910	0.029764	78,165	2,327	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	0	0.000000	0	0	76.02
76.03	03951 OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.03
76.04	03952 ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.04
76.05	03953 MISCELLANEOUS	0	0	0.000000	0	0	76.05
76.06	03954 IMAGING CENTER	372,272	52,006,489	0.007158	1,628	12	76.06
76.07	03955 BREAST DIAGNOSTIC CENTER	176,870	11,209,665	0.015778	0	0	76.07
76.08	03956 BARIATRIC CLINIC	0	0	0.000000	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 CNTR FOR ADVANCED HEART CARE	0	0	0.000000	0	0	90.02
90.24	04973 PALLIATIVE CARE	0	0	0.000000	0	0	90.24
90.26	04975 SPINE CENTER	24,438	749,889	0.032589	0	0	90.26
90.27	04976 DIABETIC CARE CENTER	0	0	0.000000	0	0	90.27
91.00	09100 EMERGENCY	1,165,129	125,930,522	0.009252	839,785	7,770	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,031,421	10,686,132	0.096520	130,859	12,631	92.00
200.00	Total (lines 50-199)	13,364,045	923,926,319		14,926,871	204,221	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/24/2016 5:22 pm
---	----------------------	---	---

Cost Center Description			Title XIX				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	59,128	0.00	1,461	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,414	0.00	0	0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,269	0.00	8,829	0		35.00
40.00	04000	SUBPROVIDER - I PF	2,681	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	0	0.00	0	0		41.00
43.00	04300	NURSERY	7,935	0.00	3,172	0		43.00
200.00		Total (lines 30-199)	87,427		13,462	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 5:22 pm
--	----------------------	---	--

Cost Center Description	Title XIX			Hospital	PPS	Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	207,220	0	0	207,220	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.01
76.02 03950 NEUROPSYCHIATRIC SERVICES	0	0	0	0	0	0	76.02
76.03 03951 OTHER ANCILLARY SERVICES	0	0	0	0	0	0	76.03
76.04 03952 ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.04
76.05 03953 MISC ANCILLARY	0	0	0	0	0	0	76.05
76.06 03954 IMAGING CENTER	0	0	0	0	0	0	76.06
76.07 03955 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	0	76.07
76.08 03956 BARIATRIC CLINIC	0	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 CLINIC	0	0	0	0	0	0	90.01
90.02 09002 CNTR FOR ADVANCED HEART CARE	0	0	0	0	0	0	90.02
90.24 04973 PALLIATIVE CARE	0	0	0	0	0	0	90.24
90.26 04975 SPINE CENTER	0	0	0	0	0	0	90.26
90.27 04976 DIABETIC CARE CENTER	0	0	0	0	0	0	90.27
91.00 09100 EMERGENCY	0	0	317,395	0	0	317,395	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	524,615	0	0	524,615	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150169

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	135,403,927	0.000000	0.000000	2,192,906	50.00
51.00	05100	RECOVERY ROOM	0	26,407,804	0.000000	0.000000	328,802	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,393,597	0.000000	0.000000	399,776	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	36,180,507	0.000000	0.000000	425,164	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,178,935	0.000000	0.000000	236,559	55.00
57.00	05700	CT SCAN	0	61,406,362	0.000000	0.000000	628,844	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24,942,516	0.000000	0.000000	161,968	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	752,298	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	97,367,896	0.000000	0.000000	2,531,208	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,371,344	0.000000	0.000000	53,689	64.00
65.00	06500	RESPIRATORY THERAPY	0	31,485,119	0.000000	0.000000	1,286,171	65.00
66.00	06600	PHYSICAL THERAPY	0	23,949,446	0.000000	0.000000	144,839	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,137,588	0.000000	0.000000	237,703	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,810,667	0.000000	0.000000	104,726	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,185,410	0.000000	0.000000	181,715	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,197,360	0.000000	0.000000	63,995	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71,933,903	0.000000	0.000000	1,623,176	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	40,691,842	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	207,220	90,714,345	0.002284	0.002284	3,209,248	73.00
74.00	07400	RENAL DIALYSIS	0	2,247,846	0.000000	0.000000	65,945	74.00
76.00	03330	ENDOSCOPY	0	14,584,910	0.000000	0.000000	78,165	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0.000000	0.000000	0	76.02
76.03	03951	OTHER ANCILLARY SERVICES	0	0	0.000000	0.000000	0	76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.04
76.05	03953	MISC ANCILLARY	0	0	0.000000	0.000000	0	76.05
76.06	03954	IMAGING CENTER	0	52,006,489	0.000000	0.000000	1,628	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	11,209,665	0.000000	0.000000	0	76.07
76.08	03956	BARIATRIC CLINIC	0	0	0.000000	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0	0	0.000000	0.000000	0	90.02
90.24	04973	PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.24
90.26	04975	SPIRE CENTER	0	749,889	0.000000	0.000000	0	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.27
91.00	09100	EMERGENCY	317,395	125,930,522	0.002520	0.002520	839,785	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,686,132	0.000000	0.000000	130,859	92.00
200.00		Total (lines 50-199)	524,615	923,926,319			14,926,871	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 5:22 pm
--	----------------------	---	--

