

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: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/25/2016 11:20 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/25/2016	Time: 11:20 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL SOUTH (150128) 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	134,402	39,977	63,536	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	134,402	39,977	63,536	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: 150128		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:18 am						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1402 EAST COUNTY LINE ROAD SOUTH		PO Box:						1.00			
2.00	City: INDIANAPOLIS		State: IN		Zip Code: 46227		County: MARION		2.00			
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		COMMUNITY HOSPITAL SOUTH		150128	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
						From:		To:				
						1.00		2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2015		12/31/2015		20.00		
21.00	Type of Control (see instructions)							2		21.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N		Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days		Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00		6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,437	879	0	1	3,694		279	24.00			
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		0	25.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:18 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00	
		V	XVII	XI			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					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	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
						1.00	2.00
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	589,337	0			0	118.01
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:18 am			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	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			
142.00	Street: 1500 NORTH RITTER AVENUE	PO Box:					
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46219-3095			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00		
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00		
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00		
		Name	County	State	Zip Code	CBSA	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)				168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.25	169.00		
				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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:18 am
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/25/2016 11:18 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			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: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/25/2016 11:18 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				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: 150128

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 11:18 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	120	43,800	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)		120	43,800	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		156	56,940	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		156				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: 150128

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 11:18 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,904	792	30,498			1.00
2.00 HMO and other (see instructions)	5,167	3,890				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)	11,904	792	30,498			7.00
8.00 INTENSIVE CARE UNIT	1,018	0	2,588			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,329	5,008			13.00
14.00 Total (see instructions)	12,922	3,121	38,094	0.00	772.35	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	487			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	772.35	27.00
28.00 Observation Bed Days		0	3,419			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			431			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	279	714			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: 150128

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 11:18 am

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	3,065	181	9,374	1.00
2.00 HMO and other (see instructions)			1,117	1,258		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,065	181	9,374	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150128		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/25/2016 11:18 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	49,141,699	-314,436	48,827,263	1,606,487.00	30.39	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		93,243	0	93,243	703.00	132.64	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		75,288	0	75,288	1,398.00	53.85	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)		216,084	9,211	225,295	7,518.00	29.97	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		451,320	0	451,320	4,535.00	99.52	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		1,565,904	0	1,565,904	17,155.00	91.28	13.00
14.00	Home office salaries & wage-related costs		11,159,472	0	11,159,472	219,297.00	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)		17,524,230	0	17,524,230			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		82,309	0	82,309			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		9,050	0	9,050			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)		17,687	0	17,687			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	187,170	0	187,170	4,483.00	41.75	26.00
27.00	Administrative & General	5.00	2,258,756	-7,750	2,251,006	80,754.00	27.87	27.00
28.00	Administrative & General under contract (see inst.)		5,072,793	0	5,072,793	41,071.00	123.51	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	61,113.00	0.00	29.00
30.00	Operation of Plant	7.00	1,238,394	-5,145	1,233,249	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	835,454	-3,247	832,207	67,891.00	12.26	32.00
33.00	Housekeeping under contract (see instructions)		317,417	0	317,417	6,476.00	49.01	33.00
34.00	Dietary	10.00	1,103,889	-680,691	423,198	24,047.00	17.60	34.00
35.00	Dietary under contract (see instructions)		0	0	0	47,252.00	0.00	35.00
36.00	Cafeteria	11.00	0	666,773	666,773	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	22,343	0	22,343	1,770.00	12.62	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150128

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2016 11:18 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 96,589	0	96,589	2,580.00	37.44	41.00
42.00	Social Service	17.00 1,330,983	-9,743	1,321,240	39,340.00	33.59	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150128

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2016 11:18 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	54,456,621	-314,436	54,142,185	1,699,888.00	31.85	1.00
2.00	Excluded area salaries (see instructions)	216,084	9,211	225,295	7,518.00	29.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)	54,240,537	-323,647	53,916,890	1,692,370.00	31.86	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,176,696	0	13,176,696	240,987.00	54.68	4.00
5.00	Subtotal wage-related costs (see inst.)	17,533,280	0	17,533,280	0.00	32.52	5.00
6.00	Total (sum of lines 3 thru 5)	84,950,513	-323,647	84,626,866	1,933,357.00	43.77	6.00
7.00	Total overhead cost (see instructions)	12,463,788	-39,803	12,423,985	376,777.00	32.97	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2016 11:18 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,168,257 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			4,875,570 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			452,871 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)			4,430,684 8.00
9.00	Prescription Drug Plan			1,676,643 9.00
10.00	Dental, Hearing and Vision Plan			88,512 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			24,662 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)			359,662 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			3,478,324 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			78,093 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			17,633,278 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: 150128

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

Worksheet S-3
Part V
Date/Time Prepared:
5/25/2016 11:18 am

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/25/2016 11:18 am
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			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)		0.178888	1.00		
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		14,089,175	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		116,389,320	6.00		
7.00	Medicaid cost (line 1 times line 6)		20,820,653	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)		6,731,478	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)		6,731,478	19.00		
			Uninsured patients	Insured patients		
			1.00	2.00		
			Total (col. 1 + col. 2)			
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		1,445,835	1,018,502	2,464,337	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		258,643	182,198	440,841	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)		258,643	182,198	440,841	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)				20,825,588	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				269,704	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				20,555,884	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				3,677,201	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				4,118,042	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				10,849,520	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150128

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

Worksheet A
Date/Time Prepared:
5/25/2016 11:18 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	5,138,415	5,138,415	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	9,947,697	9,947,697	2.00	
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	187,170	6,316,238	6,503,408	1,574,760	8,078,168	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,258,756	51,011,382	53,270,138	-13,639,203	39,630,935	5.00
7.00	00700	OPERATION OF PLANT	1,238,394	1,440,133	2,678,527	379,648	3,058,175	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	526,530	526,530	0	526,530	8.00
9.00	00900	HOUSEKEEPING	835,454	757,451	1,592,905	-30,785	1,562,120	9.00
10.00	01000	DIETARY	1,103,889	506,875	1,610,764	-1,015,861	594,903	10.00
11.00	01100	CAFETERIA	0	0	0	941,370	941,370	11.00
13.00	01300	NURSING ADMINISTRATION	22,343	1,038	23,381	964,249	987,630	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	96,589	35,972	132,561	947,928	1,080,489	16.00
17.00	01700	SOCIAL SERVICE	1,330,983	287,426	1,618,409	-2,349	1,616,060	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	32,198	32,198	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH	0	0	0	39,483	39,483	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,222,775	4,660,628	22,883,403	-5,236,668	17,646,735	30.00
31.00	03100	INTENSIVE CARE UNIT	2,143,861	773,341	2,917,202	-375,786	2,541,416	31.00
43.00	04300	NURSERY	0	0	0	2,793,853	2,793,853	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,679,816	16,819,343	19,499,159	-14,916,927	4,582,232	50.00
51.00	05100	RECOVERY ROOM	2,218,060	729,106	2,947,166	-244,449	2,702,717	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,149,295	2,149,295	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,592,111	996,719	2,588,830	-825,084	1,763,746	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	599,583	1,034,352	1,633,935	-757,923	876,012	55.00
57.00	05700	CT SCAN	522,437	660,358	1,182,795	-260,855	921,940	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	179,147	360,931	540,078	-264,249	275,829	58.00
59.00	05900	CARDIAC CATHETERIZATION	930,017	4,278,105	5,208,122	-4,014,794	1,193,328	59.00
60.00	06000	LABORATORY	0	5,291,085	5,291,085	-2,244	5,288,841	60.00
64.00	06400	INTRAVENOUS THERAPY	0	988	988	-988	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,672,720	783,485	2,456,205	-415,557	2,040,648	65.00
66.00	06600	PHYSICAL THERAPY	1,583,675	615,969	2,199,644	-784,126	1,415,518	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	422,891	422,891	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	102,346	102,346	68.00
69.00	06900	ELECTROCARDIOLOGY	700,328	365,680	1,066,008	-67,186	998,822	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	435,888	294,177	730,065	-85,614	644,451	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	513,923	513,923	7,848,942	8,362,865	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,225,394	11,225,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,163,021	6,851,725	9,014,746	90,482	9,105,228	73.00
74.00	07400	RENAL DIALYSIS	0	398,245	398,245	-4,563	393,682	74.00
76.00	03950	ENDOSCOPY	569,960	818,549	1,388,509	-612,691	775,818	76.00
76.06	03330	IMAGING CENTER	681,149	1,741,299	2,422,448	-868,173	1,554,275	76.06
76.97	07697	CARDIAC REHABILITATION	151,990	30,820	182,810	-3,473	179,337	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	507,090	134,479	641,569	-16,938	624,631	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	62,237	62,237	90.03
90.04	04953	SPINE CENTER	107,960	43,869	151,829	-26,505	125,324	90.04
91.00	09100	EMERGENCY	4,190,449	1,823,651	6,014,100	-197,493	5,816,607	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	48,925,615	110,903,872	159,829,487	-9,296	159,820,191	118.00
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	59,778	59,778	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	216,084	2,977,202	3,193,286	-50,282	3,143,004	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	LEASED OFFICE SPACE	0	0	0	0	0	194.06
194.08	07958	MISC NONREIMBURSABLE COST CENTERS	0	585	585	-200	385	194.08
200.00		TOTAL (SUM OF LINES 118-199)	49,141,699	113,881,659	163,023,358	0	163,023,358	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150128

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

Worksheet A
Date/Time Prepared:
5/25/2016 11:18 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,162,523	3,975,892	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	407,778	10,355,475	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,400,537	11,478,705	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-30,985,777	8,645,158	5.00
7.00	00700	OPERATION OF PLANT	695,424	3,753,599	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	526,530	8.00
9.00	00900	HOUSEKEEPING	0	1,562,120	9.00
10.00	01000	DIETARY	-9,012	585,891	10.00
11.00	01100	CAFETERIA	-74,528	866,842	11.00
13.00	01300	NURSING ADMINISTRATION	389,288	1,376,918	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	453,647	1,534,136	16.00
17.00	01700	SOCIAL SERVICE	0	1,616,060	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	133,304	165,502	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	23.01
23.02	02303	ALLIED HEALTH	0	39,483	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	94,253	17,740,988	30.00
31.00	03100	INTENSIVE CARE UNIT	70,770	2,612,186	31.00
43.00	04300	NURSERY	0	2,793,853	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,582,232	50.00
51.00	05100	RECOVERY ROOM	0	2,702,717	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,149,295	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-350,946	1,412,800	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	876,012	55.00
57.00	05700	CT SCAN	0	921,940	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	275,829	58.00
59.00	05900	CARDIAC CATHETERIZATION	56,676	1,250,004	59.00
60.00	06000	LABORATORY	-818,908	4,469,933	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,040,648	65.00
66.00	06600	PHYSICAL THERAPY	-66,279	1,349,239	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	422,891	67.00
68.00	06800	SPEECH PATHOLOGY	0	102,346	68.00
69.00	06900	ELECTROCARDIOLOGY	93,638	1,092,460	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,000	663,451	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	152,592	8,515,457	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,225,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	94,408	9,199,636	73.00
74.00	07400	RENAL DIALYSIS	0	393,682	74.00
76.00	03950	ENDOSCOPY	0	775,818	76.00
76.06	03330	IMAGING CENTER	0	1,554,275	76.06
76.97	07697	CARDIAC REHABILITATION	-12,887	166,450	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	-55,543	569,088	90.02
90.03	04952	PALLIATIVE CARE	-62,237	0	90.03
90.04	04953	SPINE CENTER	0	125,324	90.04
91.00	09100	EMERGENCY	-231,934	5,584,673	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-27,769,259	132,050,932	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	59,778	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,143,004	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	HOME OFFICE	0	0	194.00
194.06	07956	LEASED OFFICE SPACE	0	0	194.06
194.08	07958	MISC NONREIMBURSABLE COST CENTERS	0	385	194.08
200.00		TOTAL (SUM OF LINES 118-199)	-27,769,259	135,254,099	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - Other Capital Rental Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,538,183	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	684,464	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	
0			0	2,222,647		
B - Drugs Charges to Pat						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	511,342	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	
0			0	511,342		
C - Cafeteria Salary						
1.00	CAFETERIA	11.00	666,773	0	1.00	
			666,773	0		
D - Cafeteria Other						
1.00	CAFETERIA	11.00	0	274,597	1.00	
			0	274,597		
E - Therapy Salary						
1.00	OCCUPATIONAL THERAPY	67.00	0	343,988	1.00	
2.00	SPEECH PATHOLOGY	68.00	0	83,250	2.00	
0			0	427,238		
F - Therapy Other						
1.00	OCCUPATIONAL THERAPY	67.00	0	78,903	1.00	
2.00	SPEECH PATHOLOGY	68.00	0	19,096	2.00	
	TOTALS		0	97,999		
J - Implantable Device Recl ass						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,225,394	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	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	

RECLASSIFICATIONS

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
			0	11,225,394	
K - Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		8,278,656	1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00
13.00					13.00
14.00					14.00
15.00					15.00
16.00					16.00
17.00					17.00
18.00					18.00
19.00					19.00
20.00					20.00
21.00					21.00
22.00					22.00
23.00			0	8,278,656	23.00
L - Depreciation Expense					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,250,010	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
			0	10,250,010	
M - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,118,995	1.00
			0	3,118,995	
N - Depreciation by CC					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,840,496	1.00
			0	1,840,496	
O - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	178,924	1.00
			0	178,924	
P - Labor and Delivery Salary					
1.00	NURSERY	43.00	2,266,565		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,743,655		2.00
			4,010,220	0	

