

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: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/30/2016 4:21 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/30/2016 Time: 4:21 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCSAN ST. MARGARET HEALTH- DYER ( 150090 ) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 Hospital	0	1,037,751	56,417	12,139	0
2.00 Subprovider - IPF	0	0	0		0
3.00 Subprovider - IRF	0	65,787	0		3,933
4.00 SUBPROVIDER I	0	0	0		0
5.00 Swing bed - SNF	0	0	0		0
6.00 Swing bed - NF	0	0	0		0
200.00 Total	0	1,103,538	56,417	12,139	3,933

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150090		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/30/2016 4:19 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 24 JOLIET STREET			PO Box:							1.00	
2.00	City: DYER			State: IN		Zip Code: 46311-1799		County: LAKE			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		FRANCISCAN ST. MARGARET HEALTH- DYER		150090	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		FRANCISCAN ST. MARGARET HEALTH - REH		15T090	23844	5	01/01/2002	N	P	T	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)						1				21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2	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.			1,428	174	948	433	1,074	37		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.			219	70	0	0	214			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/30/2016 4:19 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
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	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	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
<b>Inpatient Psychiatric Facility PPS</b>						
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
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
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
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	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
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	
						1.00	
						2.00	
						3.00	
<b>Miscellaneous Cost Reporting Information</b>							
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.	2					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	341,375		0		0	
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			
119.00	DO NOT USE THIS LINE						
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N		N	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/30/2016 4:19 pm	
		1.00	2.00		
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	158014	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: FRANCSAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101	
142.00	Street: 1515 DRAGOON TRAIL	PO Box: -		142.00	
143.00	City: MISHAWAKA	State: IN		Zip Code: 46546	
				143.00	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
				1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		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)			0	
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	
		Beginning		Ending	
		1.00		2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	09/01/2015		11/29/2015	
				170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/30/2016 4:19 pm
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/30/2016 4:19 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			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	05/03/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/04/2016	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150090		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part II Date/Time Prepared: 5/30/2016 4:19 pm	
	Description	Part A		Part B			
		Y/N	Date	Y/N			
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N					21.00
						1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>							
<b>Capital Related Cost</b>							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions						22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
<b>Interest Expense</b>							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
<b>Purchased Services</b>							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
<b>Provider-Based Physicians</b>							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.						35.00
						Y/N	Date
						1.00	2.00
<b>Home Office Costs</b>							
36.00	Were home office costs claimed on the cost report?						36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.						37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.						38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
						1.00	2.00
<b>Cost Report Preparer Contact Information</b>							
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.	HONG		YANG			41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE INC					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(219) 932 - 2300 X33175		HONG.YANG@FRANCISCANALLIANCE.ORG			43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/30/2016 4:19 pm
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		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
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)	04/04/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
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.	REGIONAL REIMBURSEMENT DIRECTOR	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: 150090

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2016 4:19 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	111	40,515	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)		111	40,515	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 NEONATAL INTENSIVE CARE UNIT	32.00	7	2,555	0.00	0	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)		132	48,180	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	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)		162				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: 150090

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2016 4:19 pm

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)	10,266	1,939	19,422			1.00
2.00 HMO and other (see instructions)	1,917	1,074				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	364	214				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)	10,266	1,939	19,422			7.00
8.00 INTENSIVE CARE UNIT	1,417	161	2,254			8.00
9.00 NEONATAL INTENSIVE CARE UNIT	0	558	820			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		325	827			13.00
14.00 Total (see instructions)	11,683	2,983	23,323	12.48	768.38	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	5,046	289	6,896	0.00	33.25	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				12.48	801.63	27.00
28.00 Observation Bed Days		233	3,316			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	37	1,131			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: 150090

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2016 4:19 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,418	709	5,430	1.00
2.00 HMO and other (see instructions)			349	258		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				17		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 NEONATAL INTENSIVE CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,418	709	5,430	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	364	24	542	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	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: 150090		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/30/2016 4:19 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	51,769,117	0	51,769,117	1,667,381.00	31.05	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		1,062,679	0	1,062,679	25,958.00	40.94	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)		8,145,589	206	8,145,795	250,318.00	32.54	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		1,628,698	0	1,628,698	35,078.00	46.43	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		285,273	0	285,273	2,209.00	129.14	13.00
14.00	Home office salaries & wage-related costs		8,306,031	0	8,306,031	179,439.00	46.29	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
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		14,006,167	0	14,006,167			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,615,297	0	2,615,297			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	845,197	0	845,197	43,229.00	19.55	26.00
27.00	Administrative & General	5.00	4,464,579	0	4,464,579	151,358.00	29.50	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	1,096,566	0	1,096,566	36,107.00	30.37	29.00
30.00	Operation of Plant	7.00	328,610	0	328,610	14,912.00	22.04	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,261,920	0	1,261,920	96,534.00	13.07	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	750,083	-416,948	333,135	24,088.00	13.83	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	416,948	416,948	30,148.00	13.83	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,354,819	0	1,354,819	35,460.00	38.21	38.00
39.00	Central Services and Supply	14.00	304,079	0	304,079	17,836.00	17.05	39.00
40.00	Pharmacy	15.00	1,685,038	0	1,685,038	42,095.00	40.03	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150090

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2016 4:19 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 204,560	0	204,560	6,962.00	29.38	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150090

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2016 4:19 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	50,706,438	0	50,706,438	1,641,423.00	30.89	1.00
2.00	Excluded area salaries (see instructions)	8,145,589	206	8,145,795	250,318.00	32.54	2.00
3.00	Subtotal salaries (line 1 minus line 2)	42,560,849	-206	42,560,643	1,391,105.00	30.59	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,220,002	0	10,220,002	216,726.00	47.16	4.00
5.00	Subtotal wage-related costs (see inst.)	14,006,167	0	14,006,167	0.00	32.91	5.00
6.00	Total (sum of lines 3 thru 5)	66,787,018	-206	66,786,812	1,607,831.00	41.54	6.00
7.00	Total overhead cost (see instructions)	12,295,451	0	12,295,451	498,729.00	24.65	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2016 4:19 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	455,193	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)	5,852,866	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	5,551,870	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	-2,400	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	112,441	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)	139,678	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	811,217	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	3,597,512	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	50,808	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
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	229	22.00
23.00	Tuition Reimbursement	52,050	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>	<b>16,621,464</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150090

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/30/2016 4:19 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/30/2016 4:19 pm
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			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.263572	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		6,169,137	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		67,140,681	6.00
7.00	Medicaid cost (line 1 times line 6)		17,696,404	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)		11,527,267	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)		11,527,267	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	4,845,472	9,837,947	14,683,419
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,277,131	2,593,007	3,870,138
22.00	Partial payment by patients approved for charity care	20,200	600,600	620,800
23.00	Cost of charity care (line 21 minus line 22)	1,256,931	1,992,407	3,249,338
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0
26.00	Total bad debt expense for the entire hospital complex (see instructions)			8,331,150
27.00	Medicare bad debts for the entire hospital complex (see instructions)			393,972
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			7,937,178
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,092,018
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,341,356
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			16,868,623

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150090

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

Worksheet A  
Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		8,701,358	8,701,358	-4,162,592	4,538,766	1.00
2.00	00200		0	0	3,701,629	3,701,629	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	845,197	13,609,104	14,454,301	0	14,454,301	4.00
5.01	01160	200,958	577,845	778,803	0	778,803	5.01
5.02	00570	64,030	665,288	729,318	0	729,318	5.02
5.03	00590	0	2,633,622	2,633,622	0	2,633,622	5.03
5.04	00591	4,199,591	4,133,233	8,332,824	-306,249	8,026,575	5.04
6.00	00600	1,096,566	2,570,386	3,666,952	0	3,666,952	6.00
7.00	00700	328,610	2,962,213	3,290,823	0	3,290,823	7.00
8.00	00800	0	310,950	310,950	0	310,950	8.00
9.00	00900	1,261,920	273,138	1,535,058	0	1,535,058	9.00
10.00	01000	750,083	413,469	1,163,552	-646,783	516,769	10.00
11.00	01100	0	0	0	646,783	646,783	11.00
13.00	01300	1,354,819	13,741	1,368,560	-55	1,368,505	13.00
14.00	01400	304,079	792,495	1,096,574	-253,277	843,297	14.00
15.00	01500	1,685,038	6,588,859	8,273,897	-3,938,230	4,335,667	15.00
16.00	01600	204,560	1,378,278	1,582,838	0	1,582,838	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	1,228,583	1,228,583	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	10,489,973	1,081,129	11,571,102	-1,183,053	10,388,049	30.00
31.00	03100	1,657,119	525,664	2,182,783	-121,901	2,060,882	31.00
32.00	02060	810,206	597,191	1,407,397	-4,612	1,402,785	32.00
41.00	04100	1,854,379	4,538,867	6,393,246	-44,473	6,348,773	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	947,122	947,122	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,485,028	9,224,890	10,709,918	-6,766,070	3,943,848	50.00
50.01	05001	905,982	666,731	1,572,713	-310,864	1,261,849	50.01
51.00	05100	451,888	113,789	565,677	-36,298	529,379	51.00
53.00	05300	47,432	3,192,779	3,240,211	-153,606	3,086,605	53.00
54.00	05400	1,385,642	1,083,554	2,469,196	-16,284	2,452,912	54.00
54.01	05401	436,057	521,272	957,329	-372,182	585,147	54.01
55.00	05500	585,818	231,942	817,760	-2,169	815,591	55.00
56.00	05600	282,041	415,561	697,602	11,211	708,813	56.00
60.00	06000	0	6,014,928	6,014,928	0	6,014,928	60.00
63.00	06300	0	342,136	342,136	0	342,136	63.00
65.00	06500	807,903	1,378,946	2,186,849	-62,068	2,124,781	65.00
66.00	06600	2,291,667	4,458,619	6,750,286	-12,105	6,738,181	66.00
67.00	06700	289,715	143,720	433,435	-9,690	423,745	67.00
68.00	06800	231,723	66,438	298,161	-52,157	246,004	68.00
69.00	06900	542,727	103,007	645,734	2,273	648,007	69.00
70.00	07000	201,909	14,018	215,927	-1,572	214,355	70.00
71.00	07100	0	0	0	3,200,568	3,200,568	71.00
72.00	07200	0	0	0	8,801,462	8,801,462	72.00
73.00	07300	0	0	0	3,938,090	3,938,090	73.00
76.00	03630	373,926	158,050	531,976	-60,271	471,705	76.00
76.01	03951	453,149	90,686	543,835	-57,514	486,321	76.01
76.02	03952	952,398	3,628,338	4,580,736	-3,159,333	1,421,403	76.02
76.03	03953	1,916,245	15,545	1,931,790	0	1,931,790	76.03
76.04	03954	283,781	134,077	417,858	-111,392	306,466	76.04
76.05	03340	336,546	193,073	529,619	-603	529,016	76.05
76.06	03030	0	0	0	0	0	76.06
76.07	03950	18,417	0	18,417	0	18,417	76.07
76.08	03955	242,646	40,414	283,060	0	283,060	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	3,848,139	487,546	4,335,685	-251,865	4,083,820	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300		3,784,256	3,784,256	-380,659	3,403,597	113.00
118.00		45,477,907	88,871,145	134,349,052	-206	134,348,846	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	19,000	72,492	91,492	0	91,492	190.00
192.00	19200	4,214,710	808,169	5,022,879	206	5,023,085	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	2,047,037	433,658	2,480,695	0	2,480,695	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	10,463	373	10,836	0	10,836	194.03
200.00		51,769,117	90,185,837	141,954,954	0	141,954,954	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150090

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

Worksheet A  
Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,519,550	6,058,316	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,701,629	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,303,006	17,757,307	4.00
5.01	01160	COMMUNICATIONS	-13,408	765,395	5.01
5.02	00570	ADMITTING	0	729,318	5.02
5.03	00590	PATIENT ACCOUNTING	-1,345,453	1,288,169	5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL	11,166,483	19,193,058	5.04
6.00	00600	MAINTENANCE & REPAIRS	-1,027	3,665,925	6.00
7.00	00700	OPERATION OF PLANT	0	3,290,823	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	310,950	8.00
9.00	00900	HOUSEKEEPING	0	1,535,058	9.00
10.00	01000	DIETARY	-8,141	508,628	10.00
11.00	01100	CAFETERIA	-554,926	91,857	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,368,505	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-164,571	678,726	14.00
15.00	01500	PHARMACY	-1,689,046	2,646,621	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	873,796	2,456,634	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-165,904	1,062,679	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-205,975	10,182,074	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,060,882	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	-501	1,402,284	32.00
41.00	04100	SUBPROVIDER - I RF	-3,490,583	2,858,190	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	947,122	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-563,326	3,380,522	50.00
50.01	05001	OUTPATIENT SURGERY	-70,013	1,191,836	50.01
51.00	05100	RECOVERY ROOM	-7,193	522,186	51.00
53.00	05300	ANESTHESIOLOGY	-32,124	3,054,481	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-337,437	2,115,475	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	-14,272	570,875	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-5,425	810,166	55.00
56.00	05600	RADIOISOTOPE	-19,328	689,485	56.00
60.00	06000	LABORATORY	-1,019,794	4,995,134	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-19,221	322,915	63.00
65.00	06500	RESPIRATORY THERAPY	-991,174	1,133,607	65.00
66.00	06600	PHYSICAL THERAPY	-1,322,345	5,415,836	66.00
67.00	06700	OCCUPATIONAL THERAPY	-1,246	422,499	67.00
68.00	06800	SPEECH PATHOLOGY	-1,749	244,255	68.00
69.00	06900	ELECTROCARDIOLOGY	-76,519	571,488	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-8,159	206,196	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,200,568	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,801,462	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,938,090	73.00
76.00	03630	ULTRASOUND	-75,912	395,793	76.00
76.01	03951	PAIN CLINIC	0	486,321	76.01
76.02	03952	CATH LAB	-2,564	1,418,839	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	1,931,790	76.03
76.04	03954	WOUND CARE CENTER	-272	306,194	76.04
76.05	03340	BARIATRIC CLINIC	-33,671	495,345	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	18,417	76.07
76.08	03955	ANTI COAGULATION CLINIC	-273	282,787	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-1,156,647	2,927,173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	-3,403,597	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	61,039	134,409,885	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	91,492	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,023,085	192.00
192.01	19201	WORKING WELL	0	0	192.01
194.00	07950	RESIDENTIAL	0	2,480,695	194.00
194.01	07951	OMNI	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	194.02
194.03	07953	CENTER OF HOPE	0	10,836	194.03
200.00		TOTAL (SUM OF LINES 118-199)	61,039	142,015,993	200.00

RECLASSIFICATIONS

Provider CCN: 150090

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

Worksheet A-6

Date/Time Prepared:  
5/30/2016 4:19 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - CAPITAL</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,701,629	1.00	
	O		0	3,701,629		
<b>B - INTEREST EXPENSE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	353,209	1.00	
	O		0	353,209		
<b>C - CAFETERIA</b>						
1.00	CAFETERIA	11.00	416,948	229,835	1.00	
	O		416,948	229,835		
<b>D - INSURANCE EXPENSE</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	841,622	1.00	
	O		0	841,622		
<b>E - PATIENT TRANSPORT</b>						
1.00	ADULTS & PEDIATRICS	30.00	7,104	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	39,637	0	2.00	
3.00	RADIOISOTOPE	56.00	12,046	0	3.00	
4.00	ELECTROCARDIOLOGY	69.00	2,779	0	4.00	
5.00	ULTRASOUND	76.00	4,942	0	5.00	
6.00	CATH LAB	76.02	2,624	0	6.00	
7.00	EMERGENCY	91.00	4,411	0	7.00	
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	206	0	8.00	
	O		73,749	0		
<b>F - CHARGEABLE SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	12,002,030	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
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	
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	
	O		0	12,002,030		
<b>G - DRUGS CHARGES TO PATIENTS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,938,090	1.00	
	O		0	3,938,090		
<b>H - INTERNS AND RESIDENTS</b>						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1,228,583	1.00	
2.00		0.00	0	0	2.00	
	O		0	1,228,583		
<b>I - NURSERY</b>						
1.00	NURSERY	43.00	871,939	75,183	1.00	
	O		871,939	75,183		
<b>J - IMPLANTABLE DEVICES</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,801,462	1.00	
	O		0	8,801,462		
<b>K - OTHER CAPITAL</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	27,450	1.00	
	O		0	27,450		
500.00	Grand Total: Increases		1,362,636	31,199,093	500.00	