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XIX Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	7,330	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03330 ENDOSCOPY	0	0	0		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	0	0		76.02
76.03	03951 OTHER ANCILLARY SERVICES	0	0	0		76.03
76.04	03952 ANCILLARY SERVICE COST CENTERS	0	0	0		76.04
76.05	03953 MISCELLANEOUS ANCILLARY	0	0	0		76.05
76.06	03954 IMAGING CENTER	0	0	0		76.06
76.07	03955 BREAST DIAGNOSTIC CENTER	0	0	0		76.07
76.08	03956 BARIATRIC CLINIC	0	0	0		76.08
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 CLINIC	0	0	0		90.01
90.02	09002 CNTR FOR ADVANCED HEART CARE	0	0	0		90.02
90.24	04973 PALLIATIVE CARE	0	0	0		90.24
90.26	04975 SPINE CENTER	0	0	0		90.26
90.27	04976 DIABETIC CARE CENTER	0	0	0		90.27
91.00	09100 EMERGENCY	2,116	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (lines 50-199)	9,446	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 5:22 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.125902	0	619,901	0	0
51.00 05100 RECOVERY ROOM	0.171919	0	62,415	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.510351	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.189115	0	917,320	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.085304	0	242,206	0	0
57.00 05700 CT SCAN	0.035028	0	1,219,937	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.195050	0	304,202	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.073779	0	0	0	0
60.00 06000 LABORATORY	0.087361	0	1,327,000	0	0
64.00 06400 INTRAVENOUS THERAPY	0.370455	0	4,863	0	0
65.00 06500 RESPIRATORY THERAPY	0.186777	0	135,930	0	0
66.00 06600 PHYSICAL THERAPY	0.288333	0	130,784	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.284937	0	23,962	0	0
68.00 06800 SPEECH PATHOLOGY	0.180881	0	48,593	0	0
69.00 06900 ELECTROCARDIOLOGY	0.119531	0	45,643	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.236728	0	141,460	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.247749	0	245,886	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.501113	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.245748	0	0	0	0
74.00 07400 RENAL DIALYSIS	0.464003	0	0	0	0
76.00 03330 ENDOSCOPY	0.192517	0	124,511	0	0
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0
76.02 03950 NEUROPSYCHIATRIC SERVICES	0.000000	0	0	0	0
76.03 03951 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0
76.04 03952 ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0
76.05 03953 MISC ANCILLARY	0.000000	0	0	0	0
76.06 03954 IMAGING CENTER	0.094189	0	568,095	0	0
76.07 03955 BREAST DIAGNOSTIC CENTER	0.568053	0	80,238	0	0
76.08 03956 BARIATRIC CLINIC	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 CLINIC	0.000000	0	0	0	0
90.02 09002 CNTR FOR ADVANCED HEART CARE	0.000000	0	0	0	0
90.24 04973 PALLIATIVE CARE	0.000000	0	0	0	0
90.26 04975 SPINE CENTER	0.433479	0	0	0	0
90.27 04976 DIABETIC CARE CENTER	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.102254	0	4,674,234	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.885842	0	793,482	0	0
200.00 Subtotal (see instructions)		0	11,710,662	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		0	11,710,662	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 5:22 pm
		Title XIX	Hospital	PPS
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	78,047	0	50.00
51.00	05100 RECOVERY ROOM	10,730	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	173,479	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	20,661	0	55.00
57.00	05700 CT SCAN	42,732	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	59,335	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	115,928	0	60.00
64.00	06400 INTRAVENOUS THERAPY	1,802	0	64.00
65.00	06500 RESPIRATORY THERAPY	25,389	0	65.00
66.00	06600 PHYSICAL THERAPY	37,709	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	6,828	0	67.00
68.00	06800 SPEECH PATHOLOGY	8,790	0	68.00
69.00	06900 ELECTROCARDIOLOGY	5,456	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	33,488	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	60,918	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03330 ENDOSCOPY	23,970	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	0	76.02
76.03	03951 OTHER ANCILLARY SERVICES	0	0	76.03
76.04	03952 ANCILLARY SERVICE COST CENTERS	0	0	76.04
76.05	03953 MISC ANCILLARY	0	0	76.05
76.06	03954 IMAGING CENTER	53,508	0	76.06
76.07	03955 BREAST DIAGNOSTIC CENTER	45,579	0	76.07
76.08	03956 BARIATRIC CLINIC	0	0	76.08
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 CLINIC	0	0	90.01
90.02	09002 CNTR FOR ADVANCED HEART CARE	0	0	90.02
90.24	04973 PALLIATIVE CARE	0	0	90.24
90.26	04975 SPINE CENTER	0	0	90.26
90.27	04976 DIABETIC CARE CENTER	0	0	90.27
91.00	09100 EMERGENCY	477,959	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	702,900	0	92.00