RECLASSIFICATIONS

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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
Q - Labor and Delivery Other						
1.00	NURSERY	43.00		527,288	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00		405,640	2.00	
			0	932,928		
R - Radiology Support Salary						
1.00	RADIOLOGY-THERAPEUTIC	55.00	65,874		1.00	
2.00	CT SCAN	57.00	186,617		2.00	
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	39,445		3.00	
			291,936	0		
S - Radiology Support Other						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	20,836	1.00	
2.00	CT SCAN	57.00	0	59,028	2.00	
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,477	3.00	
			0	92,341		
T - EMS School Allied Health						
1.00	EMS TRAINING-ALLIED HEALTH	23.00	0	14,558	1.00	
	TOTALS		0	14,558		
U - EMS School Allied Health						
1.00	EMS TRAINING-ALLIED HEALTH	23.00	17,640	0	1.00	
	TOTALS		17,640	0		
V - Pharmacy Residency Recl ass						
1.00	ALLIED HEALTH	23.02	0	36,409	1.00	
			0	36,409		
W - Pharm Resident Costs						
1.00	ALLIED HEALTH	23.02	3,074	0	1.00	
			3,074	0		
Z - INTERCOMPANY ALLOCATIONS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,574,831	1.00	
2.00	OPERATION OF PLANT	7.00	0	429,085	2.00	
3.00	NURSING ADMINISTRATIONS	13.00	0	964,249	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	386,300	4.00	
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	948,250	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	188,291	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	220,161	7.00	
8.00	ELECTROCARDIOLOGY	69.00	0	142,030	8.00	
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	72,221	9.00	
10.00	DRUGS CHARGED TO PATIENTS	73.00	0	-51,279	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	662,724	11.00	
12.00	PALLIATIVE CARE	90.03	0	62,237	12.00	
13.00	EMERGENCY	91.00	0	73,570	13.00	
14.00	RESEARCH	191.00	0	59,778	14.00	
	TOTALS		0	5,732,448		
AA - STD AND WC BENEFIT RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,750	1.00	
2.00	OPERATION OF PLANT	7.00	0	5,145	2.00	
3.00	HOUSEKEEPING	9.00	0	3,247	3.00	
4.00	DIETARY	10.00	0	13,918	4.00	
5.00	SOCIAL SERVICE	17.00	0	9,743	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	176,032	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	11,890	7.00	
8.00	OPERATING ROOM	50.00	0	3,885	8.00	
9.00	RECOVERY ROOM	51.00	0	5,661	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,932	10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,290	11.00	
12.00	CT SCAN	57.00	0	5,024	12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	4,234	13.00	
14.00	RESPIRATORY THERAPY	65.00	0	9,465	14.00	
15.00	PHYSICAL THERAPY	66.00	0	3,921	15.00	
16.00	ELECTROCARDIOLOGY	69.00	0	1,902	16.00	
17.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,003	17.00	
18.00	IMAGING CENTER	76.06	0	8,459	18.00	
19.00	CARDIAC REHABILITATION	76.97	0	183	19.00	
20.00	ANTI-COAGULATION CLINIC	90.02	0	2,898	20.00	
21.00	EMERGENCY	91.00	0	22,351	21.00	
22.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	11,503	22.00	
	TOTALS		0	314,436		
500.00	Grand Total: Increases		4,989,643	45,549,418	500.00	

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - Other Capital Rental Expense							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	71	10		1.00
2.00	OPERATION OF PLANT	7.00	0	2,821	0		2.00
3.00	HOUSEKEEPING	9.00	0	4,479	0		3.00
4.00	DIETARY	10.00	0	595	0		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	153	0		5.00
6.00	SOCIAL SERVICE	17.00	0	544	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	39,397	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	98	0		8.00
9.00	OPERATING ROOM	50.00	0	552,210	0		9.00
10.00	RECOVERY ROOM	51.00	0	4,248	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	988	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	319	0		12.00
13.00	CT SCAN	57.00	0	319	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	80	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	2,029	0		15.00
16.00	LABORATORY	60.00	0	80	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	13,092	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	191,373	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	338	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	76,228	0		20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	779,044	0		21.00
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	286,584	0		22.00
23.00	RENAL DIALYSIS	74.00	0	48	0		23.00
24.00	ENDOSCOPY	76.00	0	699	0		24.00
25.00	IMAGING CENTER	76.06	0	208,657	0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	239	0		26.00
27.00	SPINE CENTER	90.04	0	26,505	0		27.00
28.00	EMERGENCY	91.00	0	2,667	0		28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	28,576	0		29.00
30.00	MISC NONREIMBURSABLE COST CENTERS	194.08	0	166	0		30.00
	0		0	2,222,647			
B - Drugs Charges to Pat							
1.00	ADULTS & PEDIATRICS	30.00	0	9,445	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	3,724	0		2.00
3.00	OPERATING ROOM	50.00	0	31,402	0		3.00
4.00	RECOVERY ROOM	51.00	0	143	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	23,293	0		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	22,587	0		6.00
7.00	CT SCAN	57.00	0	117,145	0		7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	55,587	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	105,139	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	169	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	1,135	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	102,187	0		12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	627	0		13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	509	0		14.00
15.00	ENDOSCOPY	76.00	0	2,115	0		15.00
16.00	IMAGING CENTER	76.06	0	34,136	0		16.00
17.00	ANTI-COAGULATION CLINIC	90.02	0	18	0		17.00
18.00	EMERGENCY	91.00	0	1,981	0		18.00
	0		0	511,342			
C - Cafeteria Salary							
1.00	DIETARY	10.00	666,773				1.00
			666,773	0			
D - Cafeteria Other							
1.00	DIETARY	10.00		274,597			1.00
			0	274,597			
E - Therapy Salary							
1.00	PHYSICAL THERAPY	66.00	0	427,238	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	427,238			
F - Therapy Other							
1.00	PHYSICAL THERAPY	66.00	0	97,999	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	97,999			

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
J - Implantable Device Recl ass						
1.00	ADULTS & PEDIATRICS	30.00	0	599	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	1,893	0	2.00
3.00	OPERATING ROOM	50.00	0	8,454,367	0	3.00
4.00	RECOVERY ROOM	51.00	0	483	0	4.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	193,428	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	2,538,485	0	7.00
8.00	PHYSICAL THERAPY	66.00	0	181	0	8.00
9.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,419	0	9.00
10.00	ENDOSCOPY	76.00	0	34,539	0	10.00
	0			11,225,394		
K - Medical Supplies						
1.00	ADMINISTRATIVE & GENERAL	5.00		21,086		1.00
2.00	OPERATION OF PLANT	7.00		49		2.00
3.00	DIETARY	10.00		255		3.00
4.00	ADULTS & PEDIATRICS	30.00		596,747		4.00
5.00	INTENSIVE CARE UNIT	31.00		169,797		5.00
6.00	OPERATING ROOM	50.00		4,443,449		6.00
7.00	RECOVERY ROOM	51.00		184,849		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00		315,064		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00		564,076		9.00
10.00	CT SCAN	57.00		115,383		10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		4,311		11.00
12.00	CARDIAC CATHETERIZATION	59.00		983,161		12.00
13.00	INTRAVENOUS THERAPY	64.00		988		13.00
14.00	RESPIRATORY THERAPY	65.00		289,780		14.00
15.00	PHYSICAL THERAPY	66.00		657		15.00
16.00	ELECTROCARDIOLOGY	69.00		4,411		16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00		17,951		17.00
18.00	DRUGS CHARGED TO PATIENTS	73.00		23,744		18.00
19.00	RENAL DIALYSIS	74.00		4,515		19.00
20.00	ENDOSCOPY	76.00		355,583		20.00
21.00	IMAGING CENTER	76.06		38,270		21.00
22.00	CARDIAC REHABILITATION	76.97		341		22.00
23.00	EMERGENCY	91.00		144,189		23.00
	0			8,278,656		
L - Depreciation Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,272,214	9	1.00
2.00	OPERATION OF PLANT	7.00	0	46,567	0	2.00
3.00	HOUSEKEEPING	9.00	0	26,306	0	3.00
4.00	DIETARY	10.00	0	73,641	0	4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	169	0	5.00
6.00	SOCIAL SERVICE	17.00	0	1,805	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	498,347	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	200,274	0	8.00
9.00	OPERATING ROOM	50.00	0	1,435,499	0	9.00
10.00	RECOVERY ROOM	51.00	0	54,726	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	321,623	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	64,223	0	12.00
13.00	CT SCAN	57.00	0	273,653	0	13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	256,193	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	385,980	0	15.00
16.00	LABORATORY	60.00	0	2,164	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	112,516	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	65,543	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	102,280	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	63,029	0	20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	36,461	0	21.00
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,351	0	22.00
23.00	ENDOSCOPY	76.00	0	219,755	0	23.00
24.00	IMAGING CENTER	76.06	0	587,110	0	24.00
25.00	CARDIAC REHABILITATION	76.97	0	2,893	0	25.00
26.00	ANTI-COAGULATION CLINIC	90.02	0	16,920	0	26.00
27.00	EMERGENCY	91.00	0	90,028	0	27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	21,706	0	28.00
29.00	MISC NONREIMBURSABLE COST CENTERS	194.08	0	34	0	29.00
	0			10,250,010		

RECLASSIFICATIONS

Provider CCN: 150128

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

Worksheet A-6
Date/Time Prepared:
5/25/2016 11:18 am

		Decreases				
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.	
6.00		7.00	8.00	9.00	10.00	
M - Interest Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,118,995	11	1.00
	O		0	3,118,995		
N - Depreciation by CC						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,840,496	9	1.00
	O		0	1,840,496		
O - Capital Insurance Costs						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	178,924	12	1.00
	O		0	178,924		
P - Labor and Delivery Salary						
1.00	ADULTS & PEDIATRICS	30.00	4,010,220			1.00
2.00						2.00
			4,010,220	0		
Q - Labor and Delivery Other						
1.00	ADULTS & PEDIATRICS	30.00		932,928		1.00
2.00						2.00
			0	932,928		
R - Radiology Support Salary						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	291,936			1.00
2.00						2.00
3.00			291,936	0		3.00
S - Radiology Support Other						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	92,341	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	O		0	92,341		
T - EMS School Allied Health						
1.00	EMERGENCY	91.00	0	14,558	0	1.00
	TOTALS		0	14,558		
U - EMS School Allied Health						
1.00	EMERGENCY	91.00	17,640	0	0	1.00
	TOTALS		17,640	0		
V - Pharmacy Residency Recl ass						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	36,409		1.00
			0	36,409		
W - Pharm Resident Costs						
1.00	DRUGS CHARGED TO PATIENTS	73.00	3,074	0		1.00
			3,074	0		
Z - INTERCOMPANY ALLOCATIONS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,732,448	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
	TOTALS		0	5,732,448		
AA - STD AND WC BENEFIT RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	7,750	0	0	1.00
2.00	OPERATION OF PLANT	7.00	5,145	0	0	2.00
3.00	HOUSEKEEPING	9.00	3,247	0	0	3.00
4.00	DIETARY	10.00	13,918	0	0	4.00
5.00	SOCIAL SERVICE	17.00	9,743	0	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	176,032	0	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	11,890	0	0	7.00
8.00	OPERATING ROOM	50.00	3,885	0	0	8.00
9.00	RECOVERY ROOM	51.00	5,661	0	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	2,932	0	0	10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	2,290	0	0	11.00
12.00	CT SCAN	57.00	5,024	0	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	4,234	0	0	13.00
14.00	RESPIRATORY THERAPY	65.00	9,465	0	0	14.00
15.00	PHYSICAL THERAPY	66.00	3,921	0	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	1,902	0	0	16.00
17.00	DRUGS CHARGED TO PATIENTS	73.00	2,003	0	0	17.00
18.00	IMAGING CENTER	76.06	8,459	0	0	18.00

Provider CCN: 150128

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

Worksheet A-6
Date/Time Prepared:
5/25/2016 11:18 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
19.00	CARDIAC REHABILITATION	76.97	183	0	0		19.00
20.00	ANTI-COAGULATION CLINIC	90.02	2,898	0	0		20.00
21.00	EMERGENCY	91.00	22,351	0	0		21.00
22.00	PHYSICIANS' PRIVATE OFFICES	192.00	11,503	0	0		22.00
	TOTALS		314,436	0			
500.00	Grand Total: Decreases		5,304,079	45,234,982			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150128

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

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2016 11:18 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	497,000	0	0	0	1.00
2.00	Land Improvements	2,660,221	62,141	0	62,141	2.00
3.00	Buildings and Fixtures	166,856,101	3,802,157	0	3,802,157	3.00
4.00	Building Improvements	1,527,875	1,183,036	0	1,183,036	4.00
5.00	Fixed Equipment	880,245	0	0	0	5.00
6.00	Movable Equipment	59,646,979	6,564,017	0	6,564,017	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	232,068,421	11,611,351	0	11,611,351	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	232,068,421	11,611,351	0	11,611,351	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	497,000	0			1.00
2.00	Land Improvements	2,722,362	0			2.00
3.00	Buildings and Fixtures	170,658,258	0			3.00
4.00	Building Improvements	2,710,911	0			4.00
5.00	Fixed Equipment	880,245	0			5.00
6.00	Movable Equipment	66,210,996	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	243,679,772	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	243,679,772	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150128

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

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2016 11:18 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150128

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

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2016 11:18 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	174,249,414	0	174,249,414	0.724649	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	66,210,996	0	66,210,996	0.275351	0	2.00
3.00	Total (sum of lines 1-2)	240,460,410	0	240,460,410	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	1,840,496	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,817,292	1,538,183	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,657,788	1,538,183	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	1,956,472	178,924	0	0	3,975,892	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	10,355,475	2.00
3.00	Total (sum of lines 1-2)	1,956,472	178,924	0	0	14,331,367	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150128