RECLASSIFICATIONS

Provider CCN: 150090

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2016 4:19 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - CAPITAL</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,701,629	9		1.00
	O		0	3,701,629			
<b>B - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	353,209	11		1.00
	O		0	353,209			
<b>C - CAFETERIA</b>							
1.00	DIETARY	10.00	416,948	229,835	0		1.00
	O		416,948	229,835			
<b>D - INSURANCE EXPENSE</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	841,622	9		1.00
	O		0	841,622			
<b>E - PATIENT TRANSPORT</b>							
1.00	EMERGENCY	91.00	73,749	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
	O		73,749	0	0		
<b>F - CHARGEABLE SUPPLIES</b>							
1.00	NURSING ADMINISTRATION	13.00	0	55	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	253,277	0		2.00
3.00	PHARMACY	15.00	0	140	0		3.00
5.00	ADULTS & PEDIATRICS	30.00	0	243,035	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	121,901	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	4,612	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	44,473	0		8.00
9.00	OPERATING ROOM	50.00	0	6,766,070	0		9.00
10.00	OUTPATIENT SURGERY	50.01	0	310,864	0		10.00
11.00	RECOVERY ROOM	51.00	0	36,298	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	153,606	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	55,921	0		13.00
14.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	372,182	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,169	0		15.00
16.00	RADIOISOTOPE	56.00	0	835	0		16.00
18.00	RESPIRATORY THERAPY	65.00	0	62,068	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	12,105	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	9,690	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	52,157	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	506	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,572	0		23.00
24.00	ULTRASOUND	76.00	0	65,213	0		24.00
25.00	PAIN CLINIC	76.01	0	57,514	0		25.00
26.00	CATH LAB	76.02	0	3,161,957	0		26.00
27.00	WOUND CARE CENTER	76.04	0	111,392	0		27.00
28.00	BARITRIC CLINIC	76.05	0	603	0		28.00
29.00	EMERGENCY	91.00	0	101,815	0		29.00
	O		0	12,002,030			
<b>G - DRUGS CHARGES TO PATIENTS</b>							
1.00	PHARMACY	15.00	0	3,938,090	0		1.00
	O		0	3,938,090			
<b>H - INTERNS AND RESIDENTS</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,147,871	0		1.00
2.00	EMERGENCY	91.00	0	80,712	0		2.00
	O		0	1,228,583			
<b>I - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	871,939	75,183	0		1.00
	O		871,939	75,183			
<b>J - IMPLANTABLE DEVICES</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,801,462	0		1.00
	O		0	8,801,462			
<b>K - OTHER CAPITAL</b>							
1.00	INTEREST EXPENSE	113.00	0	27,450	14		1.00
	O		0	27,450			
500.00	Grand Total: Decreases		1,362,636	31,199,093			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150090

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/30/2016 4:19 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	536,972	0	0	0	189,000	1.00
2.00	Land Improvements	9,405,134	79,539	0	79,539	9,628	2.00
3.00	Buildings and Fixtures	69,563,984	0	0	0	1,156,000	3.00
4.00	Building Improvements	1,512,208	0	0	0	0	4.00
5.00	Fixed Equipment	129,848,546	8,495,287	0	8,495,287	902,517	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	210,866,844	8,574,826	0	8,574,826	2,257,145	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	210,866,844	8,574,826	0	8,574,826	2,257,145	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	347,972	0				1.00
2.00	Land Improvements	9,475,045	3,649,273				2.00
3.00	Buildings and Fixtures	68,407,984	32,971,333				3.00
4.00	Building Improvements	1,512,208	43,055				4.00
5.00	Fixed Equipment	137,441,316	25,519,285				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	217,184,525	62,182,946				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	217,184,525	62,182,946				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150090

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	7,714,806	0	0	986,552	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)	7,714,806	0	0	986,552	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	8,701,358				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,701,358				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150090

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,691,105	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,701,629	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,392,734	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	353,209	986,552	0	27,450	6,058,316	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,701,629	2.00
3.00	Total (sum of lines 1-2)	353,209	986,552	0	27,450	9,759,945	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150090

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

Worksheet A-8

Date/Time Prepared:  
5/30/2016 4:19 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		4.00
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)	B	-875		INTEREST EXPENSE	113.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-72,808		CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00	Television and radio service (chapter 21)		0			0.00	0	8.00
9.00	Parking lot (chapter 21)		0			0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,664,475				0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-346		RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	4,069,513				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-458,303		CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0			0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00	Sale of drugs to other than patients		0			0.00	0	17.00
18.00	Sale of medical records and abstracts		0			0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00	Vending machines	B	-16,396		CAFETERIA	11.00	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			RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0		*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0		*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0			0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	RENTAL INCOME	B	-7,091		OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.00

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	
34.00 MISC INCOME	B	-55,687	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 34.00
35.00 DIETETIC INSTRUCTION	B	-3,080	CAFETERIA	11.00	0 35.00
36.00 SPECIAL FUNCTIONS	B	-77,147	CAFETERIA	11.00	0 36.00
37.00 ADVERTISING EXPENSE	A	-413,322	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 37.00
38.00 MISCELLANEOUS- OTHER OPERATING	B	-2,350	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 38.00
39.00		0		0.00	0 39.00
40.00 MISCELLANEOUS- OTHER OPERATING	B	-13,408	COMMUNICATIONS	5.01	0 40.00
41.00		0		0.00	0 41.00
42.00 MISCELLANEOUS- OTHER OPERATING	B	-12,625	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 42.00
43.00 PROGRAM FEES	B	-24,273	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 43.00
44.00 UNECESSARY BORROWING	A	-620,281	INTEREST EXPENSE	113.00	0 44.00
45.00		0		0.00	0 45.00
46.00 LOBBYING EXPENSE	A	-1,932	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 46.00
47.00 DISCOUNTS EARNED/REBATES	B	-8,141	DIETARY	10.00	0 47.00
48.00		0		0.00	0 48.00
49.00 PENSION ADJUSTMENT	A	3,303,006	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.00
49.01 DISCOUNTS EARNED/REBATES	B	-34,062	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 49.01
49.02 DISCOUNTS EARNED/REBATES	B	-1,027	MAINTENANCE & REPAIRS	6.00	0 49.02
49.03 DISCOUNTS EARNED/REBATES	B	-33,536	CENTRAL SERVICES & SUPPLY	14.00	0 49.03
49.04 DISCOUNTS EARNED/REBATES	B	-158,072	PHARMACY	15.00	0 49.04
49.05 DISCOUNTS EARNED/REBATES	B	-143,997	OPERATING ROOM	50.00	0 49.05
49.06 DISCOUNTS EARNED/REBATES	B	-31,924	RADIOLOGY-DIAGNOSTIC	54.00	0 49.06
49.07 DISCOUNTS EARNED/REBATES	B	-3,171	LABORATORY	60.00	0 49.07
49.08 DISCOUNTS EARNED/REBATES	B	-1,680	RESPIRATORY THERAPY	65.00	0 49.08
49.09 DISCOUNTS EARNED/REBATES	B	-5,433	PHYSICAL THERAPY	66.00	0 49.09
49.10 PROPERTY TAX	A	15,158	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 49.10
49.11		0		0.00	0 49.11
49.12 PODIATRIC RESIDENT COORDINATOR	A	-165,904	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 49.12
49.13 DIETETIC INSTRUCTION	B	-33,671	BARIATRIC CLINIC	76.05	0 49.13
49.14 HAF FEES	A	-3,261,621	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 49.14
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		61,039			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: 150090

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2016 4:19 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	1,519,550	0
2.00	5.03	PATIENT ACCOUNTING	PATIENT ACCOUNTING	0	1,345,453
3.00	5.04	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	11,120,695	9,769,637
3.02	16.00	MEDICAL RECORDS & LIBRARY	HIM	873,796	0
4.00	113.00	INTEREST EXPENSE	INTEREST	980,445	3,762,886
4.01	5.04	OTHER ADMINISTRATIVE AND GEN	ELIMINATIONS	0	-13,638,382
4.02	14.00	CENTRAL SERVICES & SUPPLY	SPD	16,504	74,731
4.03	15.00	PHARMACY	PHARMACY	320,168	1,851,142
4.04	30.00	ADULTS & PEDIATRICS	NEPHROLOGY	0	199,719
4.05	41.00	SUBPROVIDER - IRF	REHABILITATION	0	4,329,722
4.06	50.00	OPERATING ROOM	OPERATING ROOM	17,182	75,845
4.08	50.01	OUTPATIENT SURGERY	ENDOSCOPY	9,720	42,959
4.09	51.00	RECOVERY ROOM	RECOVERY	1,239	8,432
4.10	53.00	ANESTHESIOLOGY	ANESTHESIOLOGY	17,610	49,734
4.11	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY DIAGNOSTIC	97,565	402,732
4.14	54.01	RADIOLOGY-SPECIAL PROCEDURES	RADIOLOGY-SPECIAL PROCEDURES	3,656	17,928
4.15	55.00	RADIOLOGY-THERAPEUTIC	RADIATION ONCOLOGY	0	5,425
4.16	56.00	RADIOISOTOPE	NUCLEAR MEDICINE	3,906	23,234
4.17	60.00	LABORATORY	CHEMISTRY	185,739	1,186,169
4.18	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	13,077	32,298
4.19	65.00	RESPIRATORY THERAPY	RESPIRATORY THERAPY	165,865	1,101,344
4.20	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	2,748,464	4,060,214
4.22	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	473	1,719
4.23	68.00	SPEECH PATHOLOGY	SPEECH THERAPY	1,642	3,391
4.24	69.00	ELECTROCARDIOLOGY	NON INVASIVE VASCULAR	8,598	85,117
4.26	70.00	ELECTROENCEPHALOGRAPHY	NEURO DIAGNOSTICS	2,456	10,615
4.27	76.00	ULTRASOUND	ULTRASOUND	0	75,912
4.28	41.00	SUBPROVIDER - IRF	REHAB UNIT OVERHEAD	839,139	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			18,947,489	14,877,976