200.00	Subtotal (see instructions)	1,985,208	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)	1,985,208	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2016 5:22 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		59,128	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		59,128	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)		51,541	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		17,546	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		73,773,134	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		73,773,134	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)		73,773,134	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)		1,247.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,891,969	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		21,891,969	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,152,775	5,414	1,690.58	1,960	3,313,537	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	NEONATAL INTENSIVE CARE UNIT	15,131,644	12,269	1,233.32	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,109,839	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					56,315,345	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,726,478	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,057,681	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,784,159	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					51,531,186	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					7,587	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,247.69	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,466,224	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 5:22 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,038,183	73,773,134	0.108958	9,466,224	1,031,421	90.00
91.00	Nursing School cost	0	73,773,134	0.000000	9,466,224	0	91.00
92.00	Allied health cost	0	73,773,134	0.000000	9,466,224	0	92.00
93.00	All other Medical Education	0	73,773,134	0.000000	9,466,224	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/24/2016 5:22 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			2,681 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,681 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)			2,681 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			2,100 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			2,654,160 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			2,654,160 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)			2,654,160 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)			989.99 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,078,979 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,078,979 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15S169				Date/Time Prepared: 5/24/2016 5:22 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					305,397		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,384,376		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)					233,037		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					19,175		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					252,212		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,132,164		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169 Component CCN: 15S169		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 5:22 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	297,502	2,654,160	0.112089	0	0	90.00
91.00	Nursing School cost	0	2,654,160	0.000000	0	0	91.00
92.00	Allied health cost	0	2,654,160	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,654,160	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2016 5:22 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		59,128	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		59,128	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)		51,541	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,461	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		7,935	15.00
16.00	Nursery days (title V or XIX only)		3,172	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		73,773,134	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		73,773,134	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)		73,773,134	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)		1,247.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,822,875	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)		1,822,875	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/24/2016 5:22 pm		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	5,586,793	7,935	704.07	3,172	2,233,310	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,152,775	5,414	1,690.58	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	15,131,644	12,269	1,233.32	8,829	10,888,982	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,775,794	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,720,961	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,700,567	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					213,667	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,914,234	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,806,727	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					7,587	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,247.69	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,466,224	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 5:22 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,038,183	73,773,134	0.108958	9,466,224	1,031,421	90.00