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

Worksheet A-8

Date/Time Prepared:
5/25/2016 11:18 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		9	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-151,426					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	4,955,759					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	0RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	0PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	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	0NONPHYSICIAN ANESTHETISTS	19.00		0	28.00
29.00 Physicians' assistant			0	0	0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	0OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	0ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	0SPEECH 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	-60,721		ADMINISTRATIVE & GENERAL	5.00		0	33.00
33.01 Misc Revenue	B	-14,263		OPERATION OF PLANT	7.00		0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 150128

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

Worksheet A-8

Date/Time Prepared:
5/25/2016 11:18 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center		Line #		
			1.00	2.00	3.00		4.00
33.02	Misc Revenue	B	-9,012	DIETARY	10.00	0	33.02
33.03	Misc Revenue	B	-135,040	MEDICAL RECORDS & LIBRARY	16.00	0	33.03
33.04	Misc Revenue	B	-1,755	ADULTS & PEDIATRICS	30.00	0	33.04
33.05	Misc Revenue	B	-411,216	RADIOLOGY-DIAGNOSTIC	54.00	0	33.05
33.06	Misc Revenue	B	-818,908	LABORATORY	60.00	0	33.06
33.07	Misc Revenue	B	-66,279	PHYSICAL THERAPY	66.00	0	33.07
33.08	Misc Revenue	B	-8,224	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	33.08
33.09	Misc Revenue	B	-12,887	CARDIAC REHABILITATION	76.97	0	33.09
33.10	DISPOSALS	B	-236,782	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.10
33.11	Leased Equipment CBI	B	-1,871,912	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.11
34.00	Non-Allowable Interest Expense 00	A	-1,830	CAP REL COSTS-BLDG & FIXT	1.00	11	34.00
34.01	Non-Allowable Interest Expense 00	A	-42,877	ADMINISTRATIVE & GENERAL	5.00	11	34.01
34.02	LOC Non-Allow Interest Expense	A	-4,441	CAP REL COSTS-BLDG & FIXT	1.00	11	34.02
34.03	Non-Allowable Interest Expense 00	A	-993,363	CAP REL COSTS-BLDG & FIXT	1.00	11	34.03
34.04	2012B Non-Allow Interest Expense	A	-48,563	CAP REL COSTS-BLDG & FIXT	1.00	11	34.04
34.05	50M BMO Non-Allow Interest Expense	A	-114,326	CAP REL COSTS-BLDG & FIXT	1.00	11	34.05
35.00	HAF Tax Offset	A	-6,864,883	ADMINISTRATIVE & GENERAL	5.00	0	35.00
35.01	Bad Debt Expense	A	-20,825,588	ADMINISTRATIVE & GENERAL	5.00	0	35.01
36.00	Meals of Wheels Cost	A	-74,528	CAFETERIA	11.00	0	36.00
36.04	EMS TRAINING REVERSE ALLOCATION	A	-115,967	EMERGENCY	91.00	0	36.04
36.05	EMS Training A_H Onset	A	89,234	EMS TRAINING-ALLIED HEALTH	23.00	0	36.05
36.06	INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	-62,237	PALLIATIVE CARE	90.03	0	36.06
36.07	INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	-1,276	ADMINISTRATIVE & GENERAL	5.00	0	36.07
36.08	INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	-115,967	EMERGENCY	91.00	0	36.08
36.09	NURSE PRACTITIONER	A	-75,288	ANTI-COAGULATION CLINIC	90.02	0	36.09
36.10	Pharmacy Residency Expense	A	44,070	EMS TRAINING-ALLIED HEALTH	23.00	0	36.10
36.11	MEDICAL DIRECTOR SITE-CHS	A	59,188	ADMINISTRATIVE & GENERAL	5.00	0	36.11
36.12	MEDICAL DIRECTOR SITE-CHS	A	70,770	INTENSIVE CARE UNIT	31.00	0	36.12
36.13	MEDICAL DIRECTOR SITE-CHS	A	56,676	CARDIAC CATHETERIZATION	59.00	0	36.13
36.14	MEDICAL DIRECTOR SITE-CHS	A	74,858	ELECTROCARDIOLOGY	69.00	0	36.14
36.15	MEDICAL DIRECTOR SITE-CHS	A	19,745	ANTI-COAGULATION CLINIC	90.02	0	36.15
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,769,259				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: 150128

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

Worksheet A-8-1

Date/Time Prepared: 5/25/2016 11:18 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	1550 CTY LN RD	86,623	56,774 1.00
2.00	30.00	ADULTS & PEDIATRICS	1550 CTY LN RD	50,922	33,375 2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	CHNW - HOME OFFICE	2,516,472	0 3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	CHNW - HOME OFFICE	3,400,537	0 3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	CHNW - HOME OFFICE	15,218,137	18,346,180 3.02
3.03	7.00	OPERATION OF PLANT	CHNW - HOME OFFICE	709,687	0 3.03
3.04	13.00	NURSING ADMINISTRATION	CHNW - HOME OFFICE	389,288	0 3.04
3.05	71.00	MEDICAL SUPPLIES CHARGED TO	CHNW - HOME OFFICE	160,816	0 3.05
3.06	16.00	MEDICAL RECORDS & LIBRARY	CHNW - HOME OFFICE	588,687	0 3.06
3.07	30.00	ADULTS & PEDIATRICS	CHNW - HOME OFFICE	78,461	0 3.07
3.08	54.00	RADIOLOGY-DIAGNOSTIC	CHNW - HOME OFFICE	60,270	0 3.08
3.09	69.00	ELECTROCARDIOLOGY	CHNW - HOME OFFICE	18,780	0 3.09
3.10	70.00	ELECTROENCEPHALOGRAPHY	CHNW - HOME OFFICE	19,000	0 3.10
3.11	73.00	DRUGS CHARGED TO PATIENTS	CHNW - HOME OFFICE	94,408	0 3.11
4.00	0.00		CHNW - HOME OFFICE	0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			23,392,088	18,436,329 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	C	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:	OTHER			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: 150128

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2016 11:18 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	29,849	0		1.00
2.00	17,547	0		2.00
3.00	2,516,472	9		3.00
3.01	3,400,537	0		3.01
3.02	-3,128,043	0		3.02
3.03	709,687	0		3.03
3.04	389,288	0		3.04
3.05	160,816	0		3.05
3.06	588,687	0		3.06
3.07	78,461	0		3.07
3.08	60,270	0		3.08
3.09	18,780	0		3.09
3.10	19,000	0		3.10
3.11	94,408	0		3.11
4.00	0	0		4.00
5.00	4,955,759			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 requested 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: 150128

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2016 11:18 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	410,422	151,426	258,996	211,500	2,783	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		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			410,422	151,426	258,996		2,783	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	282,983	14,149	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		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			282,983	14,149	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	282,983	0	151,426		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		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	282,983	0	151,426		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 11:18 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,975,892	3,975,892			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	10,355,475		10,355,475		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,478,705	15,739	0	11,494,444	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	8,645,158	182,736	5,119,475	531,949	5.00
7.00 00700	OPERATION OF PLANT	3,753,599	590,933	35,590	291,436	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	526,530	10,746	0	0	8.00
9.00 00900	HOUSEKEEPING	1,562,120	28,141	22,185	196,664	9.00
10.00 01000	DIETARY	585,891	43,245	18,326	100,008	10.00
11.00 01100	CAFETERIA	866,842	84,989	35,169	157,569	11.00
13.00 01300	NURSING ADMINISTRATION	1,376,918	0	0	5,280	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,534,136	0	232	22,826	16.00
17.00 01700	SOCIAL SERVICE	1,616,060	11,006	1,693	312,230	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	165,502	2,020	0	4,169	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02 02303	ALLIED HEALTH	39,483	0	0	726	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	17,740,988	917,374	303,271	3,317,066	30.00
31.00 03100	INTENSIVE CARE UNIT	2,612,186	306,872	144,393	503,819	31.00
43.00 04300	NURSERY	2,793,853	146,331	47,613	535,626	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,582,232	334,531	1,432,393	632,365	50.00
51.00 05100	RECOVERY ROOM	2,702,717	83,546	42,498	522,825	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,149,295	112,572	36,629	412,054	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,412,800	120,268	232,481	306,559	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	876,012	19,155	46,511	156,717	55.00
57.00 05700	CT SCAN	921,940	14,797	197,431	166,374	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	275,829	18,789	184,677	51,657	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,250,004	93,523	279,609	218,777	59.00
60.00 06000	LABORATORY	4,469,933	50,605	1,617	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,040,648	25,447	90,516	393,054	65.00
66.00 06600	PHYSICAL THERAPY	1,349,239	7,870	218,817	373,321	66.00
67.00 06700	OCCUPATIONAL THERAPY	422,891	2,549	10,914	0	67.00
68.00 06800	SPEECH PATHOLOGY	102,346	616	2,641	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,092,460	0	73,949	165,049	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	663,451	24,600	100,352	103,007	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,515,457	114,053	587,674	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,225,394	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	9,199,636	14,354	219,744	509,957	73.00
74.00 07400	RENAL DIALYSIS	393,682	12,478	35	0	74.00
76.00 03950	ENDOSCOPY	775,818	0	158,865	134,691	76.00
76.06 03330	IMAGING CENTER	1,554,275	0	573,449	158,967	76.06
76.97 07697	CARDIAC REHABILITATION	166,450	0	2,257	35,874	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	ANTI-COAGULATION CLINIC	569,088	0	12,193	119,149	90.02
90.03 04952	PALLIATIVE CARE	0	0	0	0	90.03
90.04 04953	SPINE CENTER	125,324	0	19,100	25,513	90.04
91.00 09100	EMERGENCY	5,584,673	292,922	66,798	980,820	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	132,050,932	3,682,807	10,319,097	11,446,098	131,673,123
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 19100	RESEARCH	59,778	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,143,004	0	36,234	48,346	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	HOME OFFICE	0	47,064	0	0	194.00
194.06 07956	LEASED OFFICE SPACE	0	233,581	0	0	194.06
194.08 07958	MISC NONREIMBURSABLE COST CENTERS	385	12,440	144	0	194.08
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)	135,254,099	3,975,892	10,355,475	11,494,444	135,254,099

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/25/2016 11:18 am				
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	14,479,318				5.00	
7.00	00700	OPERATION OF PLANT	560,059	5,231,617			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	64,412	17,643	619,331		8.00	
9.00	00900	HOUSEKEEPING	216,889	46,202	0	2,072,201	9.00	
10.00	01000	DIETARY	89,612	71,000	0	28,470	10.00	
11.00	01100	CAFETERIA	137,219	139,537	0	55,952	11.00	
13.00	01300	NURSING ADMINISTRATION	165,708	0	0	0	13.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	186,687	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	232,699	18,070	0	7,246	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
23.00	02300	EMS TRAINING-ALLIED HEALTH	20,584	3,317	0	1,330	23.00	
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01	
23.02	02303	ALLIED HEALTH	4,821	0	0	0	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,670,918	1,506,157	242,353	603,948	749,802	30.00
31.00	03100	INTENSIVE CARE UNIT	427,669	503,827	27,416	202,027	63,627	31.00
43.00	04300	NURSERY	422,413	240,248	39,709	96,336	123,123	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	836,994	549,238	54,649	220,237	0	50.00
51.00	05100	RECOVERY ROOM	401,812	137,167	0	55,002	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	324,960	184,822	30,547	74,111	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	248,419	197,459	11,626	79,178	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	131,683	31,449	7,438	12,610	0	55.00
57.00	05700	CT SCAN	155,918	24,293	0	9,741	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	63,654	30,848	40,620	12,370	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	220,821	153,547	3,461	61,570	0	59.00
60.00	06000	LABORATORY	542,148	83,084	0	33,315	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	305,672	41,779	0	16,753	0	65.00
66.00	06600	PHYSICAL THERAPY	233,689	12,921	0	5,181	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	52,313	4,186	0	1,678	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,660	1,011	0	405	0	68.00
69.00	06900	ELECTROCARDIOLOGY	159,625	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	106,868	40,389	0	16,195	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,105,021	187,255	0	75,086	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,345,779	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,192,119	23,567	0	9,450	0	73.00
74.00	07400	RENAL DIALYSIS	48,697	20,487	0	8,215	0	74.00
76.00	03950	ENDOSCOPY	128,204	0	0	0	0	76.00
76.06	03330	IMAGING CENTER	274,145	0	0	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	24,527	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	83,972	0	0	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	20,373	0	0	0	0	90.04
91.00	09100	EMERGENCY	830,243	480,923	161,512	192,843	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,050,006	4,750,426	619,331	1,879,249	936,552	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	7,167	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	386,945	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	5,642	77,271	0	30,985	0	194.00
194.06	07956	LEASED OFFICE SPACE	28,003	383,497	0	153,777	0	194.06
194.08	07958	MISC NONREIMBURSABLE COST CENTERS	1,555	20,423	0	8,190	0	194.08
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)	14,479,318	5,231,617	619,331	2,072,201	936,552	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 11:18 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		11.00	13.00	16.00	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	1,477,277					11.00
13.00	01300		1,550,344				13.00
16.00	01600			1,746,319			16.00
17.00	01700	46,317			2,245,321		17.00
19.00	01900						19.00
23.00	02300						23.00
23.01	02301						23.01
23.02	02303						23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	526,552	984,924	189,316	1,797,601		30.00
31.00	03100	58,506	109,436	20,840	152,541		31.00
43.00	04300	78,008	145,915	35,193	295,179		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	95,072		179,693			50.00
51.00	05100	65,819		61,225			51.00
52.00	05200	58,506		27,074			52.00
54.00	05400	53,631		59,181			54.00
55.00	05500	19,502		35,505			55.00
57.00	05700	31,691		118,699			57.00
58.00	05800	9,751		24,983			58.00
59.00	05900	31,691		88,804			59.00
60.00	06000			162,134			60.00
64.00	06400						64.00
65.00	06500	60,944		32,601			65.00
66.00	06600	19,502		16,316			66.00
67.00	06700	12,189		5,502			67.00
68.00	06800	2,438		1,333			68.00
69.00	06900	34,129		55,116			69.00
70.00	07000	14,627		10,734			70.00
71.00	07100			89,034			71.00
72.00	07200			78,714			72.00
73.00	07300	60,944		129,822			73.00
74.00	07400			2,915			74.00
76.00	03950	17,064		20,073			76.00
76.06	03330	2,438		42,120			76.06
76.97	07697	7,313		1,959			76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000						90.00
90.01	04950						90.01
90.02	04951			3,520			90.02
90.03	04952						90.03
90.04	04953			1,074			90.04
91.00	09100	165,767	310,069	252,839			91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		1,477,277	1,550,344	1,746,319	2,245,321		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
191.00	19100						191.00
192.00	19200						192.00
193.00	19300						193.00
194.00	07950						194.00
194.06	07956						194.06
194.08	07958						194.08
200.00							200.00
201.00							201.00
202.00		1,477,277	1,550,344	1,746,319	2,245,321		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