\* 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

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

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

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



PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150090

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2016 4:19 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	104,437	0	104,437	197,500	835	1.00
2.00	30.00	ADULTS & PEDIATRICS	21,923	0	21,923	197,500	165	2.00
3.00	32.00	NEONATAL INTENSIVE CARE UNIT	9,996	0	9,996	197,500	100	3.00
4.00	50.00	OPERATING ROOM	360,666	360,666	0	246,400	0	4.00
5.00	50.01	OUTPATIENT SURGERY	23,280	23,280	0	246,400	0	5.00
6.00	50.01	OUTPATIENT SURGERY	33,040	0	33,040	246,400	165	6.00
7.00	60.00	LABORATORY	54,649	0	54,649	197,500	405	7.00
8.00	65.00	RESPIRATORY THERAPY	54,015	54,015	0	197,500	0	8.00
9.00	66.00	PHYSICAL THERAPY	32,318	0	32,318	197,500	286	9.00
10.00	76.02	CATH LAB	9,685	0	9,685	197,500	75	10.00
11.00	76.04	WOUND CARE CENTER	5,115	0	5,115	197,500	51	11.00
12.00	76.08	ANTI COAGULATION CLINIC	5,400	0	5,400	197,500	54	12.00
13.00	91.00	EMERGENCY	1,154,868	1,154,868	0	197,500	0	13.00
14.00	91.00	EMERGENCY	8,710	0	8,710	197,500	73	14.00
200.00			1,878,102	1,592,829	285,273		2,209	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	5.04	OTHER ADMINISTRATIVE AND GENERAL	79,285	3,964	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	15,667	783	0	0	0	2.00
3.00	32.00	NEONATAL INTENSIVE CARE UNIT	9,495	475	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	50.01	OUTPATIENT SURGERY	0	0	0	0	0	5.00
6.00	50.01	OUTPATIENT SURGERY	19,546	977	0	0	0	6.00
7.00	60.00	LABORATORY	38,456	1,923	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	27,156	1,358	0	0	0	9.00
10.00	76.02	CATH LAB	7,121	356	0	0	0	10.00
11.00	76.04	WOUND CARE CENTER	4,843	242	0	0	0	11.00
12.00	76.08	ANTI COAGULATION CLINIC	5,127	256	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	6,931	347	0	0	0	14.00
200.00			213,627	10,681	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	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	79,285	25,152	25,152		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	15,667	6,256	6,256		2.00
3.00	32.00	NEONATAL INTENSIVE CARE UNIT	0	9,495	501	501		3.00
4.00	50.00	OPERATING ROOM	0	0	0	360,666		4.00
5.00	50.01	OUTPATIENT SURGERY	0	0	0	23,280		5.00
6.00	50.01	OUTPATIENT SURGERY	0	19,546	13,494	13,494		6.00
7.00	60.00	LABORATORY	0	38,456	16,193	16,193		7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	54,015		8.00
9.00	66.00	PHYSICAL THERAPY	0	27,156	5,162	5,162		9.00
10.00	76.02	CATH LAB	0	7,121	2,564	2,564		10.00
11.00	76.04	WOUND CARE CENTER	0	4,843	272	272		11.00
12.00	76.08	ANTI COAGULATION CLINIC	0	5,127	273	273		12.00
13.00	91.00	EMERGENCY	0	0	0	1,154,868		13.00
14.00	91.00	EMERGENCY	0	6,931	1,779	1,779		14.00
200.00			0	213,627	71,646	1,664,475		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	6,058,316	6,058,316				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	3,701,629		3,701,629			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	17,757,307	20,771	3,409	17,781,487		4.00
5.01 01160 COMMUNICATIONS	765,395	22,303	842	70,170	858,710	5.01
5.02 00570 ADMITTING	729,318	50,749	6,429	22,358	14,026	5.02
5.03 00590 PATIENT ACCOUNTING	1,288,169	10,881	1,570	0	99,741	5.03
5.04 00591 OTHER ADMINISTRATIVE AND GENERAL	19,193,058	322,251	251,488	1,466,401	94,287	5.04
6.00 00600 MAINTENANCE & REPAIRS	3,665,925	914,845	16,176	382,896	33,507	6.00
7.00 00700 OPERATION OF PLANT	3,290,823	257,247	5,604	114,743	7,792	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	310,950	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	1,535,058	69,395	4,293	440,633	0	9.00
10.00 01000 DIETARY	508,628	61,218	18,557	116,323	8,572	10.00
11.00 01100 CAFETERIA	91,857	88,376	0	145,589	14,026	11.00
13.00 01300 NURSING ADMINISTRATION	1,368,505	9,349	35,218	473,072	8,572	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	678,726	78,821	80,922	106,177	8,572	14.00
15.00 01500 PHARMACY	2,646,621	44,001	1,468	588,377	22,598	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,456,634	62,918	2,827	71,428	109,868	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	1,062,679	0	0	0	7,013	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	10,182,074	1,048,432	458,931	3,360,903	53,767	30.00
31.00 03100 INTENSIVE CARE UNIT	2,060,882	127,883	185,217	578,628	5,455	31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	1,402,284	6,864	12,859	282,905	0	32.00
41.00 04100 SUBPROVIDER - I&R	2,858,190	76,465	19,630	647,506	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	947,122	0	0	304,461	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	3,380,522	212,319	1,006,895	518,538	25,715	50.00
50.01 05001 OUTPATIENT SURGERY	1,191,836	181,349	110,780	316,348	0	50.01
51.00 05100 RECOVERY ROOM	522,186	71,481	28,295	157,789	6,234	51.00
53.00 05300 ANESTHESIOLOGY	3,054,481	7,327	140,809	16,562	1,558	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,115,475	185,186	87,391	497,675	32,728	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	570,875	19,857	251,590	152,261	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	810,166	118,109	109,525	204,554	0	55.00
56.00 05600 RADIOISOTOPE	689,485	63,497	37,838	102,688	10,130	56.00
60.00 06000 LABORATORY	4,995,134	88,955	4,419	0	29,611	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	322,915	36,455	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	1,133,607	41,928	47,028	282,101	8,572	65.00
66.00 06600 PHYSICAL THERAPY	5,415,836	18,698	22,242	800,197	8,572	66.00
67.00 06700 OCCUPATIONAL THERAPY	422,499	7,160	223	101,162	779	67.00
68.00 06800 SPEECH PATHOLOGY	244,255	0	10,174	80,912	779	68.00
69.00 06900 ELECTROCARDIOLOGY	571,488	49,036	100,693	190,478	17,143	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	206,196	67,760	12,159	70,502	6,234	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,200,568	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	8,801,462	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,938,090	0	0	0	0	73.00
76.00 03630 ULTRA SOUND	395,793	29,476	137,575	132,292	0	76.00
76.01 03951 PAIN CLINIC	486,321	158,685	26,113	158,229	1,558	76.01
76.02 03952 CATH LAB	1,418,839	116,384	320,969	333,472	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	1,931,790	73,477	157	669,109	5,455	76.03
76.04 03954 WOUND CARE CENTER	306,194	81,950	1,082	99,090	6,234	76.04
76.05 03340 BARIATRIC CLINIC	495,345	24,814	2,170	117,514	6,234	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	18,417	0	0	6,431	0	76.07
76.08 03955 ANTI COAGULATION CLINIC	282,787	5,666	333	84,726	0	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	2,927,173	207,090	105,256	1,319,470	18,701	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	134,409,885	5,139,428	3,669,156	15,584,670	674,033	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	91,492	11,242	0	6,634	3,896	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5,023,085	176,378	3,980	1,471,752	71,689	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
194.00 07950 RESIDENTIAL	2,480,695	390,268	16,835	714,778	36,624	194.00
194.01 07951 OMNI	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	0	341,000	11,658	0	72,468	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.03 07953 CENTER OF HOPE	10,836	0	0	3,653	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	142,015,993	6,058,316	3,701,629	17,781,487	858,710	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description		ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.02	5.03	5A.03	5.04	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00570	822,880					5.02
5.03	00590	0	1,400,361				5.03
5.04	00591	0	0	21,327,485	21,327,485		5.04
6.00	00600	0	0	5,013,349	885,934	5,899,283	6.00
7.00	00700	0	0	3,676,209	649,641	321,757	7.00
8.00	00800	0	0	310,950	54,950	0	8.00
9.00	00900	0	0	2,049,379	362,156	86,797	9.00
10.00	01000	0	0	713,298	126,050	76,570	10.00
11.00	01100	0	0	339,848	60,056	110,538	11.00
13.00	01300	0	0	1,894,716	334,825	11,693	13.00
14.00	01400	0	0	953,218	168,448	98,587	14.00
15.00	01500	0	0	3,303,065	583,701	55,035	15.00
16.00	01600	0	0	2,703,675	477,780	78,696	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	1,069,692	189,031	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	57,206	97,339	15,258,652	2,696,449	1,311,349	30.00
31.00	03100	11,389	19,378	2,988,832	528,171	159,952	31.00
32.00	02060	5,766	9,810	1,720,488	304,036	8,585	32.00
41.00	04100	21,313	36,265	3,659,369	646,665	95,640	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	2,549	4,338	1,258,470	222,391	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	67,935	115,596	5,327,520	941,453	265,562	50.00
50.01	05001	19,286	32,816	1,852,415	327,350	226,826	50.01
51.00	05100	9,832	16,730	812,547	143,589	89,407	51.00
53.00	05300	27,503	46,798	3,295,038	582,283	9,165	53.00
54.00	05400	77,617	132,069	3,128,141	552,789	231,626	54.00
54.01	05401	9,586	16,312	1,020,481	180,334	24,836	54.01
55.00	05500	15,444	26,279	1,284,077	226,916	147,728	55.00
56.00	05600	15,573	26,498	945,709	167,121	79,421	56.00
60.00	06000	82,611	140,568	5,341,298	943,887	111,263	60.00
63.00	06300	4,057	6,904	370,331	65,443	45,597	63.00
65.00	06500	22,894	38,956	1,575,086	278,341	52,442	65.00
66.00	06600	31,441	53,498	6,350,484	1,122,226	23,386	66.00
67.00	06700	4,069	6,924	542,816	95,924	8,955	67.00
68.00	06800	2,216	3,770	342,106	60,455	0	68.00
69.00	06900	20,968	35,677	985,483	174,150	61,333	69.00
70.00	07000	4,365	7,428	374,644	66,205	84,752	70.00
71.00	07100	40,731	69,305	3,310,604	585,033	0	71.00
72.00	07200	30,611	52,087	8,884,160	1,569,964	0	72.00
73.00	07300	95,498	162,684	4,196,272	741,544	0	73.00
76.00	03630	15,810	26,901	737,847	130,389	36,867	76.00
76.01	03951	7,415	12,616	850,937	150,373	198,479	76.01
76.02	03952	46,211	78,630	2,314,505	409,008	145,569	76.02
76.03	03953	9,255	15,747	2,704,990	478,012	91,903	76.03
76.04	03954	3,256	5,540	503,346	88,949	102,501	76.04
76.05	03340	811	1,380	648,268	114,559	31,037	76.05
76.06	03030	0	0	0	0	0	76.06
76.07	03950	0	0	24,848	4,391	0	76.07
76.08	03955	2,100	3,573	379,185	67,008	7,087	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	57,562	97,945	4,733,197	836,427	259,023	91.00
92.00	09200			0			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		822,880	1,400,361	131,077,030	19,394,407	4,749,964	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	113,264	20,015	14,061	190.00
192.00	19200	0	0	6,746,884	1,192,276	220,609	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	3,639,200	643,101	488,136	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	425,126	75,126	426,513	194.02
194.03	07953	0	0	14,489	2,560	0	194.03
200.00				0			200.00
201.00		0	0	0	0	0	201.00
202.00		822,880	1,400,361	142,015,993	21,327,485	5,899,283	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/30/2016 4:19 pm
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00590	PATIENT ACCOUNTING					5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	4,647,607				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	365,900			8.00
9.00	00900	HOUSEKEEPING	72,326	0	2,570,658		9.00
10.00	01000	DIETARY	63,804	0	35,849	1,015,571	10.00
11.00	01100	CAFETERIA	92,108	0	51,752	0	654,302
13.00	01300	NURSING ADMINISTRATION	9,744	0	5,475	0	17,330
14.00	01400	CENTRAL SERVICES & SUPPLY	82,150	0	46,157	0	8,872
15.00	01500	PHARMACY	45,860	0	25,767	0	20,143
16.00	01600	MEDICAL RECORDS & LIBRARY	65,575	0	36,844	0	3,738
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,092,715	207,745	613,947	576,604	151,528
31.00	03100	INTENSIVE CARE UNIT	133,284	22,783	74,887	63,231	24,077
32.00	02060	NEONATAL INTENSIVE CARE UNIT	7,153	8,288	4,019	23,002	9,668
41.00	04100	SUBPROVIDER - IRF	79,694	32,496	44,777	90,198	14,911
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	221,286	0	124,331	0	24,687
50.01	05001	OUTPATIENT SURGERY	189,008	0	106,196	0	12,570
51.00	05100	RECOVERY ROOM	74,500	0	41,858	0	5,095
53.00	05300	ANESTHESIOLOGY	7,637	0	4,291	0	1,357
54.00	05400	RADIOLOGY-DIAGNOSTIC	193,008	0	108,443	0	24,559
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	20,695	0	11,628	0	6,541
55.00	05500	RADIOLOGY-THERAPEUTIC	123,098	0	69,163	0	7,268
56.00	05600	RADIOISOTOPE	66,179	0	37,183	0	3,236
60.00	06000	LABORATORY	92,712	0	52,091	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	37,995	0	21,348	0	0
65.00	06500	RESPIRATORY THERAPY	43,699	0	24,553	0	13,858
66.00	06600	PHYSICAL THERAPY	19,487	0	10,949	0	29,605
67.00	06700	OCCUPATIONAL THERAPY	7,462	0	4,193	0	4,387
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2,538
69.00	06900	ELECTROCARDIOLOGY	51,107	0	28,715	0	8,734
70.00	07000	ELECTROENCEPHALOGRAPHY	70,621	0	39,679	0	3,364
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03630	ULTRA SOUND	30,721	0	17,261	0	4,377
76.01	03951	PAIN CLINIC	165,387	0	92,924	0	5,724
76.02	03952	CATH LAB	121,299	0	68,153	0	12,304
76.03	03953	ACTIVITY THERAPEUTIC	76,580	0	43,027	0	30,894
76.04	03954	WOUND CARE CENTER	85,411	0	47,989	0	4,111
76.05	03340	BARIATRIC CLINIC	25,862	0	14,531	0	5,046
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0
76.07	03950	CV RESOURCE CENTER	0	0	0	0	128
76.08	03955	ANTI COAGULATION CLINIC	5,905	0	3,318	0	2,833
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	215,837	0	121,270	0	47,476
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,689,909	271,312	2,032,568	753,035	510,959
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,717	0	6,583	0	826
192.00	19200	PHYSICIANS' PRIVATE OFFICES	183,828	0	103,285	0	40,021
192.01	19201	WORKING WELL	0	0	0	0	0
194.00	07950	RESIDENTIAL	406,751	0	228,536	0	56,810
194.01	07951	OMNI	0	0	0	0	0
194.02	07952	PSYCHIATRIC	355,402	94,588	199,686	262,536	45,499
194.03	07953	CENTER OF HOPE	0	0	0	0	187
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	4,647,607	365,900	2,570,658	1,015,571	654,302

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150090		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/30/2016 4:19 pm	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00570	ADMITTING					5.02
5.03	00590	PATIENT ACCOUNTING					5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	2,273,783				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,414	1,361,846			14.00
15.00	01500	PHARMACY	0	1,672	4,035,243		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,415	47	0	3,373,770	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,220,618	43,935	114,078	234,515	30.00
31.00	03100	INTENSIVE CARE UNIT	183,163	6,354	2,160	46,687	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	80,504	1,055	2,527	23,636	32.00
41.00	04100	SUBPROVIDER - I RF	179,721	6,306	4,849	87,372	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	10,450	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	94,715	40,345	79,950	278,500	50.00
50.01	05001	OUTPATIENT SURGERY	71,235	9,635	97,662	79,063	50.01
51.00	05100	RECOVERY ROOM	38,839	1,461	162	40,307	51.00
53.00	05300	ANESTHESIOLOGY	0	4,299	526,130	112,749	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,996	2,128	318,190	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	2,165	0	39,299	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	843	0	63,313	55.00
56.00	05600	RADIOISOTOPE	0	386	2,640,156	63,839	56.00
60.00	06000	LABORATORY	0	0	0	338,664	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	16,632	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,944	0	93,854	65.00
66.00	06600	PHYSICAL THERAPY	0	908	11,545	128,890	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	143	0	16,681	67.00
68.00	06800	SPEECH PATHOLOGY	0	162	0	9,083	68.00
69.00	06900	ELECTROCARDIOLOGY	29,571	1,030	32	85,956	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	722	0	17,895	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	315,503	0	166,975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	867,621	0	125,491	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	391,888	73.00
76.00	03630	ULTRA SOUND	2,736	656	0	64,812	76.00
76.01	03951	PAIN CLINIC	44,047	2,252	788	30,396	76.01
76.02	03952	CATH LAB	65,497	22,338	3,100	189,439	76.02
76.03	03953	ACTIVITY THERAPEUTIC	1,412	25	86	37,939	76.03
76.04	03954	WOUND CARE CENTER	0	1,169	47,638	13,347	76.04
76.05	03340	BARITRIC CLINIC	26,393	286	529	3,324	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	154	472,099	8,609	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	223,503	18,434	29,624	235,975	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,273,783	1,361,846	4,035,243	3,373,770	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	0	0	0	194.00
194.01	07951	OMNI	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	0	0	194.02
194.03	07953	CENTER OF HOPE	0	0	0	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,273,783	1,361,846	4,035,243	3,373,770	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS APPRV				
	22.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 01160	COMMUNICATIONS				5.01
5.02 00570	ADMITTING				5.02
5.03 00590	PATIENT ACCOUNTING				5.03
5.04 00591	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,258,723			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	1,211,044	24,733,179	-1,211,044	23,522,135
31.00 03100	INTENSIVE CARE UNIT	0	4,233,581	0	4,233,581
32.00 02060	NEONATAL INTENSIVE CARE UNIT	0	2,192,961	0	2,192,961
41.00 04100	SUBPROVIDER - I&R	0	4,941,998	0	4,941,998
42.00 04200	SUBPROVIDER	0	0	0	0
43.00 04300	NURSERY	0	1,491,311	0	1,491,311
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	16,688	7,415,037	-16,688	7,398,349
50.01 05001	OUTPATIENT SURGERY	0	2,971,960	0	2,971,960
51.00 05100	RECOVERY ROOM	0	1,247,765	0	1,247,765
53.00 05300	ANESTHESIOLOGY	0	4,542,949	0	4,542,949
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	4,568,880	0	4,568,880
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	0	1,305,979	0	1,305,979
55.00 05500	RADIOLOGY-THERAPEUTIC	0	1,922,406	0	1,922,406
56.00 05600	RADIOISOTOPE	0	4,003,230	0	4,003,230
60.00 06000	LABORATORY	0	6,879,915	0	6,879,915
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	557,346	0	557,346
65.00 06500	RESPIRATORY THERAPY	0	2,083,777	0	2,083,777
66.00 06600	PHYSICAL THERAPY	0	7,697,480	0	7,697,480
67.00 06700	OCCUPATIONAL THERAPY	0	680,561	0	680,561
68.00 06800	SPEECH PATHOLOGY	0	414,344	0	414,344
69.00 06900	ELECTROCARDIOLOGY	0	1,426,111	0	1,426,111
70.00 07000	ELECTROENCEPHALOGRAPHY	0	657,882	0	657,882
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,378,115	0	4,378,115
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,447,236	0	11,447,236
73.00 07300	DRUGS CHARGED TO PATIENTS	0	5,329,704	0	5,329,704
76.00 03630	ULTRA SOUND	0	1,025,666	0	1,025,666
76.01 03951	PAIN CLINIC	0	1,541,307	0	1,541,307
76.02 03952	CATH LAB	0	3,351,212	0	3,351,212
76.03 03953	ACTIVITY THERAPEUTIC	0	3,464,868	0	3,464,868
76.04 03954	WOUND CARE CENTER	0	894,461	0	894,461
76.05 03340	BARITRIC CLINIC	0	869,835	0	869,835
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0
76.07 03950	CV RESOURCE CENTER	0	29,367	0	29,367
76.08 03955	ANTI COAGULATION CLINIC	0	946,198	0	946,198
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 09100	EMERGENCY	30,991	6,751,757	-30,991	6,720,766
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0	
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,258,723	125,998,378	-1,258,723	124,739,655
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	166,466	0	166,466
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	8,486,903	0	8,486,903
192.01 19201	WORKING WELL	0	0	0	0
194.00 07950	RESIDENTIAL	0	5,462,534	0	5,462,534
194.01 07951	OMNI	0	0	0	0
194.02 07952	PSYCHIATRIC	0	1,884,476	0	1,884,476