91.00	Nursing School cost	0	73,773,134	0.000000	9,466,224	0	91.00
92.00	Allied health cost	0	73,773,134	0.000000	9,466,224	0	92.00
93.00	All other Medical Education	0	73,773,134	0.000000	9,466,224	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 5:22 pm	
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		31,582,849	30.00
31.00	03100	INTENSIVE CARE UNIT		7,281,192	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.125902	39,531,233	4,977,061 50.00
51.00	05100	RECOVERY ROOM	0.171919	1,196,685	205,733 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.510351	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189115	4,133,272	781,664 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.085304	2,910,133	248,246 55.00
57.00	05700	CT SCAN	0.035028	7,726,557	270,646 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.195050	1,736,799	338,763 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.073779	0	0 59.00
60.00	06000	LABORATORY	0.087361	22,886,808	1,999,414 60.00
64.00	06400	INTRAVENOUS THERAPY	0.370455	501,237	185,686 64.00
65.00	06500	RESPIRATORY THERAPY	0.186777	7,193,996	1,343,673 65.00
66.00	06600	PHYSICAL THERAPY	0.288333	2,628,461	757,872 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.284937	1,714,144	488,423 67.00
68.00	06800	SPEECH PATHOLOGY	0.180881	402,319	72,772 68.00
69.00	06900	ELECTROCARDIOLOGY	0.119531	2,635,085	314,974 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.236728	319,918	75,734 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.247749	12,317,990	3,051,770 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.501113	15,347,032	7,690,597 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.245748	23,104,840	5,677,968 73.00
74.00	07400	RENAL DIALYSIS	0.464003	1,160,661	538,550 74.00
76.00	03330	ENDOSCOPY	0.192517	0	0 76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0.000000	0	0 76.02
76.03	03951	OTHER ANCILLARY SERVICES	0.000000	0	0 76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.04
76.05	03953	MISC ANCILLARY	0.000000	0	0 76.05
76.06	03954	IMAGING CENTER	0.094189	34,254	3,226 76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0.568053	423	240 76.07
76.08	03956	BARIATRIC CLINIC	0.000000	0	0 76.08
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	CLINIC	0.000000	0	0 90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0.000000	0	0 90.02
90.24	04973	PALLIATIVE CARE	0.000000	0	0 90.24
90.26	04975	SPINE CENTER	0.433479	0	0 90.26
90.27	04976	DIABETIC CARE CENTER	0.000000	0	0 90.27
91.00	09100	EMERGENCY	0.102254	11,544,843	1,180,506 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.885842	1,023,118	906,321 92.00
200.00		Total (sum of lines 50-94 and 96-98)		160,049,808	31,109,839 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		160,049,808	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15S169		Date/Time Prepared: 5/24/2016 5:22 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		4,312,364		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.125902	0	0	50.00
51.00	05100 RECOVERY ROOM	0.171919	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.510351	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.189115	27,338	5,170	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.085304	0	0	55.00
57.00	05700 CT SCAN	0.035028	77,640	2,720	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.195050	5,194	1,013	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073779	0	0	59.00
60.00	06000 LABORATORY	0.087361	571,207	49,901	60.00
64.00	06400 INTRAVENOUS THERAPY	0.370455	13,278	4,919	64.00
65.00	06500 RESPIRATORY THERAPY	0.186777	42,019	7,848	65.00
66.00	06600 PHYSICAL THERAPY	0.288333	97,603	28,142	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.284937	76,765	21,873	67.00
68.00	06800 SPEECH PATHOLOGY	0.180881	3,877	701	68.00
69.00	06900 ELECTROCARDIOLOGY	0.119531	16,929	2,024	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.236728	6,410	1,517	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.247749	26,115	6,470	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.501113	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.245748	581,013	142,783	73.00
74.00	07400 RENAL DIALYSIS	0.464003	0	0	74.00
76.00	03330 ENDOSCOPY	0.192517	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0.000000	0	0	76.02
76.03	03951 OTHER ANCILLARY SERVICES	0.000000	0	0	76.03
76.04	03952 ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.04
76.05	03953 MISC ANCILLARY	0.000000	0	0	76.05
76.06	03954 IMAGING CENTER	0.094189	0	0	76.06