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Cost Center Description		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
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
16.00	01600						16.00
17.00	01700						17.00
19.00	01900						19.00
23.00	02300	196,922					23.00
23.01	02301		0				23.01
23.02	02303			45,030			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	31,550,270	0	30.00
31.00	03100	0	0	0	5,133,159	0	31.00
43.00	04300	0	0	0	4,999,547	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	8,917,404	0	50.00
51.00	05100	0	0	0	4,072,611	0	51.00
52.00	05200	0	0	0	3,410,570	0	52.00
54.00	05400	0	0	0	2,721,602	0	54.00
55.00	05500	0	0	0	1,336,582	0	55.00
57.00	05700	0	0	0	1,640,884	0	57.00
58.00	05800	0	0	0	713,178	0	58.00
59.00	05900	0	0	0	2,401,807	0	59.00
60.00	06000	0	0	0	5,342,836	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	3,007,414	0	65.00
66.00	06600	0	0	0	2,236,856	0	66.00
67.00	06700	0	0	0	512,222	0	67.00
68.00	06800	0	0	0	123,450	0	68.00
69.00	06900	0	0	0	1,580,328	0	69.00
70.00	07000	0	0	0	1,080,223	0	70.00
71.00	07100	0	0	0	10,673,580	0	71.00
72.00	07200	0	0	0	12,649,887	0	72.00
73.00	07300	0	0	45,030	11,404,623	0	73.00
74.00	07400	0	0	0	486,509	0	74.00
76.00	03950	0	0	0	1,234,715	0	76.00
76.06	03330	0	0	0	2,605,394	0	76.06
76.97	07697	0	0	0	238,380	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	0	0	0	787,922	0	90.02
90.03	04952	0	0	0	0	0	90.03
90.04	04953	0	0	0	191,384	0	90.04
91.00	09100	196,922	0	0	9,516,331	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		196,922	0	45,030	130,569,668	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	66,945	0	191.00
192.00	19200	0	0	0	3,614,529	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	160,962	0	194.00
194.06	07956	0	0	0	798,858	0	194.06
194.08	07958	0	0	0	43,137	0	194.08
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		196,922	0	45,030	135,254,099	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

Period:
From 01/01/2015
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Cost Center Description		Total	
		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
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300 EMS TRAINING-ALLIED HEALTH		23.00
23.01	02301 RADIOLOGY SCHOOL-ALLIED HEALTH		23.01
23.02	02303 ALLIED HEALTH		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	31,550,270	30.00
31.00	03100 INTENSIVE CARE UNIT	5,133,159	31.00
43.00	04300 NURSERY	4,999,547	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	8,917,404	50.00
51.00	05100 RECOVERY ROOM	4,072,611	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,410,570	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,721,602	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,336,582	55.00
57.00	05700 CT SCAN	1,640,884	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	713,178	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,401,807	59.00
60.00	06000 LABORATORY	5,342,836	60.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	3,007,414	65.00
66.00	06600 PHYSICAL THERAPY	2,236,856	66.00
67.00	06700 OCCUPATIONAL THERAPY	512,222	67.00
68.00	06800 SPEECH PATHOLOGY	123,450	68.00
69.00	06900 ELECTROCARDIOLOGY	1,580,328	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,080,223	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,673,580	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,649,887	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,404,623	73.00
74.00	07400 RENAL DIALYSIS	486,509	74.00
76.00	03950 ENDOSCOPY	1,234,715	76.00
76.06	03330 IMAGING CENTER	2,605,394	76.06
76.97	07697 CARDIAC REHABILITATION	238,380	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	787,922	90.02
90.03	04952 PALLIATIVE CARE	0	90.03
90.04	04953 SPINE CENTER	191,384	90.04
91.00	09100 EMERGENCY	9,516,331	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	130,569,668	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	66,945	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,614,529	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 HOME OFFICE	160,962	194.00
194.06	07956 LEASED OFFICE SPACE	798,858	194.06
194.08	07958 MISC NONREIMBURSABLE COST CENTERS	43,137	194.08
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	135,254,099	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

Period:
From 01/01/2015
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	15,739	0	15,739	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	182,736	5,119,475	5,302,211	5.00
7.00 00700	OPERATION OF PLANT	0	590,933	35,590	626,523	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	10,746	0	10,746	8.00
9.00 00900	HOUSEKEEPING	0	28,141	22,185	50,326	9.00
10.00 01000	DIETARY	0	43,245	18,326	61,571	10.00
11.00 01100	CAFETERIA	0	84,989	35,169	120,158	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	232	232	16.00
17.00 01700	SOCIAL SERVICE	0	11,006	1,693	12,699	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	2,020	0	2,020	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02 02303	ALLIED HEALTH	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	917,374	303,271	1,220,645	30.00
31.00 03100	INTENSIVE CARE UNIT	0	306,872	144,393	451,265	31.00
43.00 04300	NURSERY	0	146,331	47,613	193,944	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	334,531	1,432,393	1,766,924	50.00
51.00 05100	RECOVERY ROOM	0	83,546	42,498	126,044	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	112,572	36,629	149,201	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	120,268	232,481	352,749	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	19,155	46,511	65,666	55.00
57.00 05700	CT SCAN	0	14,797	197,431	212,228	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,789	184,677	203,466	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	93,523	279,609	373,132	59.00
60.00 06000	LABORATORY	0	50,605	1,617	52,222	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	25,447	90,516	115,963	65.00
66.00 06600	PHYSICAL THERAPY	0	7,870	218,817	226,687	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	2,549	10,914	13,463	67.00
68.00 06800	SPEECH PATHOLOGY	0	616	2,641	3,257	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	73,949	73,949	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	24,600	100,352	124,952	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	114,053	587,674	701,727	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	14,354	219,744	234,098	73.00
74.00 07400	RENAL DIALYSIS	0	12,478	35	12,513	74.00
76.00 03950	ENDOSCOPY	0	0	158,865	158,865	76.00
76.06 03330	IMAGING CENTER	0	0	573,449	573,449	76.06
76.97 07697	CARDIAC REHABILITATION	0	0	2,257	2,257	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	ANTI-COAGULATION CLINIC	0	0	12,193	12,193	90.02
90.03 04952	PALLIATIVE CARE	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	0	19,100	19,100	90.04
91.00 09100	EMERGENCY	0	292,922	66,798	359,720	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,682,807	10,319,097	14,001,904	118.00
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	36,234	36,234	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	HOME OFFICE	0	47,064	0	47,064	194.00
194.06 07956	LEASED OFFICE SPACE	0	233,581	0	233,581	194.06
194.08 07958	MISC NONREIMBURSABLE COST CENTERS	0	12,440	144	12,584	194.08
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	3,975,892	10,355,475	14,331,367	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 11:18 am				
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	5,302,940				5.00	
7.00	00700	OPERATION OF PLANT	205,119	832,042			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	23,591	2,806	37,143		8.00	
9.00	00900	HOUSEKEEPING	79,434	7,348	0	137,378	9.00	
10.00	01000	DIETARY	32,820	11,292	0	1,887	107,707	10.00
11.00	01100	CAFETERIA	50,256	22,192	0	3,709	0	11.00
13.00	01300	NURSING ADMINISTRATION	60,690	0	0	0	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	68,373	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	85,225	2,874	0	480	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	7,539	528	0	88	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH	1,765	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	978,173	239,541	14,536	40,039	86,230	30.00
31.00	03100	INTENSIVE CARE UNIT	156,632	80,129	1,644	13,394	7,317	31.00
43.00	04300	NURSERY	154,706	38,209	2,381	6,387	14,160	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	306,545	87,351	3,277	14,601	0	50.00
51.00	05100	RECOVERY ROOM	147,161	21,815	0	3,646	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	119,015	29,394	1,832	4,913	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	90,982	31,404	697	5,249	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	48,228	5,002	446	836	0	55.00
57.00	05700	CT SCAN	57,104	3,864	0	646	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	23,313	4,906	2,436	820	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	80,875	24,420	208	4,082	0	59.00
60.00	06000	LABORATORY	198,559	13,214	0	2,209	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	111,951	6,645	0	1,111	0	65.00
66.00	06600	PHYSICAL THERAPY	85,588	2,055	0	343	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,159	666	0	111	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,637	161	0	27	0	68.00
69.00	06900	ELECTROCARDIOLOGY	58,462	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	39,140	6,423	0	1,074	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	404,708	29,781	0	4,978	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	492,885	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	436,608	3,748	0	626	0	73.00
74.00	07400	RENAL DIALYSIS	17,835	3,258	0	545	0	74.00
76.00	03950	ENDOSCOPY	46,954	0	0	0	0	76.00
76.06	03330	IMAGING CENTER	100,404	0	0	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	8,983	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	30,754	0	0	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	7,462	0	0	0	0	90.04
91.00	09100	EMERGENCY	304,072	76,487	9,686	12,785	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,145,707	755,513	37,143	124,586	107,707	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,625	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	141,717	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	2,066	12,289	0	2,054	0	194.00
194.06	07956	LEASED OFFICE SPACE	10,256	60,992	0	10,195	0	194.06
194.08	07958	MISC NONREIMBURSABLE COST CENTERS	569	3,248	0	543	0	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,302,940	832,042	37,143	137,378	107,707	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 11:18 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		11.00	13.00	16.00	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	196,531					11.00
13.00	01300		61,021				13.00
16.00	01600			68,960			16.00
17.00	01700	6,162			107,868		17.00
19.00	01900					0	19.00
23.00	02300						23.00
23.01	02301						23.01
23.02	02303						23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	70,053	38,767	7,437	86,359		30.00
31.00	03100	7,783	4,307	819	7,328		31.00
43.00	04300	10,378	5,743	1,382	14,181		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	12,648	0	7,059	0		50.00
51.00	05100	8,756	0	2,405	0		51.00
52.00	05200	7,783	0	1,063	0		52.00
54.00	05400	7,135	0	2,325	0		54.00
55.00	05500	2,594	0	1,395	0		55.00
57.00	05700	4,216	0	4,663	0		57.00
58.00	05800	1,297	0	981	0		58.00
59.00	05900	4,216	0	3,488	0		59.00
60.00	06000	0	0	6,369	0		60.00
64.00	06400	0	0	0	0		64.00
65.00	06500	8,108	0	1,281	0		65.00
66.00	06600	2,594	0	641	0		66.00
67.00	06700	1,622	0	216	0		67.00
68.00	06800	324	0	52	0		68.00
69.00	06900	4,540	0	2,165	0		69.00
70.00	07000	1,946	0	422	0		70.00
71.00	07100	0	0	3,497	0		71.00
72.00	07200	0	0	3,092	0		72.00
73.00	07300	8,108	0	5,100	0		73.00
74.00	07400	0	0	115	0		74.00
76.00	03950	2,270	0	789	0		76.00
76.06	03330	324	0	1,655	0		76.06
76.97	07697	973	0	77	0		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0		90.00
90.01	04950	0	0	0	0		90.01
90.02	04951	0	0	138	0		90.02
90.03	04952	0	0	0	0		90.03
90.04	04953	0	0	42	0		90.04
91.00	09100	22,053	12,204	10,292	0		91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		196,531	61,021	68,960	107,868	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0		190.00
191.00	19100	0	0	0	0		191.00
192.00	19200	0	0	0	0		192.00
193.00	19300	0	0	0	0		193.00
194.00	07950	0	0	0	0		194.00
194.06	07956	0	0	0	0		194.06
194.08	07958	0	0	0	0		194.08
200.00							200.00
201.00		0	0	0	0		201.00
202.00		196,531	61,021	68,960	107,868		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 11:18 am		
Cost Center Description		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		23.00	23.01	23.02	24.00	25.00
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
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	10,181			23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH		0		23.01
23.02	02303	ALLIED HEALTH			1,766	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			2,786,308	0 30.00
31.00	03100	INTENSIVE CARE UNIT			731,309	0 31.00
43.00	04300	NURSERY			442,205	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			2,199,272	0 50.00
51.00	05100	RECOVERY ROOM			310,544	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			313,766	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			490,961	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			124,382	0 55.00
57.00	05700	CT SCAN			282,949	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			237,290	0 58.00
59.00	05900	CARDIAC CATHETERIZATION			490,721	0 59.00
60.00	06000	LABORATORY			272,573	0 60.00
64.00	06400	INTRAVENOUS THERAPY			0	0 64.00
65.00	06500	RESPIRATORY THERAPY			245,598	0 65.00
66.00	06600	PHYSICAL THERAPY			318,420	0 66.00
67.00	06700	OCCUPATIONAL THERAPY			35,237	0 67.00
68.00	06800	SPEECH PATHOLOGY			8,458	0 68.00
69.00	06900	ELECTROCARDIOLOGY			139,342	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			174,098	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			1,144,691	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			495,977	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			688,987	0 73.00
74.00	07400	RENAL DIALYSIS			34,266	0 74.00
76.00	03950	ENDOSCOPY			209,063	0 76.00
76.06	03330	IMAGING CENTER			676,050	0 76.06
76.97	07697	CARDIAC REHABILITATION			12,339	0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC			0	0 90.00
90.01	04950	DIABETIC CARE CENTER			0	0 90.01
90.02	04951	ANTI-COAGULATION CLINIC			43,248	0 90.02
90.03	04952	PALLIATIVE CARE			0	0 90.03
90.04	04953	SPINE CENTER			26,639	0 90.04
91.00	09100	EMERGENCY			808,644	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0 92.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0 190.00
191.00	19100	RESEARCH			2,625	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			178,017	0 192.00
193.00	19300	NONPAID WORKERS			0	0 193.00
194.00	07950	HOME OFFICE			63,473	0 194.00
194.06	07956	LEASED OFFICE SPACE			315,024	0 194.06
194.08	07958	MISC NONREIMBURSABLE COST CENTERS			16,944	0 194.08
200.00		Cross Foot Adjustments	10,181	0	1,766	0 200.00
201.00		Negative Cost Centers	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	10,181	0	1,766	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 11:18 am
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Cost Center Description		Total	
		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
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300 EMS TRAINING-ALLIED HEALTH		23.00
23.01	02301 RADIOLOGY SCHOOL-ALLIED HEALTH		23.01
23.02	02303 ALLIED HEALTH		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	2,786,308	30.00
31.00	03100 INTENSIVE CARE UNIT	731,309	31.00
43.00	04300 NURSERY	442,205	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	2,199,272	50.00
51.00	05100 RECOVERY ROOM	310,544	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	313,766	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	490,961	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	124,382	55.00
57.00	05700 CT SCAN	282,949	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	237,290	58.00
59.00	05900 CARDIAC CATHETERIZATION	490,721	59.00
60.00	06000 LABORATORY	272,573	60.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	245,598	65.00
66.00	06600 PHYSICAL THERAPY	318,420	66.00
67.00	06700 OCCUPATIONAL THERAPY	35,237	67.00
68.00	06800 SPEECH PATHOLOGY	8,458	68.00
69.00	06900 ELECTROCARDIOLOGY	139,342	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	174,098	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,144,691	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	495,977	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	688,987	73.00
74.00	07400 RENAL DIALYSIS	34,266	74.00
76.00	03950 ENDOSCOPY	209,063	76.00
76.06	03330 IMAGING CENTER	676,050	76.06
76.97	07697 CARDIAC REHABILITATION	12,339	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	43,248	90.02
90.03	04952 PALLIATIVE CARE	0	90.03
90.04	04953 SPINE CENTER	26,639	90.04
91.00	09100 EMERGENCY	808,644	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	13,743,337	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	2,625	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	178,017	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 HOME OFFICE	63,473	194.00
194.06	07956 LEASED OFFICE SPACE	315,024	194.06
194.08	07958 MISC NONREIMBURSABLE COST CENTERS	16,944	194.08
200.00	Cross Foot Adjustments	11,947	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	14,331,367	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1
Date/Time Prepared:
5/25/2016 11:18 am