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	24.00	25.00	26.00		
194.03 07953 CENTER OF HOPE	0	17,236	0	17,236		194.03
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)	1,258,723	142,015,993	-1,258,723	140,757,270		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150090

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	20,771	3,409	24,180	24,180
5.01 01160	COMMUNICATIONS	0	22,303	842	23,145	95
5.02 00570	ADMINISTRATIVE	0	50,749	6,429	57,178	30
5.03 00590	PATIENT ACCOUNTING	0	10,881	1,570	12,451	0
5.04 00591	OTHER ADMINISTRATIVE AND GENERAL	0	322,251	251,488	573,739	1,995
6.00 00600	MAINTENANCE & REPAIRS	0	914,845	16,176	931,021	521
7.00 00700	OPERATION OF PLANT	0	257,247	5,604	262,851	156
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	0	69,395	4,293	73,688	599
10.00 01000	DIETARY	0	61,218	18,557	79,775	158
11.00 01100	CAFETERIA	0	88,376	0	88,376	198
13.00 01300	NURSING ADMINISTRATION	0	9,349	35,218	44,567	644
14.00 01400	CENTRAL SERVICES & SUPPLY	0	78,821	80,922	159,743	144
15.00 01500	PHARMACY	0	44,001	1,468	45,469	800
16.00 01600	MEDICAL RECORDS & LIBRARY	0	62,918	2,827	65,745	97
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,048,432	458,931	1,507,363	4,564
31.00 03100	INTENSIVE CARE UNIT	0	127,883	185,217	313,100	787
32.00 02060	NEONATAL INTENSIVE CARE UNIT	0	6,864	12,859	19,723	385
41.00 04100	SUBPROVIDER - I RF	0	76,465	19,630	96,095	881
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	0	0	414
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	212,319	1,006,895	1,219,214	705
50.01 05001	OUTPATIENT SURGERY	0	181,349	110,780	292,129	430
51.00 05100	RECOVERY ROOM	0	71,481	28,295	99,776	215
53.00 05300	ANESTHESIOLOGY	0	7,327	140,809	148,136	23
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	185,186	87,391	272,577	677
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	0	19,857	251,590	271,447	207
55.00 05500	RADIOLOGY-THERAPEUTIC	0	118,109	109,525	227,634	278
56.00 05600	RADIOISOTOPE	0	63,497	37,838	101,335	140
60.00 06000	LABORATORY	0	88,955	4,419	93,374	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	36,455	0	36,455	0
65.00 06500	RESPIRATORY THERAPY	0	41,928	47,028	88,956	384
66.00 06600	PHYSICAL THERAPY	0	18,698	22,242	40,940	1,089
67.00 06700	OCCUPATIONAL THERAPY	0	7,160	223	7,383	138
68.00 06800	SPEECH PATHOLOGY	0	0	10,174	10,174	110
69.00 06900	ELECTROCARDIOLOGY	0	49,036	100,693	149,729	259
70.00 07000	ELECTROENCEPHALOGRAPHY	0	67,760	12,159	79,919	96
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03630	ULTRA SOUND	0	29,476	137,575	167,051	180
76.01 03951	PAIN CLINIC	0	158,685	26,113	184,798	215
76.02 03952	CATH LAB	0	116,384	320,969	437,353	454
76.03 03953	ACTIVITY THERAPEUTIC	0	73,477	157	73,634	910
76.04 03954	WOUND CARE CENTER	0	81,950	1,082	83,032	135
76.05 03340	BARITRIC CLINIC	0	24,814	2,170	26,984	160
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0	0
76.07 03950	CV RESOURCE CENTER	0	0	0	0	9
76.08 03955	ANTI COAGULATION CLINIC	0	5,666	333	5,999	115
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	0	207,090	105,256	312,346	1,795
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,139,428	3,669,156	8,808,584	21,192
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,242	0	11,242	9
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	176,378	3,980	180,358	2,002
192.01 19201	WORKING WELL	0	0	0	0	0
194.00 07950	RESIDENTIAL	0	390,268	16,835	407,103	972
194.01 07951	OMNI	0	0	0	0	0
194.02 07952	PSYCHIATRIC	0	341,000	11,658	352,658	0
194.03 07953	CENTER OF HOPE	0	0	0	0	5

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	6,058,316	3,701,629	9,759,945	24,180	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 150090		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/30/2016 4:19 pm	
Cost Center Description		COMMUNI CATIONS	ADMI TTING	PATI ENT ACCOUNTI NG	OTHER ADMI NI STRATI VE AND GENERAL	MAI NTENANCE & REPAI RS	
		5.01	5.02	5.03	5.04	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNI CATIONS	23,240				5.01
5.02	00570	ADMI TTING	380	57,588			5.02
5.03	00590	PATI ENT ACCOUNTING	2,699	0	15,150		5.03
5.04	00591	OTHER ADMI NI STRATI VE AND GENERAL	2,552	0	0	578,286	5.04
6.00	00600	MAI NTENANCE & REPAI RS	907	0	0	24,024	956,473
7.00	00700	OPERATION OF PLANT	211	0	0	17,616	52,168
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,490	0
9.00	00900	HOUSEKEEPING	0	0	0	9,821	14,073
10.00	01000	DI ETARY	232	0	0	3,418	12,415
11.00	01100	CAFETERIA	380	0	0	1,629	17,922
13.00	01300	NURSI NG ADMI NI STRATION	232	0	0	9,079	1,896
14.00	01400	CENTRAL SERVI CES & SUPPLY	232	0	0	4,568	15,984
15.00	01500	PHARMACY	612	0	0	15,828	8,923
16.00	01600	MEDI CAL RECORDS & LI BRARY	2,972	0	0	12,956	12,759
17.00	01700	SOCI AL SERVI CE	0	0	0	0	0
22.00	02200	I&R SERVI CES-OTHER PRGM COSTS APPRV	190	0	0	5,126	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,455	4,013	1,053	73,066	212,613
31.00	03100	INTENSIVE CARE UNIT	148	799	210	14,322	25,934
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	404	106	8,245	1,392
41.00	04100	SUBPROVI DER - I RF	0	1,495	392	17,536	15,506
42.00	04200	SUBPROVI DER	0	0	0	0	0
43.00	04300	NURSERY	0	179	47	6,031	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATI NG ROOM	696	4,766	1,250	25,529	43,057
50.01	05001	OUTPATI ENT SURGERY	0	1,353	355	8,877	36,776
51.00	05100	RECOVERY ROOM	169	690	181	3,894	14,496
53.00	05300	ANESTHESI OLOGY	42	1,929	506	15,790	1,486
54.00	05400	RADI OLOGY-DI AGNOSTI C	886	5,445	1,428	14,990	37,554
54.01	05401	RADI OLOGY-SPECI AL PROCEDURES	0	673	176	4,890	4,027
55.00	05500	RADI OLOGY-THERAPEUTI C	0	1,083	284	6,153	23,952
56.00	05600	RADI OI SOTOPE	274	1,092	287	4,532	12,877
60.00	06000	LABORATORY	801	5,796	1,520	25,596	18,039
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	285	75	1,775	7,393
65.00	06500	RESPI RATORY THERAPY	232	1,606	421	7,548	8,503
66.00	06600	PHYSI CAL THERAPY	232	2,206	579	30,432	3,792
67.00	06700	OCCUPATI ONAL THERAPY	21	285	75	2,601	1,452
68.00	06800	SPEECH PATHOLOGY	21	155	41	1,639	0
69.00	06900	ELECTROCARDI OLOGY	464	1,471	386	4,722	9,944
70.00	07000	ELECTROENCEPHALOGRAPHY	169	306	80	1,795	13,741
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	2,857	750	15,864	0
72.00	07200	IMPL. DEV. CHARGED TO PATI ENTS	0	2,148	563	42,573	0
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	6,562	1,765	20,109	0
76.00	03630	ULTRA SOUND	0	1,109	291	3,536	5,977
76.01	03951	PAIN CLINI C	42	520	136	4,078	32,180
76.02	03952	CATH LAB	0	3,242	850	11,091	23,602
76.03	03953	ACTI VI TY THERAPEUTI C	148	649	170	12,962	14,901
76.04	03954	WOUND CARE CENTER	169	228	60	2,412	16,619
76.05	03340	BARI ATRI C CLINI C	169	57	15	3,107	5,032
76.06	03030	HEALTHY LI VI NG CENTER	0	0	0	0	0
76.07	03950	CV RESOURC E CENTER	0	0	0	119	0
76.08	03955	ANTI COAGULATI ON CLINI C	0	147	39	1,817	1,149
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	506	4,038	1,059	22,681	41,996
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,243	57,588	15,150	525,867	770,130
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	105	0	0	543	2,280
192.00	19200	PHYSI CI ANS' PRI VATE OFFI CES	1,940	0	0	32,331	35,768
192.01	19201	WORKI NG WEL L	0	0	0	0	0
194.00	07950	RESI DENTI AL	991	0	0	17,439	79,143
194.01	07951	OMNI	0	0	0	0	0
194.02	07952	PSYCHI ATRI C	1,961	0	0	2,037	69,152
194.03	07953	CENTER OF HOPE	0	0	0	69	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	23,240	57,588	15,150	578,286	956,473

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/30/2016 4:19 pm
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00590	PATIENT ACCOUNTING					5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	333,002				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,490			8.00
9.00	00900	HOUSEKEEPING	5,182	0	103,363		9.00
10.00	01000	DIETARY	4,572	0	1,441	102,011	10.00
11.00	01100	CAFETERIA	6,600	0	2,081	0	117,186
13.00	01300	NURSING ADMINISTRATION	698	0	220	0	3,104
14.00	01400	CENTRAL SERVICES & SUPPLY	5,886	0	1,856	0	1,589
15.00	01500	PHARMACY	3,286	0	1,036	0	3,608
16.00	01600	MEDICAL RECORDS & LIBRARY	4,698	0	1,481	0	669
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	78,293	846	24,688	57,919	27,139
31.00	03100	INTENSIVE CARE UNIT	9,550	93	3,011	6,351	4,312
32.00	02060	NEONATAL INTENSIVE CARE UNIT	513	34	162	2,310	1,732
41.00	04100	SUBPROVIDER - IRF	5,710	132	1,800	9,060	2,671
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	15,855	0	4,999	0	4,422
50.01	05001	OUTPATIENT SURGERY	13,542	0	4,270	0	2,251
51.00	05100	RECOVERY ROOM	5,338	0	1,683	0	912
53.00	05300	ANESTHESIOLOGY	547	0	173	0	243
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,829	0	4,360	0	4,399
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	1,483	0	468	0	1,171
55.00	05500	RADIOLOGY-THERAPEUTIC	8,820	0	2,781	0	1,302
56.00	05600	RADIOISOTOPE	4,742	0	1,495	0	580
60.00	06000	LABORATORY	6,643	0	2,095	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,722	0	858	0	0
65.00	06500	RESPIRATORY THERAPY	3,131	0	987	0	2,482
66.00	06600	PHYSICAL THERAPY	1,396	0	440	0	5,302
67.00	06700	OCCUPATIONAL THERAPY	535	0	169	0	786
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	454
69.00	06900	ELECTROCARDIOLOGY	3,662	0	1,155	0	1,564
70.00	07000	ELECTROENCEPHALOGRAPHY	5,060	0	1,595	0	602
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03630	ULTRA SOUND	2,201	0	694	0	784
76.01	03951	PAIN CLINIC	11,850	0	3,736	0	1,025
76.02	03952	CATH LAB	8,691	0	2,740	0	2,204
76.03	03953	ACTIVITY THERAPEUTIC	5,487	0	1,730	0	5,533
76.04	03954	WOUND CARE CENTER	6,120	0	1,930	0	736
76.05	03340	BARIATRIC CLINIC	1,853	0	584	0	904
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0
76.07	03950	CV RESOURCE CENTER	0	0	0	0	23
76.08	03955	ANTI COAGULATION CLINIC	423	0	133	0	507
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	15,465	0	4,876	0	8,503
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	264,383	1,105	81,727	75,640	91,513
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	839	0	265	0	148
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,171	0	4,153	0	7,168
192.01	19201	WORKING WELL	0	0	0	0	0
194.00	07950	RESIDENTIAL	29,144	0	9,189	0	10,175
194.01	07951	OMNI	0	0	0	0	0
194.02	07952	PSYCHIATRIC	25,465	385	8,029	26,371	8,149
194.03	07953	CENTER OF HOPE	0	0	0	0	33
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	333,002	1,490	103,363	102,011	117,186

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150090

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00570						5.02
5.03	00590						5.03
5.04	00591						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
22.00	02200						22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000						30.00
31.00	03100						31.00
32.00	02060						32.00
41.00	04100						41.00
42.00	04200						42.00
43.00	04300						43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000						50.00
50.01	05001						50.01
51.00	05100						51.00
53.00	05300						53.00
54.00	05400						54.00
54.01	05401						54.01
55.00	05500						55.00
56.00	05600						56.00
60.00	06000						60.00
63.00	06300						63.00
65.00	06500						65.00
66.00	06600						66.00
67.00	06700						67.00
68.00	06800						68.00
69.00	06900						69.00
70.00	07000						70.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
76.00	03630						76.00
76.01	03951						76.01
76.02	03952						76.02
76.03	03953						76.03
76.04	03954						76.04
76.05	03340						76.05
76.06	03030						76.06
76.07	03950						76.07
76.08	03955						76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100						91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00							118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000						190.00
192.00	19200						192.00
192.01	19201						192.01
194.00	07950						194.00
194.01	07951						194.01
194.02	07952						194.02
194.03	07953						194.03
200.00							200.00
201.00							201.00
202.00							202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150090

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	22.00				
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 01160	COMMUNICATIONS				5.01
5.02 00570	ADMINISTRATIVE				5.02
5.03 00590	PATIENT ACCOUNTING				5.03
5.04 00591	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,316			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS		2,040,919	0	30.00
31.00 03100	INTENSIVE CARE UNIT		385,824	0	31.00
32.00 02060	NEONATAL INTENSIVE CARE UNIT		38,056	0	32.00
41.00 04100	SUBPROVIDER - IRF		159,666	0	41.00
42.00 04200	SUBPROVIDER		0	0	42.00
43.00 04300	NURSERY		6,986	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM		1,338,623	0	50.00
50.01 05001	OUTPATIENT SURGERY		367,537	0	50.01
51.00 05100	RECOVERY ROOM		129,809	0	51.00
53.00 05300	ANESTHESIOLOGY		183,279	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		367,179	0	54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES		286,029	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC		274,314	0	55.00
56.00 05600	RADIOISOTOPE		181,540	0	56.00
60.00 06000	LABORATORY		164,078	0	60.00
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.		50,065	0	63.00
65.00 06500	RESPIRATORY THERAPY		117,351	0	65.00
66.00 06600	PHYSICAL THERAPY		90,650	0	66.00
67.00 06700	OCCUPATIONAL THERAPY		13,968	0	67.00
68.00 06800	SPEECH PATHOLOGY		12,891	0	68.00
69.00 06900	ELECTROCARDIOLOGY		176,879	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY		104,004	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT		68,553	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		170,191	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		40,087	0	73.00
76.00 03630	ULTRA SOUND		183,943	0	76.00
76.01 03951	PAIN CLINIC		240,998	0	76.01
76.02 03952	CATH LAB		500,861	0	76.02
76.03 03953	ACTIVITY THERAPEUTIC		117,311	0	76.03
76.04 03954	WOUND CARE CENTER		112,949	0	76.04
76.05 03340	BARITRIC CLINIC		39,717	0	76.05
76.06 03030	HEALTHY LIVING CENTER		0	0	76.06
76.07 03950	CV RESOURCE CENTER		151	0	76.07
76.08 03955	ANTI COAGULATION CLINIC		19,947	0	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 09100	EMERGENCY		429,482	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	8,413,837	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		15,431	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES		276,891	0	192.00
192.01 19201	WORKING WELL		0	0	192.01
194.00 07950	RESIDENTIAL		554,156	0	194.00
194.01 07951	OMNI		0	0	194.01
194.02 07952	PSYCHIATRIC		494,207	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150090