76.07	03955 BREAST DIAGNOSTIC CENTER	0.568053	0	0	76.07
76.08	03956 BARIATRIC CLINIC	0.000000	0	0	76.08
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 CLINIC	0.000000	0	0	90.01
90.02	09002 CNTR FOR ADVANCED HEART CARE	0.000000	0	0	90.02
90.24	04973 PALLIATIVE CARE	0.000000	0	0	90.24
90.26	04975 SPINE CENTER	0.433479	0	0	90.26
90.27	04976 DIABETIC CARE CENTER	0.000000	0	0	90.27
91.00	09100 EMERGENCY	0.102254	217,395	22,230	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.885842	9,128	8,086	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,771,911	305,397	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,771,911	305,397	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 5:22 pm	
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		3,814,480	30.00
31.00	03100	INTENSIVE CARE UNIT		1,039,890	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		11,871,747	35.00
40.00	04000	SUBPROVIDER - I PF		69,116	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		458,761	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.125902	2,192,906	276,091 50.00
51.00	05100	RECOVERY ROOM	0.171919	328,802	56,527 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.510351	399,776	204,026 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189115	425,164	80,405 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.085304	236,559	20,179 55.00
57.00	05700	CT SCAN	0.035028	628,844	22,027 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.195050	161,968	31,592 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.073779	0	0 59.00
60.00	06000	LABORATORY	0.087361	2,531,208	221,129 60.00
64.00	06400	INTRAVENOUS THERAPY	0.370455	53,689	19,889 64.00
65.00	06500	RESPIRATORY THERAPY	0.186777	1,286,171	240,227 65.00
66.00	06600	PHYSICAL THERAPY	0.288333	144,839	41,762 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.284937	237,703	67,730 67.00
68.00	06800	SPEECH PATHOLOGY	0.180881	104,726	18,943 68.00
69.00	06900	ELECTROCARDIOLOGY	0.119531	181,715	21,721 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.236728	63,995	15,149 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.247749	1,623,176	402,140 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.501113	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.245748	3,209,248	788,666 73.00
74.00	07400	RENAL DIALYSIS	0.464003	65,945	30,599 74.00
76.00	03330	ENDOSCOPY	0.192517	78,165	15,048 76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0.000000	0	0 76.02
76.03	03951	OTHER ANCILLARY SERVICES	0.000000	0	0 76.03
76.04	03952	ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.04
76.05	03953	MISC ANCILLARY	0.000000	0	0 76.05
76.06	03954	IMAGING CENTER	0.094189	1,628	153 76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0.568053	0	0 76.07
76.08	03956	BARIATRIC CLINIC	0.000000	0	0 76.08
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	CLINIC	0.000000	0	0 90.01
90.02	09002	CNTR FOR ADVANCED HEART CARE	0.000000	0	0 90.02
90.24	04973	PALLIATIVE CARE	0.000000	0	0 90.24
90.26	04975	SPINE CENTER	0.433479	0	0 90.26
90.27	04976	DIABETIC CARE CENTER	0.000000	0	0 90.27
91.00	09100	EMERGENCY	0.102254	839,785	85,871 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.885842	130,859	115,920 92.00
200.00		Total (sum of lines 50-94 and 96-98)		14,926,871	2,775,794 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		14,926,871	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 5:22 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		28,350,212	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,910,972	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,056,173	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		13,896,681	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		267.01	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.81	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.81	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.78	10.00
11.00	FTE count for residents in dental and podiatric programs.		1.71	11.00
12.00	Current year allowable FTE (see instructions)		2.52	12.00
13.00	Total allowable FTE count for the prior year.		0.87	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		1.20	14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.53	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		1.53	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.005730	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.004051	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.004051	21.00
22.00	IME payment adjustment (see instructions)		84,672	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		30,753	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.97	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		84,672	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		30,753	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.36	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.92	31.00