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	413,264				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		14,370,137			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,636	0	48,640,093		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	18,994	7,104,222	2,251,006	-14,479,318	5.00
7.00 00700	OPERATION OF PLANT	61,423	49,388	1,233,249	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,117	0	0	0	8.00
9.00 00900	HOUSEKEEPING	2,925	30,786	832,207	0	9.00
10.00 01000	DIETARY	4,495	25,431	423,198	0	10.00
11.00 01100	CAFETERIA	8,834	48,804	666,773	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	22,343	0	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	322	96,589	0	16.00
17.00 01700	SOCIAL SERVICE	1,144	2,349	1,321,240	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	210	0	17,640	0	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02 02303	ALLIED HEALTH	0	0	3,074	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	95,354	420,844	14,036,523	0	30.00
31.00 03100	INTENSIVE CARE UNIT	31,897	200,372	2,131,971	0	31.00
43.00 04300	NURSERY	15,210	66,072	2,266,565	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	34,772	1,987,709	2,675,931	0	50.00
51.00 05100	RECOVERY ROOM	8,684	58,974	2,212,399	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	11,701	50,829	1,743,655	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,501	322,610	1,297,243	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,991	64,543	663,167	0	55.00
57.00 05700	CT SCAN	1,538	273,972	704,030	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,953	256,273	218,592	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	9,721	388,009	925,783	0	59.00
60.00 06000	LABORATORY	5,260	2,244	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,645	125,607	1,663,255	0	65.00
66.00 06600	PHYSICAL THERAPY	818	303,649	1,579,754	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	265	15,145	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	64	3,665	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	102,618	698,426	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,557	139,257	435,888	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,855	815,506	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	1,492	304,935	2,157,944	0	73.00
74.00 07400	RENAL DIALYSIS	1,297	48	0	0	74.00
76.00 03950	ENDOSCOPY	0	220,454	569,960	0	76.00
76.06 03330	IMAGING CENTER	0	795,766	672,690	0	76.06
76.97 07697	CARDIAC REHABILITATION	0	3,132	151,807	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	ANTI-COAGULATION CLINIC	0	16,920	504,192	0	90.02
90.03 04952	PALLIATIVE CARE	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	26,505	107,960	0	90.04
91.00 09100	EMERGENCY	30,447	92,695	4,150,458	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	382,800	14,319,655	48,435,512	-14,479,318	117,193,805
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	50,282	204,581	0	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	HOME OFFICE	4,892	0	0	0	194.00
194.06 07956	LEASED OFFICE SPACE	24,279	0	0	0	194.06
194.08 07958	MISC NONREIMBURSABLE COST CENTERS	1,293	200	0	0	194.08
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,975,892	10,355,475	11,494,444		14,479,318
203.00	Unit cost multiplier (Wkst. B, Part I)	9.620707	0.720625	0.236316		0.119887

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:18 am

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				
204.00	Cost to be allocated (per Wkst. B, Part II)			15,739		5,302,940	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000324		0.043908	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:18 am

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	331,211				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,117	152,302			8.00
9.00	00900	HOUSEKEEPING	2,925	0	327,169		9.00
10.00	01000	DIETARY	4,495	0	4,495	38,094	10.00
11.00	01100	CAFETERIA	8,834	0	8,834	0	606 11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1 13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1 16.00
17.00	01700	SOCIAL SERVICE	1,144	0	1,144	0	19 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	210	0	210	0	0 23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0 23.01
23.02	02303	ALLIED HEALTH	0	0	0	0	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	95,354	59,598	95,354	30,498	216 30.00
31.00	03100	INTENSIVE CARE UNIT	31,897	6,742	31,897	2,588	24 31.00
43.00	04300	NURSERY	15,210	9,765	15,210	5,008	32 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,772	13,439	34,772	0	39 50.00
51.00	05100	RECOVERY ROOM	8,684	0	8,684	0	27 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,701	7,512	11,701	0	24 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,501	2,859	12,501	0	22 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,991	1,829	1,991	0	8 55.00
57.00	05700	CT SCAN	1,538	0	1,538	0	13 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,953	9,989	1,953	0	4 58.00
59.00	05900	CARDIAC CATHETERIZATION	9,721	851	9,721	0	13 59.00
60.00	06000	LABORATORY	5,260	0	5,260	0	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	2,645	0	2,645	0	25 65.00
66.00	06600	PHYSICAL THERAPY	818	0	818	0	8 66.00
67.00	06700	OCCUPATIONAL THERAPY	265	0	265	0	5 67.00
68.00	06800	SPEECH PATHOLOGY	64	0	64	0	1 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	14 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,557	0	2,557	0	6 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,855	0	11,855	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	1,492	0	1,492	0	25 73.00
74.00	07400	RENAL DIALYSIS	1,297	0	1,297	0	0 74.00
76.00	03950	ENDOSCOPY	0	0	0	0	7 76.00
76.06	03330	IMAGING CENTER	0	0	0	0	1 76.06
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	3 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0 90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	0	0	0	0 90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	0 90.03
90.04	04953	SPINE CENTER	0	0	0	0	0 90.04
91.00	09100	EMERGENCY	30,447	39,718	30,447	0	68 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	300,747	152,302	296,705	38,094	606 118.00
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	0	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	HOME OFFICE	4,892	0	4,892	0	0 194.00
194.06	07956	LEASED OFFICE SPACE	24,279	0	24,279	0	0 194.06
194.08	07958	MISC NONREIMBURSABLE COST CENTERS	1,293	0	1,293	0	0 194.08
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)	5,231,617	619,331	2,072,201	936,552	1,477,277 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.795420	4.066467	6.333733	24.585289	2,437.750825 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	832,042	37,143	137,378	107,707	196,531 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.512121	0.243877	0.419899	2.827401	324.308581 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:18 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	
			13.00	16.00	17.00	19.00	23.00	
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	340					13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	729,894,201				16.00
17.00	01700	SOCIAL SERVICE	0	0	38,094			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0		100	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0			23.01
23.02	02302	ALLIED HEALTH	0	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	216	79,112,395	30,498	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	24	8,708,807	2,588	0	0	31.00
43.00	04300	NURSERY	32	14,706,558	5,008	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	75,091,199	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	25,585,186	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,313,666	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,731,085	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,836,974	0	0	0	55.00
57.00	05700	CT SCAN	0	49,602,715	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,440,076	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	37,109,917	0	0	0	59.00
60.00	06000	LABORATORY	0	67,753,285	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,623,492	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,818,217	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,299,245	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	556,859	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	23,032,326	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,485,409	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37,206,146	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,893,533	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	54,250,872	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,218,221	0	0	0	74.00
76.00	03950	ENDOSCOPY	0	8,388,298	0	0	0	76.00
76.06	03330	IMAGING CENTER	0	17,601,534	0	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	0	818,802	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	1,470,818	0	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	448,762	0	0	0	90.04
91.00	09100	EMERGENCY	68	105,789,804	0	0	100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	340	729,894,201	38,094	0	100	118.00
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	0	0	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	LEASED OFFICE SPACE	0	0	0	0	0	194.06
194.08	07958	MISC NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
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)	1,550,344	1,746,319	2,245,321	0	196,922	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,559.835294	0.002393	58.941592	0.000000	1,969.220000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	61,021	68,960	107,868	0	10,181	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:18 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	
205.00	Unit cost multiplier (Wkst. B, Part II)	179.473529	0.000094	2.831627	0.000000	101.810000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1
Date/Time Prepared:
5/25/2016 11:18 am

Cost Center Description		RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	ALLIED HEALTH (ASSIGNED TIME)	
		23.01	23.02	
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
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH		23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	23.01
23.02	02303	ALLIED HEALTH		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
43.00	04300	NURSERY	0	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	03950	ENDOSCOPY	0	76.00
76.06	03330	IMAGING CENTER	0	76.06
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	90.02
90.03	04952	PALLIATIVE CARE	0	90.03
90.04	04953	SPINE CENTER	0	90.04
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00
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	LEASED OFFICE SPACE	0	194.06
194.08	07958	MISC NONREIMBURSABLE COST CENTERS	0	194.08
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	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	204.00
			45,030	
			450,300000	
			1,766	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:18 am

Cost Center Description		RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	ALLIED HEALTH (ASSIGNED TIME)	
205.00	Unit cost multiplier (Wkst. B, Part II)	23.01 0.000000	23.02 17.660000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 11:18 am