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	24.00	25.00	26.00		
194.03 07953 CENTER OF HOPE		107	0	107		194.03
200.00 Cross Foot Adjustments	5,316	5,316	0	5,316		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	5,316	9,759,945	0	9,759,945		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	ADMITTING (GROSS CHARGES)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00	5.01	5.02		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 CAP REL COSTS-BLDG & FIXT	470,470					1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		3,531,770				2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,613	3,253	50,923,920			4.00	
5.01 01160 COMMUNICATIONS	1,732	803	200,958	1,102		5.01	
5.02 00570 ADMITTING	3,941	6,134	64,030	18	473,265,790	5.02	
5.03 00590 PATIENT ACCOUNTING	845	1,498	0	128	0	5.03	
5.04 00591 OTHER ADMINISTRATIVE AND GENERAL	25,025	239,948	4,199,591	121	0	5.04	
6.00 00600 MAINTENANCE & REPAIRS	71,044	15,434	1,096,566	43	0	6.00	
7.00 00700 OPERATION OF PLANT	19,977	5,347	328,610	10	0	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00	
9.00 00900 HOUSEKEEPING	5,389	4,096	1,261,920	0	0	9.00	
10.00 01000 DIETARY	4,754	17,705	333,135	11	0	10.00	
11.00 01100 CAFETERIA	6,863	0	416,948	18	0	11.00	
13.00 01300 NURSING ADMINISTRATION	726	33,602	1,354,819	11	0	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	6,121	77,209	304,079	11	0	14.00	
15.00 01500 PHARMACY	3,417	1,401	1,685,038	29	0	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	4,886	2,697	204,560	141	0	16.00	
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	9	0	22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	81,418	437,872	9,625,138	69	32,895,860	30.00	
31.00 03100 INTENSIVE CARE UNIT	9,931	176,718	1,657,119	7	6,548,937	31.00	
32.00 02060 NEONATAL INTENSIVE CARE UNIT	533	12,269	810,206	0	3,315,470	32.00	
41.00 04100 SUBPROVIDER - I&R	5,938	18,729	1,854,379	0	12,255,901	41.00	
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00	
43.00 04300 NURSERY	0	0	871,939	0	1,465,903	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	16,488	960,691	1,485,028	33	39,065,761	50.00	
50.01 05001 OUTPATIENT SURGERY	14,083	105,697	905,982	0	11,090,349	50.01	
51.00 05100 RECOVERY ROOM	5,551	26,997	451,888	8	5,653,949	51.00	
53.00 05300 ANESTHESIOLOGY	569	134,348	47,432	2	15,815,564	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,381	83,381	1,425,279	42	44,633,122	54.00	
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	1,542	240,045	436,057	5	5,512,552	54.01	
55.00 05500 RADIOLOGY-THERAPEUTIC	9,172	104,499	585,818	0	8,881,099	55.00	
56.00 05600 RADIOISOTOPE	4,931	36,102	294,087	13	8,954,886	56.00	
60.00 06000 LABORATORY	6,908	4,216	0	38	47,505,119	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,831	0	0	0	2,333,076	63.00	
65.00 06500 RESPIRATORY THERAPY	3,256	44,870	807,903	11	13,165,114	65.00	
66.00 06600 PHYSICAL THERAPY	1,452	21,221	2,291,667	11	18,079,704	66.00	
67.00 06700 OCCUPATIONAL THERAPY	556	213	289,715	1	2,339,912	67.00	
68.00 06800 SPEECH PATHOLOGY	0	9,707	231,723	1	1,274,051	68.00	
69.00 06900 ELECTROCARDIOLOGY	3,808	96,072	545,506	22	12,057,281	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	5,262	11,601	201,909	8	2,510,238	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	23,421,885	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	17,602,925	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	54,990,491	73.00	
76.00 03630 ULTRA SOUND	2,289	131,262	378,868	0	9,091,307	76.00	
76.01 03951 PAIN CLINIC	12,323	24,915	453,149	2	4,263,699	76.01	
76.02 03952 CATH LAB	9,038	306,240	955,022	0	26,573,073	76.02	
76.03 03953 ACTIVITY THERAPEUTIC	5,706	150	1,916,245	7	5,321,801	76.03	
76.04 03954 WOUND CARE CENTER	6,364	1,032	283,781	8	1,872,199	76.04	
76.05 03340 BARIATRIC CLINIC	1,927	2,070	336,546	8	466,230	76.05	
76.06 03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06	
76.07 03950 CV RESOURCE CENTER	0	0	18,417	0	0	76.07	
76.08 03955 ANTI COAGULATION CLINIC	440	318	242,646	0	1,207,640	76.08	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00 09100 EMERGENCY	16,082	100,426	3,778,801	24	33,100,692	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	399,112	3,500,788	44,632,504	865	473,265,790	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	873	0	19,000	5	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	13,697	3,797	4,214,916	92	0	192.00	
192.01 19201 WORKING WELL	0	0	0	0	0	192.01	
194.00 07950 RESIDENTIAL	30,307	16,062	2,047,037	47	0	194.00	
194.01 07951 OMNI	0	0	0	0	0	194.01	
194.02 07952 PSYCHIATRIC	26,481	11,123	0	93	0	194.02	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	ADMITTING (GROSS CHARGES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.03 07953 CENTER OF HOPE	0	0	10,463	0	0	194.03
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)	6,058,316	3,701,629	17,781,487	858,710	822,880	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.877157	1.048095	0.349177	779.228675	0.001739	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			24,180	23,240	57,588	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000475	21.088929	0.000122	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description		PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00590	PATIENT ACCOUNTING	473,265,790				5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL	0	-21,327,485	120,688,508		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	5,013,349	366,270	6.00
7.00	00700	OPERATION OF PLANT	0	0	3,676,209	19,977	346,293
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	310,950	0	0
9.00	00900	HOUSEKEEPING	0	0	2,049,379	5,389	5,389
10.00	01000	DIETARY	0	0	713,298	4,754	4,754
11.00	01100	CAFETERIA	0	0	339,848	6,863	6,863
13.00	01300	NURSING ADMINISTRATION	0	0	1,894,716	726	726
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	953,218	6,121	6,121
15.00	01500	PHARMACY	0	0	3,303,065	3,417	3,417
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,703,675	4,886	4,886
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,069,692	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	32,895,860	0	15,258,652	81,418	81,418
31.00	03100	INTENSIVE CARE UNIT	6,548,937	0	2,988,832	9,931	9,931
32.00	02060	NEONATAL INTENSIVE CARE UNIT	3,315,470	0	1,720,488	533	533
41.00	04100	SUBPROVIDER - I&R	12,255,901	0	3,659,369	5,938	5,938
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,465,903	0	1,258,470	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	39,065,761	0	5,327,520	16,488	16,488
50.01	05001	OUTPATIENT SURGERY	11,090,349	0	1,852,415	14,083	14,083
51.00	05100	RECOVERY ROOM	5,653,949	0	812,547	5,551	5,551
53.00	05300	ANESTHESIOLOGY	15,815,564	0	3,295,038	569	569
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,633,122	0	3,128,141	14,381	14,381
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	5,512,552	0	1,020,481	1,542	1,542
55.00	05500	RADIOLOGY-THERAPEUTIC	8,881,099	0	1,284,077	9,172	9,172
56.00	05600	RADIOISOTOPE	8,954,886	0	945,709	4,931	4,931
60.00	06000	LABORATORY	47,505,119	0	5,341,298	6,908	6,908
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	2,333,076	0	370,331	2,831	2,831
65.00	06500	RESPIRATORY THERAPY	13,165,114	0	1,575,086	3,256	3,256
66.00	06600	PHYSICAL THERAPY	18,079,704	0	6,350,484	1,452	1,452
67.00	06700	OCCUPATIONAL THERAPY	2,339,912	0	542,816	556	556
68.00	06800	SPEECH PATHOLOGY	1,274,051	0	342,106	0	0
69.00	06900	ELECTROCARDIOLOGY	12,057,281	0	985,483	3,808	3,808
70.00	07000	ELECTROENCEPHALOGRAPHY	2,510,238	0	374,644	5,262	5,262
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,421,885	0	3,310,604	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,602,925	0	8,884,160	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	54,990,491	0	4,196,272	0	0
76.00	03630	ULTRA SOUND	9,091,307	0	737,847	2,289	2,289
76.01	03951	PAIN CLINIC	4,263,699	0	850,937	12,323	12,323
76.02	03952	CATH LAB	26,573,073	0	2,314,505	9,038	9,038
76.03	03953	ACTIVITY THERAPEUTIC	5,321,801	0	2,704,990	5,706	5,706
76.04	03954	WOUND CARE CENTER	1,872,199	0	503,346	6,364	6,364
76.05	03340	BARITRIC CLINIC	466,230	0	648,268	1,927	1,927
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0
76.07	03950	CV RESOURCE CENTER	0	0	24,848	0	0
76.08	03955	ANTI COAGULATION CLINIC	1,207,640	0	379,185	440	440
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	33,100,692	0	4,733,197	16,082	16,082
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	473,265,790	-21,327,485	109,749,545	294,912	274,935
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	113,264	873	873
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	6,746,884	13,697	13,697
192.01	19201	WORKING WELL	0	0	0	0	0
194.00	07950	RESIDENTIAL	0	0	3,639,200	30,307	30,307
194.01	07951	OMNI	0	0	0	0	0
194.02	07952	PSYCHIATRIC	0	0	425,126	26,481	26,481
194.03	07953	CENTER OF HOPE	0	0	14,489	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description		PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,400,361		21,327,485	5,899,283	4,647,607	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002959		0.176715	16.106378	13.421025	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	15,150		578,286	956,473	333,002	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000032		0.004792	2.611388	0.961619	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING)	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00590	PATIENT ACCOUNTING					5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	649,528				8.00
9.00	00900	HOUSEKEEPING	0	340,904			9.00
10.00	01000	DIETARY	0	4,754	156,516		10.00
11.00	01100	CAFETERIA	0	6,863	0	66,524	11.00
13.00	01300	NURSING ADMINISTRATION	0	726	0	1,762	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,121	0	902	14.00
15.00	01500	PHARMACY	0	3,417	0	2,048	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,886	0	380	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	368,778	81,418	88,864	15,406	13,828
31.00	03100	INTENSIVE CARE UNIT	40,443	9,931	9,745	2,448	2,075
32.00	02060	NEONATAL INTENSIVE CARE UNIT	14,713	533	3,545	983	912
41.00	04100	SUBPROVIDER - IRF	57,686	5,938	13,901	1,516	2,036
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	16,488	0	2,510	1,073
50.01	05001	OUTPATIENT SURGERY	0	14,083	0	1,278	807
51.00	05100	RECOVERY ROOM	0	5,551	0	518	440
53.00	05300	ANESTHESIOLOGY	0	569	0	138	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,381	0	2,497	0
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	1,542	0	665	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,172	0	739	0
56.00	05600	RADIOISOTOPE	0	4,931	0	329	0
60.00	06000	LABORATORY	0	6,908	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,831	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	3,256	0	1,409	0
66.00	06600	PHYSICAL THERAPY	0	1,452	0	3,010	0
67.00	06700	OCCUPATIONAL THERAPY	0	556	0	446	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	258	0
69.00	06900	ELECTROCARDIOLOGY	0	3,808	0	888	335
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,262	0	342	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03630	ULTRA SOUND	0	2,289	0	445	31
76.01	03951	PAIN CLINIC	0	12,323	0	582	499
76.02	03952	CATH LAB	0	9,038	0	1,251	742
76.03	03953	ACTIVITY THERAPEUTIC	0	5,706	0	3,141	16
76.04	03954	WOUND CARE CENTER	0	6,364	0	418	0
76.05	03340	BARIATRIC CLINIC	0	1,927	0	513	299
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0
76.07	03950	CV RESOURCE CENTER	0	0	0	13	0
76.08	03955	ANTI COAGULATION CLINIC	0	440	0	288	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	16,082	0	4,827	2,532
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	481,620	269,546	116,055	51,950	25,759
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	873	0	84	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,697	0	4,069	0
192.01	19201	WORKING WELL	0	0	0	0	0
194.00	07950	RESIDENTIAL	0	30,307	0	5,776	0
194.01	07951	OMNI	0	0	0	0	0
194.02	07952	PSYCHIATRIC	167,908	26,481	40,461	4,626	0
194.03	07953	CENTER OF HOPE	0	0	0	19	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING)	
		8.00	9.00	10.00	11.00	13.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	365,900	2,570,658	1,015,571	654,302	2,273,783	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.563332	7.540709	6.488608	9.835578	88.271400	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,490	103,363	102,011	117,186	60,440	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002294	0.303203	0.651761	1.761560	2.346364	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	
	14.00	15.00	16.00	17.00	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00570 ADMI TTING						5.02
5.03 00590 PATIENT ACCOUNTING						5.03
5.04 00591 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	13,815,060					14.00
15.00 01500 PHARMACY	16,965	373,643				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	479	0	473,265,790			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	473,265,790		17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	5,280	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	445,695	10,563	32,895,860	32,895,860	5,080	30.00
31.00 03100 INTENSIVE CARE UNIT	64,458	200	6,548,937	6,548,937	0	31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	10,699	234	3,315,470	3,315,470	0	32.00
41.00 04100 SUBPROVIDER - IRF	63,971	449	12,255,901	12,255,901	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	1,465,903	1,465,903	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	409,269	7,403	39,065,761	39,065,761	70	50.00
50.01 05001 OUTPATIENT SURGERY	97,741	9,043	11,090,349	11,090,349	0	50.01
51.00 05100 RECOVERY ROOM	14,825	15	5,653,949	5,653,949	0	51.00
53.00 05300 ANESTHESIOLOGY	43,606	48,717	15,815,564	15,815,564	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	101,407	197	44,633,122	44,633,122	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	21,962	0	5,512,552	5,512,552	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	8,556	0	8,881,099	8,881,099	0	55.00
56.00 05600 RADIOISOTOPE	3,913	244,465	8,954,886	8,954,886	0	56.00
60.00 06000 LABORATORY	0	0	47,505,119	47,505,119	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	2,333,076	2,333,076	0	63.00
65.00 06500 RESPIRATORY THERAPY	19,723	0	13,165,114	13,165,114	0	65.00
66.00 06600 PHYSICAL THERAPY	9,208	1,069	18,079,704	18,079,704	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,454	0	2,339,912	2,339,912	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,645	0	1,274,051	1,274,051	0	68.00
69.00 06900 ELECTROCARDIOLOGY	10,450	3	12,057,281	12,057,281	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	7,320	0	2,510,238	2,510,238	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,200,570	0	23,421,885	23,421,885	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	8,801,462	0	17,602,925	17,602,925	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	54,990,491	54,990,491	0	73.00
76.00 03630 ULTRA SOUND	6,657	0	9,091,307	9,091,307	0	76.00
76.01 03951 PAIN CLINIC	22,848	73	4,263,699	4,263,699	0	76.01
76.02 03952 CATH LAB	226,609	287	26,573,073	26,573,073	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	249	8	5,321,801	5,321,801	0	76.03
76.04 03954 WOUND CARE CENTER	11,856	4,411	1,872,199	1,872,199	0	76.04
76.05 03340 BARIATRIC CLINIC	2,902	49	466,230	466,230	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08 03955 ANTI COAGULATION CLINIC	1,565	43,714	1,207,640	1,207,640	0	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	186,996	2,743	33,100,692	33,100,692	130	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	13,815,060	373,643	473,265,790	473,265,790	5,280	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
194.00 07950 RESIDENTIAL	0	0	0	0	0	194.00
194.01 07951 OMNI	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (GROSS CHARGES)	INTERNS & RESIDENTS	
	14.00	15.00	16.00	17.00	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
194.03 07953 CENTER OF HOPE	0	0	0	0	0	194.03
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)	1,361,846	4,035,243	3,373,770	0	1,258,723	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.098577	10.799729	0.007129	0.000000	238.394508	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	190,119	79,795	101,581	0	5,316	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.013762	0.213559	0.000215	0.000000	1.006818	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/30/2016 4:19 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		23,522,135	6,256	23,528,391
31.00	03100 INTENSIVE CARE UNIT		4,233,581	0	4,233,581
32.00	02060 NEONATAL INTENSIVE CARE UNIT		2,192,961	501	2,193,462
41.00	04100 SUBPROVIDER - IRF		4,941,998	0	4,941,998
42.00	04200 SUBPROVIDER		0	0	0
43.00	04300 NURSERY		1,491,311	0	1,491,311
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		7,398,349	0	7,398,349
50.01	05001 OUTPATIENT SURGERY		2,971,960	13,494	2,985,454
51.00	05100 RECOVERY ROOM		1,247,765	0	1,247,765
53.00	05300 ANESTHESIOLOGY		4,542,949	0	4,542,949
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,568,880	0	4,568,880
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES		1,305,979	0	1,305,979
55.00	05500 RADIOLOGY-THERAPEUTIC		1,922,406	0	1,922,406
56.00	05600 RADIOISOTOPE		4,003,230	0	4,003,230
60.00	06000 LABORATORY		6,879,915	16,193	6,896,108
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		557,346	0	557,346
65.00	06500 RESPIRATORY THERAPY	0	2,083,777	0	2,083,777
66.00	06600 PHYSICAL THERAPY	0	7,697,480	5,162	7,702,642
67.00	06700 OCCUPATIONAL THERAPY	0	680,561	0	680,561
68.00	06800 SPEECH PATHOLOGY	0	414,344	0	414,344
69.00	06900 ELECTROCARDIOLOGY		1,426,111	0	1,426,111
70.00	07000 ELECTROENCEPHALOGRAPHY		657,882	0	657,882
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		4,378,115	0	4,378,115
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		11,447,236	0	11,447,236
73.00	07300 DRUGS CHARGED TO PATIENTS		5,329,704	0	5,329,704
76.00	03630 ULTRA SOUND		1,025,666	0	1,025,666
76.01	03951 PAIN CLINIC		1,541,307	0	1,541,307
76.02	03952 CATH LAB		3,351,212	2,564	3,353,776
76.03	03953 ACTIVITY THERAPEUTIC		3,464,868	0	3,464,868
76.04	03954 WOUND CARE CENTER		894,461	272	894,733
76.05	03340 BARIATRIC CLINIC		869,835	0	869,835
76.06	03030 HEALTHY LIVING CENTER		0	0	0
76.07	03950 CV RESOURCE CENTER		29,367	0	29,367
76.08	03955 ANTI COAGULATION CLINIC		946,198	273	946,471
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY		6,720,766	1,779	6,722,545
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,431,264	0	3,431,264
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)	0	128,170,919	46,494	128,217,413
201.00	Less Observation Beds		3,431,264		3,431,264
202.00	Total (see instructions)	0	124,739,655	46,494	124,786,149