32.00	Sum of lines 30 and 31		32.28	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.85	33.00
34.00	Disproportionate share adjustment (see instructions)		1,516,099	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 5:22 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000486452	0.000483842	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,720,212	3,099,562	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,782,514	779,125	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,561,639		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		44,479,767		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		44,510,520		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,609,889		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		48,789		52.00
53.00	Nursing and Allied Health Managed Care payment		145,561		53.00
54.00	Special add-on payments for new technologies		3,901		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		81,864		58.00
59.00	Total (sum of amounts on lines 49 through 58)		48,400,524		59.00
60.00	Primary payer payments		10,181		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		48,390,343		61.00
62.00	Deductibles billed to program beneficiaries		3,611,568		62.00
63.00	Coinurance billed to program beneficiaries		130,399		63.00
64.00	Allowable bad debts (see instructions)		241,690		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		157,099		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		139,445		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		44,805,475		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-5,119		70.93
70.94	HRR adjustment amount (see instructions)		-32,456		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 5:22 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		356,291		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		44,411,609		71.00
71.01	Sequestration adjustment (see instructions)		888,232		71.01
72.00	Interim payments		43,080,764		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		442,613		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		7,117,388		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 5:22 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			36,342 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			13,674,645 2.00
3.00	PPS payments			12,044,308 3.00
4.00	Outlier payment (see instructions)			88,384 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			48,768 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			36,342 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			147,935 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)			147,935 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			147,935 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			111,593 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)			36,342 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)			12,181,460 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			2,708,406 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)			9,509,396 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			11,437 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)			9,520,833 30.00
31.00	Primary payer payments			3,248 31.00
32.00	Subtotal (line 30 minus line 31)			9,517,585 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)			243,490 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			158,269 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			211,356 36.00
37.00	Subtotal (see instructions)			9,675,854 37.00
38.00	MSP-LCC reconciliation amount from PS&R			104 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)			9,675,750 40.00
40.01	Sequestration adjustment (see instructions)			193,515 40.01
41.00	Interim payments			9,414,360 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			67,875 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 5:22 pm
		Component CCN: 15S169	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,159	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		918	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)		1,159	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		4,715	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)		4,715	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		4,715	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,556	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)		1,159	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)		918	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		2,077	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)		2,077	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,077	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,077	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)		2,077	40.00
40.01	Sequestration adjustment (see instructions)		42	40.01
41.00	Interim payments		1,997	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		38	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: 150169