		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		31,550,270	0	31,550,270	30.00	
31.00	03100 INTENSIVE CARE UNIT		5,133,159	0	5,133,159	31.00	
43.00	04300 NURSERY		4,999,547	0	4,999,547	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		8,917,404	0	8,917,404	50.00	
51.00	05100 RECOVERY ROOM		4,072,611	0	4,072,611	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,410,570	0	3,410,570	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,721,602	0	2,721,602	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		1,336,582	0	1,336,582	55.00	
57.00	05700 CT SCAN		1,640,884	0	1,640,884	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		713,178	0	713,178	58.00	
59.00	05900 CARDIAC CATHETERIZATION		2,401,807	0	2,401,807	59.00	
60.00	06000 LABORATORY		5,342,836	0	5,342,836	60.00	
64.00	06400 INTRAVENOUS THERAPY		0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0	3,007,414	0	3,007,414	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,236,856	0	2,236,856	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	512,222	0	512,222	67.00	
68.00	06800 SPEECH PATHOLOGY	0	123,450	0	123,450	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,580,328	0	1,580,328	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,080,223	0	1,080,223	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		10,673,580	0	10,673,580	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		12,649,887	0	12,649,887	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		11,404,623	0	11,404,623	73.00	
74.00	07400 RENAL DIALYSIS		486,509	0	486,509	74.00	
76.00	03950 ENDOSCOPY		1,234,715	0	1,234,715	76.00	
76.06	03330 IMAGING CENTER		2,605,394	0	2,605,394	76.06	
76.97	07697 CARDIAC REHABILITATION		238,380	0	238,380	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.01	04950 DIABETIC CARE CENTER		0	0	0	90.01	
90.02	04951 ANTI-COAGULATION CLINIC		787,922	0	787,922	90.02	
90.03	04952 PALLIATIVE CARE		0	0	0	90.03	
90.04	04953 SPINE CENTER		191,384	0	191,384	90.04	
91.00	09100 EMERGENCY		9,516,331	0	9,516,331	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,180,422	0	3,180,422	92.00	
200.00	Subtotal (see instructions)		133,750,090	0	133,750,090	200.00	
201.00	Less Observation Beds		3,180,422	0	3,180,422	201.00	
202.00	Total (see instructions)		130,569,668	0	130,569,668	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 11:18 am
		Title XVII I	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	74,363,072		74,363,072	30.00
31.00	03100	INTENSIVE CARE UNIT	8,708,807		8,708,807	31.00
43.00	04300	NURSERY	14,706,558		14,706,558	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	48,196,946	26,894,253	75,091,199	50.00
51.00	05100	RECOVERY ROOM	11,398,549	14,186,637	25,585,186	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,313,666	0	11,313,666	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,755,386	17,975,699	24,731,085	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,707,105	9,129,869	14,836,974	55.00
57.00	05700	CT SCAN	12,895,200	36,707,515	49,602,715	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,131,204	8,308,872	10,440,076	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,332,863	19,777,054	37,109,917	59.00
60.00	06000	LABORATORY	37,373,962	30,379,323	67,753,285	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	12,176,344	1,447,148	13,623,492	65.00
66.00	06600	PHYSICAL THERAPY	2,938,258	3,879,959	6,818,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,858,722	440,523	2,299,245	67.00
68.00	06800	SPEECH PATHOLOGY	427,718	129,141	556,859	68.00
69.00	06900	ELECTROCARDIOLOGY	6,879,119	16,153,207	23,032,326	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	185,010	4,300,399	4,485,409	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,426,823	13,779,323	37,206,146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,477,821	9,415,712	32,893,533	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,693,054	17,557,818	54,250,872	73.00
74.00	07400	RENAL DIALYSIS	1,218,221	0	1,218,221	74.00
76.00	03950	ENDOSCOPY	1,829,532	6,558,766	8,388,298	76.00
76.06	03330	IMAGING CENTER	141,073	17,460,461	17,601,534	76.06
76.97	07697	CARDIAC REHABILITATION	1,260	817,542	818,802	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	8,843	1,461,975	1,470,818	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	90.03
90.04	04953	SPINE CENTER	296	448,466	448,762	90.04
91.00	09100	EMERGENCY	19,818,111	85,971,693	105,789,804	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	689,341	4,059,982	4,749,323	92.00
200.00		Subtotal (see instructions)	382,652,864	347,241,337	729,894,201	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	382,652,864	347,241,337	729,894,201	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 11:18 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.118754		50.00
51.00	05100 RECOVERY ROOM	0.159178		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.301456		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.110048		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.090085		55.00
57.00	05700 CT SCAN	0.033081		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.068312		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064721		59.00
60.00	06000 LABORATORY	0.078857		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.220752		65.00
66.00	06600 PHYSICAL THERAPY	0.328071		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.222778		67.00
68.00	06800 SPEECH PATHOLOGY	0.221690		68.00
69.00	06900 ELECTROCARDIOLOGY	0.068613		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.240830		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.286877		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.384571		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210220		73.00
74.00	07400 RENAL DIALYSIS	0.399360		74.00
76.00	03950 ENDOSCOPY	0.147195		76.00
76.06	03330 IMAGING CENTER	0.148021		76.06
76.97	07697 CARDIAC REHABILITATION	0.291133		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0.000000		90.01
90.02	04951 ANTI-COAGULATION CLINIC	0.535703		90.02
90.03	04952 PALLIATIVE CARE	0.000000		90.03
90.04	04953 SPINE CENTER	0.426471		90.04
91.00	09100 EMERGENCY	0.089955		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.669658		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 11:18 am

		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	31,550,270		31,550,270	0	31,550,270	30.00
31.00	03100 INTENSIVE CARE UNIT	5,133,159		5,133,159	0	5,133,159	31.00
43.00	04300 NURSERY	4,999,547		4,999,547	0	4,999,547	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,917,404		8,917,404	0	8,917,404	50.00
51.00	05100 RECOVERY ROOM	4,072,611		4,072,611	0	4,072,611	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,410,570		3,410,570	0	3,410,570	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,721,602		2,721,602	0	2,721,602	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,336,582		1,336,582	0	1,336,582	55.00
57.00	05700 CT SCAN	1,640,884		1,640,884	0	1,640,884	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	713,178		713,178	0	713,178	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,401,807		2,401,807	0	2,401,807	59.00
60.00	06000 LABORATORY	5,342,836		5,342,836	0	5,342,836	60.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	3,007,414	0	3,007,414	0	3,007,414	65.00
66.00	06600 PHYSICAL THERAPY	2,236,856	0	2,236,856	0	2,236,856	66.00
67.00	06700 OCCUPATIONAL THERAPY	512,222	0	512,222	0	512,222	67.00
68.00	06800 SPEECH PATHOLOGY	123,450	0	123,450	0	123,450	68.00
69.00	06900 ELECTROCARDIOLOGY	1,580,328		1,580,328	0	1,580,328	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,080,223		1,080,223	0	1,080,223	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,673,580		10,673,580	0	10,673,580	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,649,887		12,649,887	0	12,649,887	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,404,623		11,404,623	0	11,404,623	73.00
74.00	07400 RENAL DIALYSIS	486,509		486,509	0	486,509	74.00
76.00	03950 ENDOSCOPY	1,234,715		1,234,715	0	1,234,715	76.00
76.06	03330 IMAGING CENTER	2,605,394		2,605,394	0	2,605,394	76.06
76.97	07697 CARDIAC REHABILITATION	238,380		238,380	0	238,380	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0		0	0	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	787,922		787,922	0	787,922	90.02
90.03	04952 PALLIATIVE CARE	0		0	0	0	90.03
90.04	04953 SPINE CENTER	191,384		191,384	0	191,384	90.04
91.00	09100 EMERGENCY	9,516,331		9,516,331	0	9,516,331	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,180,422		3,180,422	0	3,180,422	92.00
200.00	Subtotal (see instructions)	133,750,090	0	133,750,090	0	133,750,090	200.00
201.00	Less Observation Beds	3,180,422		3,180,422	0	3,180,422	201.00
202.00	Total (see instructions)	130,569,668	0	130,569,668	0	130,569,668	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 11:18 am

		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	74,363,072		74,363,072		30.00
31.00	03100	INTENSIVE CARE UNIT	8,708,807		8,708,807		31.00
43.00	04300	NURSERY	14,706,558		14,706,558		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	48,196,946	26,894,253	75,091,199	0.118754	50.00
51.00	05100	RECOVERY ROOM	11,398,549	14,186,637	25,585,186	0.159178	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,313,666	0	11,313,666	0.301456	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,755,386	17,975,699	24,731,085	0.110048	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,707,105	9,129,869	14,836,974	0.090085	55.00
57.00	05700	CT SCAN	12,895,200	36,707,515	49,602,715	0.033081	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,131,204	8,308,872	10,440,076	0.068312	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,332,863	19,777,054	37,109,917	0.064721	59.00
60.00	06000	LABORATORY	37,373,962	30,379,323	67,753,285	0.078857	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	12,176,344	1,447,148	13,623,492	0.220752	65.00
66.00	06600	PHYSICAL THERAPY	2,938,258	3,879,959	6,818,217	0.328071	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,858,722	440,523	2,299,245	0.222778	67.00
68.00	06800	SPEECH PATHOLOGY	427,718	129,141	556,859	0.221690	68.00
69.00	06900	ELECTROCARDIOLOGY	6,879,119	16,153,207	23,032,326	0.068613	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	185,010	4,300,399	4,485,409	0.240830	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,426,823	13,779,323	37,206,146	0.286877	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,477,821	9,415,712	32,893,533	0.384571	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,693,054	17,557,818	54,250,872	0.210220	73.00
74.00	07400	RENAL DIALYSIS	1,218,221	0	1,218,221	0.399360	74.00
76.00	03950	ENDOSCOPY	1,829,532	6,558,766	8,388,298	0.147195	76.00
76.06	03330	IMAGING CENTER	141,073	17,460,461	17,601,534	0.148021	76.06
76.97	07697	CARDIAC REHABILITATION	1,260	817,542	818,802	0.291133	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	90.01
90.02	04951	ANTI-COAGULATION CLINIC	8,843	1,461,975	1,470,818	0.535703	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0.000000	90.03
90.04	04953	SPINE CENTER	296	448,466	448,762	0.426471	90.04
91.00	09100	EMERGENCY	19,818,111	85,971,693	105,789,804	0.089955	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	689,341	4,059,982	4,749,323	0.669658	92.00
200.00		Subtotal (see instructions)	382,652,864	347,241,337	729,894,201		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	382,652,864	347,241,337	729,894,201		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 11:18 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.118754		50.00
51.00	05100 RECOVERY ROOM	0.159178		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.301456		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.110048		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.090085		55.00
57.00	05700 CT SCAN	0.033081		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.068312		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064721		59.00
60.00	06000 LABORATORY	0.078857		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.220752		65.00
66.00	06600 PHYSICAL THERAPY	0.328071		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.222778		67.00
68.00	06800 SPEECH PATHOLOGY	0.221690		68.00
69.00	06900 ELECTROCARDIOLOGY	0.068613		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.240830		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.286877		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.384571		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210220		73.00
74.00	07400 RENAL DIALYSIS	0.399360		74.00
76.00	03950 ENDOSCOPY	0.147195		76.00
76.06	03330 IMAGING CENTER	0.148021		76.06
76.97	07697 CARDIAC REHABILITATION	0.291133		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0.000000		90.01
90.02	04951 ANTI-COAGULATION CLINIC	0.535703		90.02
90.03	04952 PALLIATIVE CARE	0.000000		90.03
90.04	04953 SPINE CENTER	0.426471		90.04
91.00	09100 EMERGENCY	0.089955		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.669658		92.00
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: 150128

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

Worksheet C Part II Date/Time Prepared: 5/25/2016 11:18 am

Cost Center Description		Title XIX			Hospital		PPS	
		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)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,917,404	2,199,272	6,718,132	0	0	50.00
51.00	05100	RECOVERY ROOM	4,072,611	310,544	3,762,067	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,410,570	313,766	3,096,804	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,721,602	490,961	2,230,641	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,336,582	124,382	1,212,200	0	0	55.00
57.00	05700	CT SCAN	1,640,884	282,949	1,357,935	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	713,178	237,290	475,888	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,401,807	490,721	1,911,086	0	0	59.00
60.00	06000	LABORATORY	5,342,836	272,573	5,070,263	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,007,414	245,598	2,761,816	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,236,856	318,420	1,918,436	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	512,222	35,237	476,985	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	123,450	8,458	114,992	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,580,328	139,342	1,440,986	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,080,223	174,098	906,125	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,673,580	1,144,691	9,528,889	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,649,887	495,977	12,153,910	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,404,623	688,987	10,715,636	0	0	73.00
74.00	07400	RENAL DIALYSIS	486,509	34,266	452,243	0	0	74.00
76.00	03950	ENDOSCOPY	1,234,715	209,063	1,025,652	0	0	76.00
76.06	03330	IMAGING CENTER	2,605,394	676,050	1,929,344	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	238,380	12,339	226,041	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	787,922	43,248	744,674	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	191,384	26,639	164,745	0	0	90.04
91.00	09100	EMERGENCY	9,516,331	808,644	8,707,687	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,180,422	280,873	2,899,549	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	92,067,114	10,064,388	82,002,726	0	0	200.00
201.00		Less Observation Beds	3,180,422	280,873	2,899,549	0	0	201.00
202.00		Total (line 200 minus line 201)	88,886,692	9,783,515	79,103,177	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part II Date/Time Prepared: 5/25/2016 11:18 am
		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	8,917,404	75,091,199	0.118754	50.00
51.00 05100 RECOVERY ROOM	4,072,611	25,585,186	0.159178	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,410,570	11,313,666	0.301456	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,721,602	24,731,085	0.110048	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,336,582	14,836,974	0.090085	55.00
57.00 05700 CT SCAN	1,640,884	49,602,715	0.033081	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	713,178	10,440,076	0.068312	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,401,807	37,109,917	0.064721	59.00
60.00 06000 LABORATORY	5,342,836	67,753,285	0.078857	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	3,007,414	13,623,492	0.220752	65.00
66.00 06600 PHYSICAL THERAPY	2,236,856	6,818,217	0.328071	66.00
67.00 06700 OCCUPATIONAL THERAPY	512,222	2,299,245	0.222778	67.00
68.00 06800 SPEECH PATHOLOGY	123,450	556,859	0.221690	68.00
69.00 06900 ELECTROCARDIOLOGY	1,580,328	23,032,326	0.068613	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,080,223	4,485,409	0.240830	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,673,580	37,206,146	0.286877	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	12,649,887	32,893,533	0.384571	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	11,404,623	54,250,872	0.210220	73.00
74.00 07400 RENAL DIALYSIS	486,509	1,218,221	0.399360	74.00
76.00 03950 ENDOSCOPY	1,234,715	8,388,298	0.147195	76.00
76.06 03330 IMAGING CENTER	2,605,394	17,601,534	0.148021	76.06
76.97 07697 CARDIAC REHABILITATION	238,380	818,802	0.291133	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0.000000	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0.000000	90.01
90.02 04951 ANTI-COAGULATION CLINIC	787,922	1,470,818	0.535703	90.02
90.03 04952 PALLIATIVE CARE	0	0	0.000000	90.03
90.04 04953 SPIRE CENTER	191,384	448,762	0.426471	90.04
91.00 09100 EMERGENCY	9,516,331	105,789,804	0.089955	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,180,422	4,749,323	0.669658	92.00
200.00 Subtotal (sum of lines 50 thru 199)	92,067,114	632,115,764		200.00
201.00 Less Observation Beds	3,180,422	0		201.00
202.00 Total (line 200 minus line 201)	88,886,692	632,115,764		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150128		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/25/2016 11:18 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,786,308	0	2,786,308	33,917	82.15	30.00
31.00	INTENSIVE CARE UNIT	731,309		731,309	2,588	282.58	31.00
43.00	NURSERY	442,205		442,205	5,008	88.30	43.00
200.00	Total (Lines 30-199)	3,959,822		3,959,822	41,513		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	11,904	977,914				
31.00	INTENSIVE CARE UNIT	1,018	287,666				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	12,922	1,265,580				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/25/2016 11:18 am
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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	2,199,272	75,091,199	0.029288	21,711,681	635,892	50.00
51.00	05100	RECOVERY ROOM	310,544	25,585,186	0.012138	1,175,290	14,266	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	313,766	11,313,666	0.027733	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	490,961	24,731,085	0.019852	2,926,753	58,102	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	124,382	14,836,974	0.008383	2,872,119	24,077	55.00
57.00	05700	CT SCAN	282,949	49,602,715	0.005704	5,609,310	31,996	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	237,290	10,440,076	0.022729	825,731	18,768	58.00
59.00	05900	CARDIAC CATHETERIZATION	490,721	37,109,917	0.013223	5,457,275	72,162	59.00
60.00	06000	LABORATORY	272,573	67,753,285	0.004023	15,677,553	63,071	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	245,598	13,623,492	0.018028	4,399,856	79,321	65.00
66.00	06600	PHYSICAL THERAPY	318,420	6,818,217	0.046701	1,469,467	68,626	66.00
67.00	06700	OCCUPATIONAL THERAPY	35,237	2,299,245	0.015325	978,765	15,000	67.00
68.00	06800	SPEECH PATHOLOGY	8,458	556,859	0.015189	230,144	3,496	68.00
69.00	06900	ELECTROCARDIOLOGY	139,342	23,032,326	0.006050	3,398,256	20,559	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	174,098	4,485,409	0.038814	73,726	2,862	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,144,691	37,206,146	0.030766	6,241,428	192,024	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	495,977	32,893,533	0.015078	9,163,356	138,165	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	688,987	54,250,872	0.012700	15,501,727	196,872	73.00
74.00	07400	RENAL DIALYSIS	34,266	1,218,221	0.028128	594,656	16,726	74.00
76.00	03950	ENDOSCOPY	209,063	8,388,298	0.024923	0	0	76.00
76.06	03330	IMAGING CENTER	676,050	17,601,534	0.038409	17,550	674	76.06
76.97	07697	CARDIAC REHABILITATION	12,339	818,802	0.015070	504	8	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	43,248	1,470,818	0.029404	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0.000000	0	0	90.03
90.04	04953	SPINE CENTER	26,639	448,762	0.059361	0	0	90.04
91.00	09100	EMERGENCY	808,644	105,789,804	0.007644	8,475,263	64,785	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	280,873	4,749,323	0.059140	635,564	37,587	92.00
200.00		Total (lines 50-199)	10,064,388	632,115,764		107,435,974	1,755,039	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150128		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/25/2016 11:18 am	
Cost Center Description			Title XVIII		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,917	0.00	11,904	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,588	0.00	1,018	0		31.00
43.00	04300	NURSERY	5,008	0.00	0	0		43.00
200.00		Total (lines 30-199)	41,513		12,922	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:18 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
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	45,030	0	45,030	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03950	ENDOSCOPY	0	0	0	0	0	76.00	
76.06	03330	IMAGING CENTER	0	0	0	0	0	76.06	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01	
90.02	04951	ANTI-COAGULATION CLINIC	0	0	0	0	0	90.02	
90.03	04952	PALLIATIVE CARE	0	0	0	0	0	90.03	
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04	
91.00	09100	EMERGENCY	0	0	196,922	0	196,922	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	241,952	0	241,952	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150128