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150090		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/30/2016 4:19 pm	
			Title XVIIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	28,507,941		28,507,941			30.00
31.00	03100	INTENSIVE CARE UNIT	6,548,937		6,548,937			31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	3,315,470		3,315,470			32.00
41.00	04100	SUBPROVIDER - IRF	12,255,901		12,255,901			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,465,903		1,465,903			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	19,808,467	19,257,294	39,065,761	0.189382	0.000000	50.00
50.01	05001	OUTPATIENT SURGERY	3,870,423	7,219,926	11,090,349	0.267977	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,769,136	2,884,813	5,653,949	0.220689	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	6,522,069	9,293,495	15,815,564	0.287245	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,599,577	30,033,545	44,633,122	0.102365	0.000000	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,380,885	3,131,667	5,512,552	0.236910	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	267,303	8,613,796	8,881,099	0.216460	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,319,630	7,635,256	8,954,886	0.447044	0.000000	56.00
60.00	06000	LABORATORY	23,588,957	23,916,162	47,505,119	0.144825	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,053,947	279,129	2,333,076	0.238889	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	12,540,466	624,648	13,165,114	0.158280	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,941,812	11,137,892	18,079,704	0.425753	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,301,296	38,616	2,339,912	0.290849	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	730,118	543,933	1,274,051	0.325218	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,293,130	6,764,151	12,057,281	0.118278	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	310,385	2,199,853	2,510,238	0.262080	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,550,065	7,871,820	23,421,885	0.186924	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,383,362	5,219,563	17,602,925	0.650303	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,741,332	12,249,159	54,990,491	0.096920	0.000000	73.00
76.00	03630	ULTRA SOUND	2,317,166	6,774,141	9,091,307	0.112818	0.000000	76.00
76.01	03951	PAIN CLINIC	35,406	4,228,293	4,263,699	0.361495	0.000000	76.01
76.02	03952	CATH LAB	11,173,380	15,399,693	26,573,073	0.126113	0.000000	76.02
76.03	03953	ACTIVITY THERAPEUTIC	2,863,068	2,458,733	5,321,801	0.651071	0.000000	76.03
76.04	03954	WOUND CARE CENTER	32,524	1,839,675	1,872,199	0.477760	0.000000	76.04
76.05	03340	BARIATRIC CLINIC	841	465,389	466,230	1.865678	0.000000	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	0.000000	76.07
76.08	03955	ANTI COAGULATION CLINIC	4,362	1,203,278	1,207,640	0.783510	0.000000	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	9,305,318	23,795,374	33,100,692	0.203040	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,587,786	2,800,133	4,387,919	0.781980	0.000000	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	255,386,363	217,879,427	473,265,790			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	255,386,363	217,879,427	473,265,790			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/30/2016 4:19 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT			32.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.189382		50.00
50.01	05001 OUTPATIENT SURGERY	0.269194		50.01
51.00	05100 RECOVERY ROOM	0.220689		51.00
53.00	05300 ANESTHESIOLOGY	0.287245		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.102365		54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0.236910		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.216460		55.00
56.00	05600 RADIOISOTOPE	0.447044		56.00
60.00	06000 LABORATORY	0.145166		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.238889		63.00
65.00	06500 RESPIRATORY THERAPY	0.158280		65.00
66.00	06600 PHYSICAL THERAPY	0.426038		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.290849		67.00
68.00	06800 SPEECH PATHOLOGY	0.325218		68.00
69.00	06900 ELECTROCARDIOLOGY	0.118278		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.262080		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.186924		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.650303		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.096920		73.00
76.00	03630 ULTRA SOUND	0.112818		76.00
76.01	03951 PAIN CLINIC	0.361495		76.01
76.02	03952 CATH LAB	0.126210		76.02
76.03	03953 ACTIVITY THERAPEUTIC	0.651071		76.03
76.04	03954 WOUND CARE CENTER	0.477905		76.04
76.05	03340 BARIATRIC CLINIC	1.865678		76.05
76.06	03030 HEALTHY LIVING CENTER	0.000000		76.06
76.07	03950 CV RESOURCE CENTER	0.000000		76.07
76.08	03955 ANTI COAGULATION CLINIC	0.783736		76.08
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.203094		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.781980		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150090

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2016 4:19 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	23,522,135	23,522,135	6,256	23,528,391	30.00
31.00	03100 INTENSIVE CARE UNIT	4,233,581	4,233,581	0	4,233,581	31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT	2,192,961	2,192,961	501	2,193,462	32.00
41.00	04100 SUBPROVIDER - IRF	4,941,998	4,941,998	0	4,941,998	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	1,491,311	1,491,311	0	1,491,311	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	7,398,349	7,398,349	0	7,398,349	50.00
50.01	05001 OUTPATIENT SURGERY	2,971,960	2,971,960	13,494	2,985,454	50.01
51.00	05100 RECOVERY ROOM	1,247,765	1,247,765	0	1,247,765	51.00
53.00	05300 ANESTHESIOLOGY	4,542,949	4,542,949	0	4,542,949	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,568,880	4,568,880	0	4,568,880	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	1,305,979	1,305,979	0	1,305,979	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	1,922,406	1,922,406	0	1,922,406	55.00
56.00	05600 RADIOISOTOPE	4,003,230	4,003,230	0	4,003,230	56.00
60.00	06000 LABORATORY	6,879,915	6,879,915	16,193	6,896,108	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	557,346	557,346	0	557,346	63.00
65.00	06500 RESPIRATORY THERAPY	2,083,777	2,083,777	0	2,083,777	65.00
66.00	06600 PHYSICAL THERAPY	7,697,480	7,697,480	5,162	7,702,642	66.00
67.00	06700 OCCUPATIONAL THERAPY	680,561	680,561	0	680,561	67.00
68.00	06800 SPEECH PATHOLOGY	414,344	414,344	0	414,344	68.00
69.00	06900 ELECTROCARDIOLOGY	1,426,111	1,426,111	0	1,426,111	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	657,882	657,882	0	657,882	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,378,115	4,378,115	0	4,378,115	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	11,447,236	11,447,236	0	11,447,236	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,329,704	5,329,704	0	5,329,704	73.00
76.00	03630 ULTRA SOUND	1,025,666	1,025,666	0	1,025,666	76.00
76.01	03951 PAIN CLINIC	1,541,307	1,541,307	0	1,541,307	76.01
76.02	03952 CATH LAB	3,351,212	3,351,212	2,564	3,353,776	76.02
76.03	03953 ACTIVITY THERAPEUTIC	3,464,868	3,464,868	0	3,464,868	76.03
76.04	03954 WOUND CARE CENTER	894,461	894,461	272	894,733	76.04
76.05	03340 BARIATRIC CLINIC	869,835	869,835	0	869,835	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	29,367	29,367	0	29,367	76.07
76.08	03955 ANTI COAGULATION CLINIC	946,198	946,198	273	946,471	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY	6,720,766	6,720,766	1,779	6,722,545	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,431,264	3,431,264	0	3,431,264	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	128,170,919	128,170,919	46,494	128,217,413	200.00
201.00	Less Observation Beds	3,431,264	3,431,264	0	3,431,264	201.00
202.00	Total (see instructions)	124,739,655	124,739,655	46,494	124,786,149	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150090