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 5:22 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		43,080,764		9,414,360	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		43,080,764		9,414,360	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		442,613		67,875	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		43,523,377		9,482,235	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: 150169
Component CCN: 15S169

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 5:22 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,769,576		1,997	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,769,576		1,997	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		12,997		38	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,782,573		2,035	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: 150169

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

Worksheet E-1
Part II
Date/Time Prepared:
5/24/2016 5:22 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	16,515	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	19,506	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	7,046	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	69,224	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,173,887,558	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	2,744,766	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)	487,661	8.00
9.00	Sequestration adjustment amount (see instructions)	9,753	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	477,908	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	436,825	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)	41,083	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/24/2016 5:22 pm
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,949,354 1.00
2.00	Net IPF PPS Outlier Payments			35,133 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			7.345205 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,984,487 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,984,487 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,984,487 18.00
19.00	Deductibles			173,748 19.00
20.00	Subtotal (line 18 minus line 19)			1,810,739 20.00
21.00	Coinsurance			5,040 21.00
22.00	Subtotal (line 20 minus line 21)			1,805,699 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			17,504 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			11,378 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			7,091 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,817,077 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			1,875 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,818,952 31.00
31.01	Sequestration adjustment (see instructions)			36,379 31.01
32.00	Interim payments			1,769,576 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			12,997 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			35,133 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/24/2016 5:22 pm	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			1.69	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.69	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.49	6.00
7.00	Enter the lesser of line 5 or line 6			1.69	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	1.78	0.00	1.78	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.86	0.00	0.86	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.62		10.00
11.00	Total weighted FTE count	0.86	1.62		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.68	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.20	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	1.25	0.54		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	1.25	0.54		17.00
18.00	Per resident amount	89,007.83	89,007.83		18.00
19.00	Approved amount for resident costs	111,260	48,064	159,324	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.80	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			159,324	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	21,606	7,046		26.00
27.00	Total Inpatient Days (see instructions)	73,163	73,163		27.00
28.00	Ratio of inpatient days to total inpatient days	0.295313	0.096306		28.00
29.00	Program direct GME amount	47,050	15,344		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		2,168		30.00
31.00	Net Program direct GME amount			60,226	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/24/2016 5:22 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		2,247,846	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		58,699,721	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		10,181	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		58,689,540	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		13,760,914	42.00
43.00	Primary payer payments (see instructions)		3,248	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		13,757,666	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		72,447,206	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.810101	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.189899	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		60,226	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		48,789	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		11,437	50.00

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

Provider CCN: 150169

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

Worksheet G

Date/Time Prepared:
5/24/2016 5:22 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	3,550	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	417,242,709	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-220,738,679	0	0	0	6.00
7.00	Inventory	4,254,539	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,271,508	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)	203,033,627	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,705,851	0	0	0	12.00
13.00	Land improvements	3,158,137	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	289,284,636	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	2,794,712	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	97,827,147	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-185,303,191	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	316,270	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	210,783,562	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	418,220,948	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	418,220,948	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	832,038,137	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,858,140	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,927,856	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	5,785,996	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	14,448,683	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	14,448,683	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	20,234,679	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	811,803,458	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	811,803,458	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	832,038,137	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150169

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

Worksheet G-1

Date/Time Prepared:
5/24/2016 5:22 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		1,218,755,596		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		123,577,894			2.00
3.00	Total (sum of line 1 and line 2)		1,342,333,490		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,342,333,490		0	11.00
12.00	Deductions (debit adjustments) MISC	530,530,032		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		530,530,032		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		811,803,458		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) MISC		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: 150169

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2016 5:22 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	149,150,759		149,150,759	1.00
2.00	SUBPROVIDER - IPF	5,498,849		5,498,849	2.00
3.00	SUBPROVIDER - IRF	0		0	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)	154,649,608		154,649,608	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	20,846,147		20,846,147	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	NEONATAL INTENSIVE CARE UNIT	88,815,774		88,815,774	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	109,661,921		109,661,921	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	264,311,529		264,311,529	17.00
18.00	Ancillary services	450,214,425	495,732,205	945,946,630	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	714,525,954	495,732,205	1,210,258,159	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		318,689,099		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		318,689,099		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150169

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

Worksheet G-3

Date/Time Prepared:
5/24/2016 5:22 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,210,258,159	1.00
2.00	Less contractual allowances and discounts on patients' accounts	774,972,639	2.00
3.00	Net patient revenues (line 1 minus line 2)	435,285,520	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	318,689,099	4.00
5.00	Net income from service to patients (line 3 minus line 4)	116,596,421	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	8,704	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	22,500	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	6,950,269	24.00
25.00	Total other income (sum of lines 6-24)	6,981,473	25.00
26.00	Total (line 5 plus line 25)	123,577,894	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)	123,577,894	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 150169

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

Worksheet I-5
Date/Time Prepared:
5/24/2016 5:22 pm

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

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150169	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/24/2016 5:22 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,062,425	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		333,707	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		198.87	3.00
4.00	Number of interns & residents (see instructions)		1.53	4.00
5.00	Indirect medical education percentage (see instructions)		0.22	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		6,737	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.36	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.92	8.00
9.00	Sum of lines 7 and 8		32.28	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.76	10.00
11.00	Disproportionate share adjustment (see instructions)		207,020	11.00
12.00	Total prospective capital payments (see instructions)		3,609,889	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00