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2016 11:18 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital			
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	75,091,199	0.000000	0.000000	21,711,681	50.00
51.00	05100	RECOVERY ROOM	0	25,585,186	0.000000	0.000000	1,175,290	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,313,666	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,731,085	0.000000	0.000000	2,926,753	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,836,974	0.000000	0.000000	2,872,119	55.00
57.00	05700	CT SCAN	0	49,602,715	0.000000	0.000000	5,609,310	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,440,076	0.000000	0.000000	825,731	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	37,109,917	0.000000	0.000000	5,457,275	59.00
60.00	06000	LABORATORY	0	67,753,285	0.000000	0.000000	15,677,553	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,623,492	0.000000	0.000000	4,399,856	65.00
66.00	06600	PHYSICAL THERAPY	0	6,818,217	0.000000	0.000000	1,469,467	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,299,245	0.000000	0.000000	978,765	67.00
68.00	06800	SPEECH PATHOLOGY	0	556,859	0.000000	0.000000	230,144	68.00
69.00	06900	ELECTROCARDIOLOGY	0	23,032,326	0.000000	0.000000	3,398,256	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,485,409	0.000000	0.000000	73,726	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37,206,146	0.000000	0.000000	6,241,428	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,893,533	0.000000	0.000000	9,163,356	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,030	54,250,872	0.000830	0.000830	15,501,727	73.00
74.00	07400	RENAL DIALYSIS	0	1,218,221	0.000000	0.000000	594,656	74.00
76.00	03950	ENDOSCOPY	0	8,388,298	0.000000	0.000000	0	76.00
76.06	03330	IMAGING CENTER	0	17,601,534	0.000000	0.000000	17,550	76.06
76.97	07697	CARDIAC REHABILITATION	0	818,802	0.000000	0.000000	504	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	1,470,818	0.000000	0.000000	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.03
90.04	04953	SPINE CENTER	0	448,762	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	196,922	105,789,804	0.001861	0.001861	8,475,263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,749,323	0.000000	0.000000	635,564	92.00
200.00		Total (lines 50-199)	241,952	632,115,764			107,435,974	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:18 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
Title XVIII						
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	6,193,989	0		50.00
51.00	05100 RECOVERY ROOM	0	2,138,870	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,327,283	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,511,084	0		55.00
57.00	05700 CT SCAN	0	8,339,806	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,090,605	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	8,349,879	0		59.00
60.00	06000 LABORATORY	0	6,337,466	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	264,951	0		65.00
66.00	06600 PHYSICAL THERAPY	0	2,739	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	5,529,415	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	944,423	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,459,662	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,650,292	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,866	4,755,415	3,947		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03950 ENDOSCOPY	0	2,468,483	0		76.00
76.06	03330 IMAGING CENTER	0	3,350,192	0		76.06
76.97	07697 CARDIAC REHABILITATION	0	222,706	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0		90.01
90.02	04951 ANTI-COAGULATION CLINIC	0	765,531	0		90.02
90.03	04952 PALLIATIVE CARE	0	0	0		90.03
90.04	04953 SPINE CENTER	0	305	0		90.04
91.00	09100 EMERGENCY	15,772	13,627,401	25,361		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,148,646	0		92.00
200.00	Total (lines 50-199)	28,638	80,479,143	29,308		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 11:18 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.118754	6,193,989	0	735,561	50.00
51.00	05100 RECOVERY ROOM	0.159178	2,138,870	0	340,461	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.301456	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.110048	3,327,283	0	366,161	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.090085	5,511,084	0	496,466	55.00
57.00	05700 CT SCAN	0.033081	8,339,806	0	275,889	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.068312	2,090,605	0	142,813	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064721	8,349,879	0	540,413	59.00
60.00	06000 LABORATORY	0.078857	6,337,466	0	499,754	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.220752	264,951	0	58,488	65.00
66.00	06600 PHYSICAL THERAPY	0.328071	2,739	0	899	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.222778	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.221690	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.068613	5,529,415	0	379,390	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.240830	944,423	0	227,445	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.286877	1,459,662	0	418,743	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.384571	2,650,292	0	1,019,225	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210220	4,755,415	0	999,683	73.00
74.00	07400 RENAL DIALYSIS	0.399360	0	0	0	74.00
76.00	03950 ENDOSCOPY	0.147195	2,468,483	0	363,348	76.00
76.06	03330 IMAGING CENTER	0.148021	3,350,192	0	495,899	76.06
76.97	07697 CARDIAC REHABILITATION	0.291133	222,706	0	64,837	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	0.535703	765,531	0	410,097	90.02
90.03	04952 PALLIATIVE CARE	0.000000	0	0	0	90.03
90.04	04953 SPINE CENTER	0.426471	305	0	130	90.04
91.00	09100 EMERGENCY	0.089955	13,627,401	0	1,225,853	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.669658	2,148,646	0	1,438,858	92.00
200.00	Subtotal (see instructions)		80,479,143	0	10,500,413	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		80,479,143	0	10,500,413	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 11:18 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
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	34,834	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03950 ENDOSCOPY	0	0	76.00
76.06	03330 IMAGING CENTER	0	0	76.06
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	0	0	90.02
90.03	04952 PALLIATIVE CARE	0	0	90.03
90.04	04953 SPINE CENTER	0	0	90.04
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	34,834	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	34,834	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/25/2016 11:18 am
		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	2,786,308	0	2,786,308	33,917	82.15	30.00
31.00	INTENSIVE CARE UNIT	731,309		731,309	2,588	282.58	31.00
43.00	NURSERY	442,205		442,205	5,008	88.30	43.00
200.00	Total (Lines 30-199)	3,959,822		3,959,822	41,513		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	792	65,063				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
43.00	NURSERY	2,329	205,651				43.00
200.00	Total (Lines 30-199)	3,121	270,714				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/25/2016 11:18 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,199,272	75,091,199	0.029288	609,560	17,853	50.00
51.00	05100	RECOVERY ROOM	310,544	25,585,186	0.012138	240,361	2,918	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	313,766	11,313,666	0.027733	141,680	3,929	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	490,961	24,731,085	0.019852	204,461	4,059	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	124,382	14,836,974	0.008383	169,937	1,425	55.00
57.00	05700	CT SCAN	282,949	49,602,715	0.005704	324,710	1,852	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	237,290	10,440,076	0.022729	33,747	767	58.00
59.00	05900	CARDIAC CATHETERIZATION	490,721	37,109,917	0.013223	145,109	1,919	59.00
60.00	06000	LABORATORY	272,573	67,753,285	0.004023	1,160,109	4,667	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	245,598	13,623,492	0.018028	438,243	7,901	65.00
66.00	06600	PHYSICAL THERAPY	318,420	6,818,217	0.046701	56,912	2,658	66.00
67.00	06700	OCCUPATIONAL THERAPY	35,237	2,299,245	0.015325	43,512	667	67.00
68.00	06800	SPEECH PATHOLOGY	8,458	556,859	0.015189	14,768	224	68.00
69.00	06900	ELECTROCARDIOLOGY	139,342	23,032,326	0.006050	170,313	1,030	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	174,098	4,485,409	0.038814	4,799	186	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,144,691	37,206,146	0.030766	659,200	20,281	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	495,977	32,893,533	0.015078	341,972	5,156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	688,987	54,250,872	0.012700	1,097,151	13,934	73.00
74.00	07400	RENAL DIALYSIS	34,266	1,218,221	0.028128	17,125	482	74.00
76.00	03950	ENDOSCOPY	209,063	8,388,298	0.024923	37,049	923	76.00
76.06	03330	IMAGING CENTER	676,050	17,601,534	0.038409	5,539	213	76.06
76.97	07697	CARDIAC REHABILITATION	12,339	818,802	0.015070	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	43,248	1,470,818	0.029404	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0.000000	0	0	90.03
90.04	04953	SPINE CENTER	26,639	448,762	0.059361	0	0	90.04
91.00	09100	EMERGENCY	808,644	105,789,804	0.007644	513,248	3,923	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	280,873	4,749,323	0.059140	53,777	3,180	92.00
200.00		Total (lines 50-199)	10,064,388	632,115,764		6,483,282	100,147	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150128		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/25/2016 11:18 am	
Cost Center Description			Title XIX		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,917	0.00	792	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,588	0.00	0	0		31.00
43.00	04300	NURSERY	5,008	0.00	2,329	0		43.00
200.00		Total (lines 30-199)	41,513		3,121	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:18 am
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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	45,030	0	45,030	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	0	0	76.00
76.06	03330	IMAGING CENTER	0	0	0	0	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	0	0	0	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	196,922	0	196,922	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	241,952	0	241,952	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:18 am
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Cost Center Description		Title XIX			Hospital		PPS	
		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	75,091,199	0.000000	0.000000	609,560	50.00
51.00	05100	RECOVERY ROOM	0	25,585,186	0.000000	0.000000	240,361	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,313,666	0.000000	0.000000	141,680	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,731,085	0.000000	0.000000	204,461	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,836,974	0.000000	0.000000	169,937	55.00
57.00	05700	CT SCAN	0	49,602,715	0.000000	0.000000	324,710	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,440,076	0.000000	0.000000	33,747	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	37,109,917	0.000000	0.000000	145,109	59.00
60.00	06000	LABORATORY	0	67,753,285	0.000000	0.000000	1,160,109	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,623,492	0.000000	0.000000	438,243	65.00
66.00	06600	PHYSICAL THERAPY	0	6,818,217	0.000000	0.000000	56,912	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,299,245	0.000000	0.000000	43,512	67.00
68.00	06800	SPEECH PATHOLOGY	0	556,859	0.000000	0.000000	14,768	68.00
69.00	06900	ELECTROCARDIOLOGY	0	23,032,326	0.000000	0.000000	170,313	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,485,409	0.000000	0.000000	4,799	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37,206,146	0.000000	0.000000	659,200	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,893,533	0.000000	0.000000	341,972	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,030	54,250,872	0.000830	0.000830	1,097,151	73.00
74.00	07400	RENAL DIALYSIS	0	1,218,221	0.000000	0.000000	17,125	74.00
76.00	03950	ENDOSCOPY	0	8,388,298	0.000000	0.000000	37,049	76.00
76.06	03330	IMAGING CENTER	0	17,601,534	0.000000	0.000000	5,539	76.06
76.97	07697	CARDIAC REHABILITATION	0	818,802	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	1,470,818	0.000000	0.000000	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.03
90.04	04953	SPINE CENTER	0	448,762	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	196,922	105,789,804	0.001861	0.001861	513,248	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,749,323	0.000000	0.000000	53,777	92.00
200.00		Total (lines 50-199)	241,952	632,115,764			6,483,282	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:18 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
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	911	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03950 ENDOSCOPY	0	0	0		76.00
76.06	03330 IMAGING CENTER	0	0	0		76.06
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0		90.01
90.02	04951 ANTI-COAGULATION CLINIC	0	0	0		90.02
90.03	04952 PALLIATIVE CARE	0	0	0		90.03
90.04	04953 SPINE CENTER	0	0	0		90.04
91.00	09100 EMERGENCY	955	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (lines 50-199)	1,866	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 11:18 am
		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	0.118754	0	552,273	0	0	50.00
51.00	05100 RECOVERY ROOM	0.159178	0	160,438	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.301456	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.110048	0	596,844	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.090085	0	210,453	0	0	55.00
57.00	05700 CT SCAN	0.033081	0	1,020,784	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.068312	0	125,300	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064721	0	353,875	0	0	59.00
60.00	06000 LABORATORY	0.078857	0	1,058,801	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.220752	0	34,409	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.328071	0	60,843	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.222778	0	3,188	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.221690	0	8,603	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.068613	0	296,926	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.240830	0	40,901	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.286877	0	236,539	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.384571	0	278,192	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210220	0	296,814	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.399360	0	0	0	0	74.00
76.00	03950 ENDOSCOPY	0.147195	0	110,282	0	0	76.00
76.06	03330 IMAGING CENTER	0.148021	0	285,462	0	0	76.06
76.97	07697 CARDIAC REHABILITATION	0.291133	0	8,791	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	0.535703	0	28,340	0	0	90.02
90.03	04952 PALLIATIVE CARE	0.000000	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0.426471	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.089955	0	3,133,377	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.669658	0	416,198	0	0	92.00
200.00	Subtotal (see instructions)		0	9,317,633	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	9,317,633	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 11:18 am
		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	65,585	0	50.00
51.00	05100 RECOVERY ROOM	25,538	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	65,681	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	18,959	0	55.00
57.00	05700 CT SCAN	33,769	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	8,559	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	22,903	0	59.00
60.00	06000 LABORATORY	83,494	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	7,596	0	65.00
66.00	06600 PHYSICAL THERAPY	19,961	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	710	0	67.00
68.00	06800 SPEECH PATHOLOGY	1,907	0	68.00
69.00	06900 ELECTROCARDIOLOGY	20,373	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	9,850	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	67,858	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	106,985	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	62,396	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03950 ENDOSCOPY	16,233	0	76.00
76.06	03330 IMAGING CENTER	42,254	0	76.06
76.97	07697 CARDIAC REHABILITATION	2,559	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	15,182	0	90.02
90.03	04952 PALLIATIVE CARE	0	0	90.03
90.04	04953 SPINE CENTER	0	0	90.04
91.00	09100 EMERGENCY	281,863	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	278,710	0	92.00
200.00	Subtotal (see instructions)	1,258,925	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	1,258,925	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2016 11:18 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		33,917	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,917	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)		30,498	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)		11,904	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)		31,550,270	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)		31,550,270	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)		31,550,270	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)		930.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,073,339	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)		11,073,339	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/25/2016 11:18 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	5,133,159	2,588	1,983.45	1,018	2,019,152		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					17,152,542		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,245,033		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)					1,265,580		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,783,677		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,049,257		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					27,195,776		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,419		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					930.22		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,180,422		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 11:18 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,786,308	31,550,270	0.088313	3,180,422	280,873	90.00
91.00	Nursing School cost	0	31,550,270	0.000000	3,180,422	0	91.00
92.00	Allied health cost	0	31,550,270	0.000000	3,180,422	0	92.00
93.00	All other Medical Education	0	31,550,270	0.000000	3,180,422	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/25/2016 11:18 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		33,917	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,917	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)		30,498	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)		792	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)		5,008	15.00
16.00	Nursery days (title V or XIX only)		2,329	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)		31,550,270	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)		31,550,270	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)		31,550,270	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)		930.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		736,734	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)		736,734	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Date/Time Prepared: 5/25/2016 11:18 am		Title XIX		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)		
42.00 NURSERY (title V & XIX only)	4,999,547	5,008	998.31	2,329	2,325,064		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	5,133,159	2,588	1,983.45	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,092,872		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,154,670		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)					270,714		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					102,013		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					372,727		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,781,943		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,419		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					930.22		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,180,422		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 11:18 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,786,308	31,550,270	0.088313	3,180,422	280,873	90.00
91.00	Nursing School cost	0	31,550,270	0.000000	3,180,422	0	91.00
92.00	Allied health cost	0	31,550,270	0.000000	3,180,422	0	92.00
93.00	All other Medical Education	0	31,550,270	0.000000	3,180,422	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 11:18 am
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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		22,398,926		30.00
31.00	03100 INTENSIVE CARE UNIT		3,352,588		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.118754	21,711,681	2,578,349	50.00
51.00	05100 RECOVERY ROOM	0.159178	1,175,290	187,080	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.301456	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.110048	2,926,753	322,083	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.090085	2,872,119	258,735	55.00
57.00	05700 CT SCAN	0.033081	5,609,310	185,562	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.068312	825,731	56,407	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064721	5,457,275	353,200	59.00
60.00	06000 LABORATORY	0.078857	15,677,553	1,236,285	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.220752	4,399,856	971,277	65.00
66.00	06600 PHYSICAL THERAPY	0.328071	1,469,467	482,090	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.222778	978,765	218,047	67.00
68.00	06800 SPEECH PATHOLOGY	0.221690	230,144	51,021	68.00
69.00	06900 ELECTROCARDIOLOGY	0.068613	3,398,256	233,165	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.240830	73,726	17,755	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.286877	6,241,428	1,790,522	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.384571	9,163,356	3,523,961	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210220	15,501,727	3,258,773	73.00
74.00	07400 RENAL DIALYSIS	0.399360	594,656	237,482	74.00
76.00	03950 ENDOSCOPY	0.147195	0	0	76.00
76.06	03330 IMAGING CENTER	0.148021	17,550	2,598	76.06
76.97	07697 CARDIAC REHABILITATION	0.291133	504	147	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	0.535703	0	0	90.02
90.03	04952 PALLIATIVE CARE	0.000000	0	0	90.03
90.04	04953 SPINE CENTER	0.426471	0	0	90.04
91.00	09100 EMERGENCY	0.089955	8,475,263	762,392	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.669658	635,564	425,611	92.00
200.00	Total (sum of lines 50-94 and 96-98)		107,435,974	17,152,542	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		107,435,974		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 11:18 am
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,844,439		30.00
31.00	03100 INTENSIVE CARE UNIT		296,185		31.00
43.00	04300 NURSERY		185,013		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.118754	609,560	72,388	50.00
51.00	05100 RECOVERY ROOM	0.159178	240,361	38,260	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.301456	141,680	42,710	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.110048	204,461	22,501	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.090085	169,937	15,309	55.00
57.00	05700 CT SCAN	0.033081	324,710	10,742	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.068312	33,747	2,305	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064721	145,109	9,392	59.00
60.00	06000 LABORATORY	0.078857	1,160,109	91,483	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.220752	438,243	96,743	65.00
66.00	06600 PHYSICAL THERAPY	0.328071	56,912	18,671	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.222778	43,512	9,694	67.00
68.00	06800 SPEECH PATHOLOGY	0.221690	14,768	3,274	68.00
69.00	06900 ELECTROCARDIOLOGY	0.068613	170,313	11,686	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.240830	4,799	1,156	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.286877	659,200	189,109	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.384571	341,972	131,513	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210220	1,097,151	230,643	73.00
74.00	07400 RENAL DIALYSIS	0.399360	17,125	6,839	74.00
76.00	03950 ENDOSCOPY	0.147195	37,049	5,453	76.00
76.06	03330 IMAGING CENTER	0.148021	5,539	820	76.06
76.97	07697 CARDIAC REHABILITATION	0.291133	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	0.535703	0	0	90.02
90.03	04952 PALLIATIVE CARE	0.000000	0	0	90.03
90.04	04953 SPINE CENTER	0.426471	0	0	90.04
91.00	09100 EMERGENCY	0.089955	513,248	46,169	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.669658	53,777	36,012	92.00
200.00	Total (sum of lines 50-94 and 96-98)		6,483,282	1,092,872	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		6,483,282		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 11:18 am
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPSS				
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)		19,158,165	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,035,425	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)		536,159	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		9,973,963	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		145.30	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.33	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.58	31.00
32.00	Sum of lines 30 and 31		20.91	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.47	33.00
34.00	Disproportionate share adjustment (see instructions)		423,681	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 11:18 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000139730	0.000136849	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,068,605	876,675	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		799,258	220,366	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,019,624		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)		28,173,054		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)		28,173,054		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,300,007		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		82,710		53.00
54.00	Special add-on payments for new technologies		2,415		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)		28,638		58.00
59.00	Total (sum of amounts on lines 49 through 58)		30,586,824		59.00
60.00	Primary payer payments		10,794		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		30,576,030		61.00
62.00	Deductibles billed to program beneficiaries		2,765,904		62.00
63.00	Coinurance billed to program beneficiaries		49,400		63.00
64.00	Allowable bad debts (see instructions)		138,856		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		90,256		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		50,817		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		27,850,982		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)		-37,983		70.93
70.94	HRR adjustment amount (see instructions)		-301,254		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 11:18 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		27,511,745		71.00
71.01	Sequestration adjustment (see instructions)		550,235		71.01
72.00	Interim payments		26,827,108		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)		134,402		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)		4,867,332		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: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/25/2016 11:18 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		34,834	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,471,105	2.00
3.00	PPS payments		12,433,867	3.00
4.00	Outlier payment (see instructions)		32,883	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		29,308	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		34,834	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		165,702	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)		165,702	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)		165,702	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		130,868	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)		34,834	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)		12,496,058	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)		2,481,426	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)		10,049,466	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)		10,049,466	30.00
31.00	Primary payer payments		6,519	31.00
32.00	Subtotal (line 30 minus line 31)		10,042,947	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)		276,074	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		179,448	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		221,978	36.00
37.00	Subtotal (see instructions)		10,222,395	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-171	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)		10,222,566	40.00
40.01	Sequestration adjustment (see instructions)		204,451	40.01
41.00	Interim payments		9,978,138	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		39,977	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: 150128