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2016 4:19 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	28,507,941		28,507,941		30.00
31.00	03100	INTENSIVE CARE UNIT	6,548,937		6,548,937		31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	3,315,470		3,315,470		32.00
41.00	04100	SUBPROVIDER - IRF	12,255,901		12,255,901		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,465,903		1,465,903		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	19,808,467	19,257,294	39,065,761	0.189382	50.00
50.01	05001	OUTPATIENT SURGERY	3,870,423	7,219,926	11,090,349	0.267977	50.01
51.00	05100	RECOVERY ROOM	2,769,136	2,884,813	5,653,949	0.220689	51.00
53.00	05300	ANESTHESIOLOGY	6,522,069	9,293,495	15,815,564	0.287245	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,599,577	30,033,545	44,633,122	0.102365	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,380,885	3,131,667	5,512,552	0.236910	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	267,303	8,613,796	8,881,099	0.216460	55.00
56.00	05600	RADIOISOTOPE	1,319,630	7,635,256	8,954,886	0.447044	56.00
60.00	06000	LABORATORY	23,588,957	23,916,162	47,505,119	0.144825	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,053,947	279,129	2,333,076	0.238889	63.00
65.00	06500	RESPIRATORY THERAPY	12,540,466	624,648	13,165,114	0.158280	65.00
66.00	06600	PHYSICAL THERAPY	6,941,812	11,137,892	18,079,704	0.425753	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,301,296	38,616	2,339,912	0.290849	67.00
68.00	06800	SPEECH PATHOLOGY	730,118	543,933	1,274,051	0.325218	68.00
69.00	06900	ELECTROCARDIOLOGY	5,293,130	6,764,151	12,057,281	0.118278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	310,385	2,199,853	2,510,238	0.262080	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,550,065	7,871,820	23,421,885	0.186924	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,383,362	5,219,563	17,602,925	0.650303	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,741,332	12,249,159	54,990,491	0.096920	73.00
76.00	03630	ULTRA SOUND	2,317,166	6,774,141	9,091,307	0.112818	76.00
76.01	03951	PAIN CLINIC	35,406	4,228,293	4,263,699	0.361495	76.01
76.02	03952	CATH LAB	11,173,380	15,399,693	26,573,073	0.126113	76.02
76.03	03953	ACTIVITY THERAPEUTIC	2,863,068	2,458,733	5,321,801	0.651071	76.03
76.04	03954	WOUND CARE CENTER	32,524	1,839,675	1,872,199	0.477760	76.04
76.05	03340	BARIATRIC CLINIC	841	465,389	466,230	1.865678	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	76.07
76.08	03955	ANTI COAGULATION CLINIC	4,362	1,203,278	1,207,640	0.783510	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	9,305,318	23,795,374	33,100,692	0.203040	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,587,786	2,800,133	4,387,919	0.781980	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	255,386,363	217,879,427	473,265,790		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	255,386,363	217,879,427	473,265,790		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/30/2016 4:19 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT			32.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	OUTPATIENT SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03630	ULTRA SOUND	0.000000		76.00
76.01	03951	PAIN CLINIC	0.000000		76.01
76.02	03952	CATH LAB	0.000000		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.000000		76.03
76.04	03954	WOUND CARE CENTER	0.000000		76.04
76.05	03340	BARIATRIC CLINIC	0.000000		76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0.000000		76.07
76.08	03955	ANTI COAGULATION CLINIC	0.000000		76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/30/2016 4:19 pm
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Cost Center Description	Title XVIII			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,040,919	0	2,040,919	22,738	89.76	30.00
31.00	INTENSIVE CARE UNIT	385,824		385,824	2,254	171.17	31.00
32.00	NEONATAL INTENSIVE CARE UNIT	38,056		38,056	820	46.41	32.00
41.00	SUBPROVIDER - IRF	159,666	0	159,666	6,896	23.15	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	6,986		6,986	827	8.45	43.00
200.00	Total (Lines 30-199)	2,631,451		2,631,451	33,535		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
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INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	10,266	921,476	30.00
31.00	INTENSIVE CARE UNIT	1,417	242,548	31.00
32.00	NEONATAL INTENSIVE CARE UNIT	0	0	32.00
41.00	SUBPROVIDER - IRF	5,046	116,815	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	16,729	1,280,839	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/30/2016 4:19 pm
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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)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,338,623	39,065,761	0.034266	6,762,536	231,725	50.00
50.01	05001	OUTPATIENT SURGERY	367,537	11,090,349	0.033140	2,094,148	69,400	50.01
51.00	05100	RECOVERY ROOM	129,809	5,653,949	0.022959	1,019,329	23,403	51.00
53.00	05300	ANESTHESIOLOGY	183,279	15,815,564	0.011589	2,518,438	29,186	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	367,179	44,633,122	0.008227	6,957,615	57,240	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	286,029	5,512,552	0.051887	1,322,423	68,617	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	274,314	8,881,099	0.030887	108,690	3,357	55.00
56.00	05600	RADIOISOTOPE	181,540	8,954,886	0.020273	768,230	15,574	56.00
60.00	06000	LABORATORY	164,078	47,505,119	0.003454	10,485,375	36,216	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,065	2,333,076	0.021459	929,526	19,947	63.00
65.00	06500	RESPIRATORY THERAPY	117,351	13,165,114	0.008914	6,685,078	59,591	65.00
66.00	06600	PHYSICAL THERAPY	90,650	18,079,704	0.005014	793,098	3,977	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,968	2,339,912	0.005969	475,303	2,837	67.00
68.00	06800	SPEECH PATHOLOGY	12,891	1,274,051	0.010118	160,542	1,624	68.00
69.00	06900	ELECTROCARDIOLOGY	176,879	12,057,281	0.014670	2,833,745	41,571	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	104,004	2,510,238	0.041432	151,654	6,283	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,553	23,421,885	0.002927	6,704,232	19,623	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	170,191	17,602,925	0.009668	5,665,070	54,770	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,087	54,990,491	0.000729	18,760,853	13,677	73.00
76.00	03630	ULTRA SOUND	183,943	9,091,307	0.020233	1,183,433	23,944	76.00
76.01	03951	PAIN CLINIC	240,998	4,263,699	0.056523	17,735	1,002	76.01
76.02	03952	CATH LAB	500,861	26,573,073	0.018848	5,769,844	108,750	76.02
76.03	03953	ACTIVITY THERAPEUTIC	117,311	5,321,801	0.022043	13,244	292	76.03
76.04	03954	WOUND CARE CENTER	112,949	1,872,199	0.060330	9,985	602	76.04
76.05	03340	BARIATRIC CLINIC	39,717	466,230	0.085188	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	151	0	0.000000	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	19,947	1,207,640	0.016517	2,852	47	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	429,482	33,100,692	0.012975	4,401,374	57,108	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	297,638	4,387,919	0.067831	998,921	67,758	92.00
200.00		Total (lines 50-199)	6,080,024	421,171,638		87,593,273	1,018,121	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/30/2016 4:19 pm
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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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,738	0.00	10,266	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,254	0.00	1,417	0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	820	0.00	0	0	32.00
41.00	04100	SUBPROVIDER - I RF	6,896	0.00	5,046	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	827	0.00	0	0	43.00
200.00		Total (lines 30-199)	33,535		16,729	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/30/2016 4:19 pm
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	0	0	0	76.01
76.02	03952	CATH LAB	0	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	0	0	0	0	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/30/2016 4:19 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	39,065,761	0.000000	0.000000	6,762,536	50.00
50.01	05001 OUTPATIENT SURGERY	0	11,090,349	0.000000	0.000000	2,094,148	50.01
51.00	05100 RECOVERY ROOM	0	5,653,949	0.000000	0.000000	1,019,329	51.00
53.00	05300 ANESTHESIOLOGY	0	15,815,564	0.000000	0.000000	2,518,438	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	44,633,122	0.000000	0.000000	6,957,615	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	5,512,552	0.000000	0.000000	1,322,423	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	8,881,099	0.000000	0.000000	108,690	55.00
56.00	05600 RADIOISOTOPE	0	8,954,886	0.000000	0.000000	768,230	56.00
60.00	06000 LABORATORY	0	47,505,119	0.000000	0.000000	10,485,375	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,333,076	0.000000	0.000000	929,526	63.00
65.00	06500 RESPIRATORY THERAPY	0	13,165,114	0.000000	0.000000	6,685,078	65.00
66.00	06600 PHYSICAL THERAPY	0	18,079,704	0.000000	0.000000	793,098	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,339,912	0.000000	0.000000	475,303	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,274,051	0.000000	0.000000	160,542	68.00
69.00	06900 ELECTROCARDIOLOGY	0	12,057,281	0.000000	0.000000	2,833,745	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,510,238	0.000000	0.000000	151,654	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,421,885	0.000000	0.000000	6,704,232	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	17,602,925	0.000000	0.000000	5,665,070	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	54,990,491	0.000000	0.000000	18,760,853	73.00
76.00	03630 ULTRA SOUND	0	9,091,307	0.000000	0.000000	1,183,433	76.00
76.01	03951 PAIN CLINIC	0	4,263,699	0.000000	0.000000	17,735	76.01
76.02	03952 CATH LAB	0	26,573,073	0.000000	0.000000	5,769,844	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0	5,321,801	0.000000	0.000000	13,244	76.03
76.04	03954 WOUND CARE CENTER	0	1,872,199	0.000000	0.000000	9,985	76.04
76.05	03340 BARIATRIC CLINIC	0	466,230	0.000000	0.000000	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0.000000	0.000000	0	76.06
76.07	03950 CV RESOURCE CENTER	0	0	0.000000	0.000000	0	76.07
76.08	03955 ANTI COAGULATION CLINIC	0	1,207,640	0.000000	0.000000	2,852	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	33,100,692	0.000000	0.000000	4,401,374	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	4,387,919	0.000000	0.000000	998,921	92.00
200.00	Total (lines 50-199)	0	421,171,638			87,593,273	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/30/2016 4:19 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	4,320,166	0	50.00
50.01	05001 OUTPATIENT SURGERY	0	2,162,654	0	50.01
51.00	05100 RECOVERY ROOM	0	591,811	0	51.00
53.00	05300 ANESTHESIOLOGY	0	2,550,266	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,962,319	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	745,615	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	3,156,975	0	55.00
56.00	05600 RADIOISOTOPE	0	3,415,056	0	56.00
60.00	06000 LABORATORY	0	3,790,643	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63,972	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	206,710	0	65.00
66.00	06600 PHYSICAL THERAPY	0	23,068	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,911	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	22,433	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,520,464	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	740,479	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,733,708	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,498,645	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,445,426	0	73.00
76.00	03630 ULTRA SOUND	0	1,624,799	0	76.00
76.01	03951 PAIN CLINIC	0	1,711,804	0	76.01
76.02	03952 CATH LAB	0	8,013,653	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0	45,011	0	76.03
76.04	03954 WOUND CARE CENTER	0	1,041,174	0	76.04
76.05	03340 BARIATRIC CLINIC	0	56,643	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	0	0	0	76.07
76.08	03955 ANTI COAGULATION CLINIC	0	895,739	0	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0	4,658,603	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	929,643	0	92.00
200.00	Total (lines 50-199)	0	61,930,390	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/30/2016 4:19 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.189382	4,320,166	0	0	818,162	50.00
50.01	05001	OUTPATIENT SURGERY	0.267977	2,162,654	0	0	579,542	50.01
51.00	05100	RECOVERY ROOM	0.220689	591,811	0	0	130,606	51.00
53.00	05300	ANESTHESIOLOGY	0.287245	2,550,266	0	0	732,551	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102365	8,962,319	0	0	917,428	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.236910	745,615	0	0	176,644	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.216460	3,156,975	0	0	683,359	55.00
56.00	05600	RADIOISOTOPE	0.447044	3,415,056	0	0	1,526,680	56.00
60.00	06000	LABORATORY	0.144825	3,790,643	2,843	0	548,980	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.238889	63,972	0	0	15,282	63.00
65.00	06500	RESPIRATORY THERAPY	0.158280	206,710	0	0	32,718	65.00
66.00	06600	PHYSICAL THERAPY	0.425753	23,068	0	0	9,821	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.290849	2,911	0	0	847	67.00
68.00	06800	SPEECH PATHOLOGY	0.325218	22,433	0	0	7,296	68.00
69.00	06900	ELECTROCARDIOLOGY	0.118278	2,520,464	0	0	298,115	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.262080	740,479	0	0	194,065	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.186924	2,733,708	0	0	510,996	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.650303	2,498,645	0	0	1,624,876	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.096920	4,445,426	0	71,229	430,851	73.00
76.00	03630	ULTRA SOUND	0.112818	1,624,799	0	0	183,307	76.00
76.01	03951	PAIN CLINIC	0.361495	1,711,804	0	0	618,809	76.01
76.02	03952	CATH LAB	0.126113	8,013,653	0	0	1,010,626	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.651071	45,011	0	0	29,305	76.03
76.04	03954	WOUND CARE CENTER	0.477760	1,041,174	0	0	497,431	76.04
76.05	03340	BARIATRIC CLINIC	1.865678	56,643	0	0	105,678	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0.783510	895,739	0	0	701,820	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0.203040	4,658,603	0	0	945,883	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.781980	929,643	0	0	726,962	92.00
200.00		Subtotal (see instructions)		61,930,390	2,843	71,229	14,058,640	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		61,930,390	2,843	71,229	14,058,640	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/30/2016 4:19 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OUTPATIENT SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	412	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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 PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,904		73.00
76.00 03630 ULTRASOUND	0	0		76.00
76.01 03951 PAIN CLINIC	0	0		76.01
76.02 03952 CATH LAB	0	0		76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0		76.03
76.04 03954 WOUND CARE CENTER	0	0		76.04
76.05 03340 BARIATRIC CLINIC	0	0		76.05
76.06 03030 HEALTHY LIVING CENTER	0	0		76.06
76.07 03950 CV RESOURCE CENTER	0	0		76.07
76.08 03955 ANTICOAGULATION CLINIC	0	0		76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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)	412	6,904		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	412	6,904		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150090 Component CCN: 15T090		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/30/2016 4:19 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,338,623	39,065,761	0.034266	38,636	1,324	50.00
50.01	05001 OUTPATIENT SURGERY	367,537	11,090,349	0.033140	70,671	2,342	50.01
51.00	05100 RECOVERY ROOM	129,809	5,653,949	0.022959	10,185	234	51.00
53.00	05300 ANESTHESIOLOGY	183,279	15,815,564	0.011589	36,616	424	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	367,179	44,633,122	0.008227	395,261	3,252	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	286,029	5,512,552	0.051887	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	274,314	8,881,099	0.030887	0	0	55.00
56.00	05600 RADIOISOTOPE	181,540	8,954,886	0.020273	0	0	56.00
60.00	06000 LABORATORY	164,078	47,505,119	0.003454	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	50,065	2,333,076	0.021459	26,783	575	63.00
65.00	06500 RESPIRATORY THERAPY	117,351	13,165,114	0.008914	2,183,320	19,462	65.00
66.00	06600 PHYSICAL THERAPY	90,650	18,079,704	0.005014	3,356,508	16,830	66.00
67.00	06700 OCCUPATIONAL THERAPY	13,968	2,339,912	0.005969	1,600,109	9,551	67.00
68.00	06800 SPEECH PATHOLOGY	12,891	1,274,051	0.010118	467,640	4,732	68.00
69.00	06900 ELECTROCARDIOLOGY	176,879	12,057,281	0.014670	179,171	2,628	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	104,004	2,510,238	0.041432	7,268	301	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	68,553	23,421,885	0.002927	779,638	2,282	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	170,191	17,602,925	0.009668	17,329	168	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,087	54,990,491	0.000729	2,185,482	1,593	73.00
76.00	03630 ULTRA SOUND	183,943	9,091,307	0.020233	109,768	2,221	76.00
76.01	03951 PAIN CLINIC	240,998	4,263,699	0.056523	0	0	76.01
76.02	03952 CATH LAB	500,861	26,573,073	0.018848	0	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	117,311	5,321,801	0.022043	0	0	76.03
76.04	03954 WOUND CARE CENTER	112,949	1,872,199	0.060330	0	0	76.04
76.05	03340 BARIATRIC CLINIC	39,717	466,230	0.085188	0	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950 CV RESOURCE CENTER	151	0	0.000000	0	0	76.07
76.08	03955 ANTI COAGULATION CLINIC	19,947	1,207,640	0.016517	0	0	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	429,482	33,100,692	0.012975	259,153	3,363	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	4,387,919	0.000000	0	0	92.00
200.00	Total (lines 50-199)	5,782,386	421,171,638		11,723,538	71,282	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/30/2016 4:19 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03630 ULTRA SOUND	0	0	0	0	0	76.00
76.01 03951 PAIN CLINIC	0	0	0	0	0	76.01
76.02 03952 CATH LAB	0	0	0	0	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0	0	0	0	76.03
76.04 03954 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05 03340 BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08 03955 ANTI COAGULATION CLINIC	0	0	0	0	0	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/30/2016 4:19 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C. Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	39,065,761	0.000000	0.000000	38,636	50.00
50.01	05001	OUTPATIENT SURGERY	0	11,090,349	0.000000	0.000000	70,671	50.01
51.00	05100	RECOVERY ROOM	0	5,653,949	0.000000	0.000000	10,185	51.00
53.00	05300	ANESTHESIOLOGY	0	15,815,564	0.000000	0.000000	36,616	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,633,122	0.000000	0.000000	395,261	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	5,512,552	0.000000	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,881,099	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	8,954,886	0.000000	0.000000	0	56.00
60.00	06000	LABORATORY	0	47,505,119	0.000000	0.000000	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,333,076	0.000000	0.000000	26,783	63.00
65.00	06500	RESPIRATORY THERAPY	0	13,165,114	0.000000	0.000000	2,183,320	65.00
66.00	06600	PHYSICAL THERAPY	0	18,079,704	0.000000	0.000000	3,356,508	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,339,912	0.000000	0.000000	1,600,109	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,274,051	0.000000	0.000000	467,640	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,057,281	0.000000	0.000000	179,171	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,510,238	0.000000	0.000000	7,268	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,421,885	0.000000	0.000000	779,638	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,602,925	0.000000	0.000000	17,329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	54,990,491	0.000000	0.000000	2,185,482	73.00
76.00	03630	ULTRA SOUND	0	9,091,307	0.000000	0.000000	109,768	76.00
76.01	03951	PAIN CLINIC	0	4,263,699	0.000000	0.000000	0	76.01
76.02	03952	CATH LAB	0	26,573,073	0.000000	0.000000	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	5,321,801	0.000000	0.000000	0	76.03
76.04	03954	WOUND CARE CENTER	0	1,872,199	0.000000	0.000000	0	76.04
76.05	03340	BARITRIC CLINIC	0	466,230	0.000000	0.000000	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0.000000	0.000000	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	1,207,640	0.000000	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	33,100,692	0.000000	0.000000	259,153	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,387,919	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	421,171,638			11,723,538	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/30/2016 4:19 pm
	Component CCN: 15T090	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 OUTPATIENT SURGERY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
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 PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03630 ULTRA SOUND	0	0	0	76.00
76.01	03951 PAIN CLINIC	0	0	0	76.01
76.02	03952 CATH LAB	0	0	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0	0	0	76.03
76.04	03954 WOUND CARE CENTER	0	0	0	76.04
76.05	03340 BARIATRIC CLINIC	0	0	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	0	0	0	76.07
76.08	03955 ANTI COAGULATION CLINIC	0	0	0	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150090 Component CCN: 15T090		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/30/2016 4:19 pm	
			Title XIX		Subprovider - IRF		Tefra	
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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,338,623	39,065,761	0.034266	2,086	71	50.00
50.01	05001	OUTPATIENT SURGERY	367,537	11,090,349	0.033140	3,816	126	50.01
51.00	05100	RECOVERY ROOM	129,809	5,653,949	0.022959	550	13	51.00
53.00	05300	ANESTHESIOLOGY	183,279	15,815,564	0.011589	1,977	23	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	367,179	44,633,122	0.008227	21,341	176	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	286,029	5,512,552	0.051887	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	274,314	8,881,099	0.030887	0	0	55.00
56.00	05600	RADIOISOTOPE	181,540	8,954,886	0.020273	0	0	56.00
60.00	06000	LABORATORY	164,078	47,505,119	0.003454	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,065	2,333,076	0.021459	1,446	31	63.00
65.00	06500	RESPIRATORY THERAPY	117,351	13,165,114	0.008914	117,885	1,051	65.00
66.00	06600	PHYSICAL THERAPY	90,650	18,079,704	0.005014	131,555	660	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,968	2,339,912	0.005969	127,430	761	67.00
68.00	06800	SPEECH PATHOLOGY	12,891	1,274,051	0.010118	33,888	343	68.00
69.00	06900	ELECTROCARDIOLOGY	176,879	12,057,281	0.014670	9,674	142	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	104,004	2,510,238	0.041432	392	16	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,553	23,421,885	0.002927	42,095	123	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	170,191	17,602,925	0.009668	936	9	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,087	54,990,491	0.000729	118,001	86	73.00
76.00	03630	ULTRA SOUND	183,943	9,091,307	0.020233	5,927	120	76.00
76.01	03951	PAIN CLINIC	240,998	4,263,699	0.056523	0	0	76.01
76.02	03952	CATH LAB	500,861	26,573,073	0.018848	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	117,311	5,321,801	0.022043	0	0	76.03
76.04	03954	WOUND CARE CENTER	112,949	1,872,199	0.060330	0	0	76.04
76.05	03340	BARIATRIC CLINIC	39,717	466,230	0.085188	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	151	0	0.000000	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	19,947	1,207,640	0.016517	0	0	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	429,482	33,100,692	0.012975	13,993	182	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,387,919	0.000000	0	0	92.00
200.00		Total (lines 50-199)	5,782,386	421,171,638		632,992	3,933	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/30/2016 4:19 pm
	Title XIX	Subprovider - IRF	Tefra