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2016 11:18 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		26,827,108		9,978,138	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)		26,827,108		9,978,138	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		134,402		39,977	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		26,961,510		10,018,115	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: 150128

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

Worksheet E-1
Part II
Date/Time Prepared:
5/25/2016 11:18 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	9,374	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	12,922	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	5,167	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	33,086	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	729,894,201	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	2,464,337	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)	499,912	8.00
9.00	Sequestration adjustment amount (see instructions)	9,998	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	489,914	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	426,378	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)	63,536	32.00

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

Provider CCN: 150128

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

Worksheet G

Date/Time Prepared:
5/25/2016 11:18 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,700	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	265,512,285	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-155,071,743	0	0	0	6.00
7.00	Inventory	2,691,433	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,067,997	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)	114,202,672	0	0	0	11.00
FIXED ASSETS						
12.00	Land	497,000	0	0	0	12.00
13.00	Land improvements	2,722,362	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	170,658,258	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	2,710,911	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	66,975,584	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	115,657	0	0	0	23.00
24.00	Accumulated depreciation	-103,075,288	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	140,604,484	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	133,361,995	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	133,361,995	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	388,169,151	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,113,065	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	1,316,781	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,429,846	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	6,917,055	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	6,917,055	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	9,346,901	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	378,822,250				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	378,822,250	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	388,169,151	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150128

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

Worksheet G-1

Date/Time Prepared:
5/25/2016 11:18 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		314,680,071		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		64,142,181				2.00
3.00	Total (sum of line 1 and line 2)		378,822,252		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		378,822,252		0		11.00
12.00	Deductions (debit adjustments) ROUND	2		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		378,822,250		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) ROUND		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: 150128

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2016 11:18 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	90,124,795		90,124,795	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	90,124,795		90,124,795	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,852,951		8,852,951	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,852,951		8,852,951	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	98,977,746		98,977,746	17.00
18.00	Ancillary services	274,380,205		274,380,205	18.00
19.00	Outpatient services	0	367,176,484	367,176,484	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	0	100,531	100,531	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	373,357,951	367,277,015	740,634,966	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		163,023,358		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)		163,023,358		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150128

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

Worksheet G-3

Date/Time Prepared:
5/25/2016 11:18 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	740,634,966	1.00
2.00	Less contractual allowances and discounts on patients' accounts	517,781,807	2.00
3.00	Net patient revenues (line 1 minus line 2)	222,853,159	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	163,023,358	4.00
5.00	Net income from service to patients (line 3 minus line 4)	59,829,801	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	9,012	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	8,224	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	135,040	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	4,160,104	24.00
25.00	Total other income (sum of lines 6-24)	4,312,380	25.00
26.00	Total (line 5 plus line 25)	64,142,181	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)	64,142,181	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150128	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/25/2016 11:18 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,096,586	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		112,848	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)		93.78	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.33	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.58	8.00
9.00	Sum of lines 7 and 8		20.91	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.32	10.00
11.00	Disproportionate share adjustment (see instructions)		90,573	11.00
12.00	Total prospective capital payments (see instructions)		2,300,007	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