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	0	0	76.01
76.02	03952	CATH LAB	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	0	0	0	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/30/2016 4:19 pm
Title XIX		Subprovider - IRF	Tefra

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	39,065,761	0.000000	0.000000	2,086	50.00
50.01 05001 OUTPATIENT SURGERY	0	11,090,349	0.000000	0.000000	3,816	50.01
51.00 05100 RECOVERY ROOM	0	5,653,949	0.000000	0.000000	550	51.00
53.00 05300 ANESTHESIOLOGY	0	15,815,564	0.000000	0.000000	1,977	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	44,633,122	0.000000	0.000000	21,341	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	5,512,552	0.000000	0.000000	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	8,881,099	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	8,954,886	0.000000	0.000000	0	56.00
60.00 06000 LABORATORY	0	47,505,119	0.000000	0.000000	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,333,076	0.000000	0.000000	1,446	63.00
65.00 06500 RESPIRATORY THERAPY	0	13,165,114	0.000000	0.000000	117,885	65.00
66.00 06600 PHYSICAL THERAPY	0	18,079,704	0.000000	0.000000	131,555	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,339,912	0.000000	0.000000	127,430	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,274,051	0.000000	0.000000	33,888	68.00
69.00 06900 ELECTROCARDIOLOGY	0	12,057,281	0.000000	0.000000	9,674	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,510,238	0.000000	0.000000	392	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,421,885	0.000000	0.000000	42,095	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	17,602,925	0.000000	0.000000	936	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	54,990,491	0.000000	0.000000	118,001	73.00
76.00 03630 ULTRA SOUND	0	9,091,307	0.000000	0.000000	5,927	76.00
76.01 03951 PAIN CLINIC	0	4,263,699	0.000000	0.000000	0	76.01
76.02 03952 CATH LAB	0	26,573,073	0.000000	0.000000	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	5,321,801	0.000000	0.000000	0	76.03
76.04 03954 WOUND CARE CENTER	0	1,872,199	0.000000	0.000000	0	76.04
76.05 03340 BARIATRIC CLINIC	0	466,230	0.000000	0.000000	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0.000000	0.000000	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0.000000	0.000000	0	76.07
76.08 03955 ANTI COAGULATION CLINIC	0	1,207,640	0.000000	0.000000	0	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0	33,100,692	0.000000	0.000000	13,993	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	4,387,919	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	421,171,638			632,992	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/30/2016 4:19 pm
	Component CCN: 15T090	Title XIX	Subprovider - IRF Tefra

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	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
60.00 06000 LABORATORY	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
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 PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03630 ULTRA SOUND	0	0	0	76.00
76.01 03951 PAIN CLINIC	0	0	0	76.01
76.02 03952 CATH LAB	0	0	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0	0	76.03
76.04 03954 WOUND CARE CENTER	0	0	0	76.04
76.05 03340 BARIATRIC CLINIC	0	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0	76.07
76.08 03955 ANTI COAGULATION CLINIC	0	0	0	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/30/2016 4:19 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,738	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,738	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)		19,422	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)		10,266	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
<b>SWING BED ADJUSTMENT</b>				
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)		23,528,391	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)		23,528,391	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		23,528,391	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,034.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,622,846	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)		10,622,846	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/30/2016 4:19 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,233,581	2,254	1,878.25	1,417	2,661,480	43.00
44.00	NEONATAL INTENSIVE CARE UNIT	2,193,462	820	2,674.95	0	0	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)					17,205,106	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,489,432	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)					1,164,024	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,018,121	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,182,145	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					28,307,287	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)					3,316	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,034.76	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,431,264	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/30/2016 4:19 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,040,919	23,528,391	0.086743	3,431,264	297,638	90.00
91.00	Nursing School cost	0	23,528,391	0.000000	3,431,264	0	91.00
92.00	Allied health cost	0	23,528,391	0.000000	3,431,264	0	92.00
93.00	All other Medical Education	0	23,528,391	0.000000	3,431,264	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/30/2016 4:19 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			6,896 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			6,896 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)			6,896 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)			5,046 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
<b>SWING BED ADJUSTMENT</b>				
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)			4,941,998 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)			4,941,998 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			4,941,998 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			716.65 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,616,216 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)			3,616,216 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
					Component CCN: 15T090		Date/Time Prepared: 5/30/2016 4:19 pm
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	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
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,935,949		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,552,165		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					116,815		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					71,282		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					188,097		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,364,068		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090 Component CCN: 15T090		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/30/2016 4:19 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	159,666	4,941,998	0.032308	0	0	90.00
91.00	Nursing School cost	0	4,941,998	0.000000	0	0	91.00
92.00	Allied health cost	0	4,941,998	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,941,998	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/30/2016 4:19 pm
		Title XIX	Subprovider - IRF	Tefra
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			6,896 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			6,896 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)			6,896 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)			289 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)			827 15.00
16.00	Nursery days (title V or XIX only)			325 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			4,941,998 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)			4,941,998 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			4,941,998 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			716.65 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			207,112 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)			207,112 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15T090				Date/Time Prepared: 5/30/2016 4:19 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					152,062	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					359,174	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,933	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,933	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					355,241	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					24	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)					-355,241	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)					3,933	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090 Component CCN: 15T090		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/30/2016 4:19 pm	
		Title XIX		Subprovider - IRF		Tefra	
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	0	4,941,998	0.000000	0	0	90.00
91.00	Nursing School cost	0	4,941,998	0.000000	0	0	91.00
92.00	Allied health cost	0	4,941,998	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,941,998	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/30/2016 4:19 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		13,770,891	30.00
31.00	03100	INTENSIVE CARE UNIT		3,879,541	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.189382	6,762,536	50.00
50.01	05001	OUTPATIENT SURGERY	0.269194	2,094,148	50.01
51.00	05100	RECOVERY ROOM	0.220689	1,019,329	51.00
53.00	05300	ANESTHESIOLOGY	0.287245	2,518,438	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102365	6,957,615	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.236910	1,322,423	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.216460	108,690	55.00
56.00	05600	RADIOISOTOPE	0.447044	768,230	56.00
60.00	06000	LABORATORY	0.145166	10,485,375	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.238889	929,526	63.00
65.00	06500	RESPIRATORY THERAPY	0.158280	6,685,078	65.00
66.00	06600	PHYSICAL THERAPY	0.426038	793,098	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.290849	475,303	67.00
68.00	06800	SPEECH PATHOLOGY	0.325218	160,542	68.00
69.00	06900	ELECTROCARDIOLOGY	0.118278	2,833,745	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.262080	151,654	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.186924	6,704,232	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.650303	5,665,070	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.096920	18,760,853	73.00
76.00	03630	ULTRA SOUND	0.112818	1,183,433	76.00
76.01	03951	PAIN CLINIC	0.361495	17,735	76.01
76.02	03952	CATH LAB	0.126210	5,769,844	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.651071	13,244	76.03
76.04	03954	WOUND CARE CENTER	0.477905	9,985	76.04
76.05	03340	BARIATRIC CLINIC	1.865678	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.783736	2,852	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.203094	4,401,374	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.781980	998,921	92.00
200.00		Total (sum of lines 50-94 and 96-98)		87,593,273	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)		87,593,273	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15T090		Date/Time Prepared: 5/30/2016 4:19 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		5,795,023	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.189382	38,636	50.00
50.01	05001	OUTPATIENT SURGERY	0.269194	70,671	50.01
51.00	05100	RECOVERY ROOM	0.220689	10,185	51.00
53.00	05300	ANESTHESIOLOGY	0.287245	36,616	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102365	395,261	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.236910	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.216460	0	55.00
56.00	05600	RADIOISOTOPE	0.447044	0	56.00
60.00	06000	LABORATORY	0.145166	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.238889	26,783	63.00
65.00	06500	RESPIRATORY THERAPY	0.158280	2,183,320	65.00
66.00	06600	PHYSICAL THERAPY	0.426038	3,356,508	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.290849	1,600,109	67.00
68.00	06800	SPEECH PATHOLOGY	0.325218	467,640	68.00
69.00	06900	ELECTROCARDIOLOGY	0.118278	179,171	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.262080	7,268	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.186924	779,638	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.650303	17,329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.096920	2,185,482	73.00
76.00	03630	ULTRA SOUND	0.112818	109,768	76.00
76.01	03951	PAIN CLINIC	0.361495	0	76.01
76.02	03952	CATH LAB	0.126210	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.651071	0	76.03
76.04	03954	WOUND CARE CENTER	0.477905	0	76.04
76.05	03340	BARIATRIC CLINIC	1.865678	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0.783736	0	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.203094	259,153	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.781980	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		11,723,538	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)		11,723,538	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/30/2016 4:19 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		2,590,701	30.00
31.00	03100	INTENSIVE CARE UNIT		346,923	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		1,868,825	32.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.189382	2,724,014	50.00
50.01	05001	OUTPATIENT SURGERY	0.267977	237,189	50.01
51.00	05100	RECOVERY ROOM	0.220689	238,305	51.00
53.00	05300	ANESTHESIOLOGY	0.287245	539,707	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102365	888,496	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.236910	135,645	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.216460	7,305	55.00
56.00	05600	RADIOISOTOPE	0.447044	52,033	56.00
60.00	06000	LABORATORY	0.144825	2,219,216	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.238889	165,044	63.00
65.00	06500	RESPIRATORY THERAPY	0.158280	742,224	65.00
66.00	06600	PHYSICAL THERAPY	0.425753	109,361	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.290849	93,774	67.00
68.00	06800	SPEECH PATHOLOGY	0.325218	67,030	68.00
69.00	06900	ELECTROCARDIOLOGY	0.118278	285,784	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.262080	7,282	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.186924	94,123	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.650303	639,508	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.096920	2,861,133	73.00
76.00	03630	ULTRA SOUND	0.112818	133,661	76.00
76.01	03951	PAIN CLINIC	0.361495	3,446	76.01
76.02	03952	CATH LAB	0.126113	862,500	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.651071	1,070,910	76.03
76.04	03954	WOUND CARE CENTER	0.477760	3,164	76.04
76.05	03340	BARIATRIC CLINIC	1.865678	644	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.783510	135	76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.203040	852,437	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.781980	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		15,034,070	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)		15,034,070	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15T090		Date/Time Prepared: 5/30/2016 4:19 pm	
		Title XIX	Subprovider - IRF	Tefra	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		312,396	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.189382	2,086	395 50.00
50.01	05001	OUTPATIENT SURGERY	0.267977	3,816	1,023 50.01
51.00	05100	RECOVERY ROOM	0.220689	550	121 51.00
53.00	05300	ANESTHESIOLOGY	0.287245	1,977	568 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102365	21,341	2,185 54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.236910	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.216460	0	0 55.00
56.00	05600	RADIOISOTOPE	0.447044	0	0 56.00
60.00	06000	LABORATORY	0.144825	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.238889	1,446	345 63.00
65.00	06500	RESPIRATORY THERAPY	0.158280	117,885	18,659 65.00
66.00	06600	PHYSICAL THERAPY	0.425753	131,555	56,010 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.290849	127,430	37,063 67.00
68.00	06800	SPEECH PATHOLOGY	0.325218	33,888	11,021 68.00
69.00	06900	ELECTROCARDIOLOGY	0.118278	9,674	1,144 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.262080	392	103 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.186924	42,095	7,869 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.650303	936	609 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.096920	118,001	11,437 73.00
76.00	03630	ULTRA SOUND	0.112818	5,927	669 76.00
76.01	03951	PAIN CLINIC	0.361495	0	0 76.01
76.02	03952	CATH LAB	0.126113	0	0 76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.651071	0	0 76.03
76.04	03954	WOUND CARE CENTER	0.477760	0	0 76.04
76.05	03340	BARIATRIC CLINIC	1.865678	0	0 76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0 76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0 76.07
76.08	03955	ANTI COAGULATION CLINIC	0.783510	0	0 76.08
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.203040	13,993	2,841 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.781980	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		632,992	152,062 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		632,992	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/30/2016 4:19 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		16,934,449	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,379,307	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)		967,143	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		3,485,950	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		122.92	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		7.80	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)		0.89	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).		3.26	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)		10.17	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		8.98	10.00
11.00	FTE count for residents in dental and podiatric programs.		3.50	11.00
12.00	Current year allowable FTE (see instructions)		12.48	12.00
13.00	Total allowable FTE count for the prior year.		11.94	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.		11.96	14.00
15.00	Sum of lines 12 through 14 divided by 3.		12.13	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		12.13	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.098682	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.095482	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.095482	21.00
22.00	IME payment adjustment (see instructions)		1,133,360	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		177,058	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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)		-1.19	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)		1,133,360	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		177,058	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.62	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.74	31.00
32.00	Sum of lines 30 and 31		19.36	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.33	33.00
34.00	Disproportionate share adjustment (see instructions)		297,331	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/30/2016 4:19 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000086667	0.000084041	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		662,798	538,379	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		495,736	135,330	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		631,066		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
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)		25,342,656		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)		25,519,714		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,022,649		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).		419,549		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		2,071		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		27,963,983		59.00
60.00	Primary payer payments		14,788		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		27,949,195		61.00
62.00	Deductibles billed to program beneficiaries		2,128,124		62.00
63.00	Coinurance billed to program beneficiaries		131,670		63.00
64.00	Allowable bad debts (see instructions)		263,676		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		171,389		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		93,012		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		25,860,790		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)		-96,278		70.93
70.94	HRR adjustment amount (see instructions)		-424,302		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/30/2016 4:19 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		61,997		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		25,278,213		71.00
71.01	Sequestration adjustment (see instructions)		505,564		71.01
72.00	Interim payments		23,734,898		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)		1,037,751		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)		648,902		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: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/30/2016 4:19 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			7,316 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			14,058,640 2.00
3.00	PPS payments			10,951,954 3.00
4.00	Outlier payment (see instructions)			75,473 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			7,316 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			74,072 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)			74,072 14.00
<b>Customary charges</b>				
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)			74,072 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			66,756 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)			7,316 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)			11,027,427 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)			2,159,648 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)			8,875,095 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			159,360 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			9,034,455 30.00
31.00	Primary payer payments			1,788 31.00
32.00	Subtotal (line 30 minus line 31)			9,032,667 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			333,659 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			216,878 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			162,501 36.00
37.00	Subtotal (see instructions)			9,249,545 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			9,249,545 40.00
40.01	Sequestration adjustment (see instructions)			184,991 40.01
41.00	Interim payments			9,008,137 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			56,417 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 150090

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2016 4:19 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		23,734,898		8,959,137	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	07/31/2015	49,000	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		49,000	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)		23,734,898		9,008,137	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		1,037,751		56,417	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		24,772,649		9,064,554	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150090  
Component CCN: 15T090

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2016 4:19 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		7,058,379		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)		7,058,379		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		65,787		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,124,166		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150090

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/30/2016 4:19 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			5,430 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			11,683 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1,917 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			22,496 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			473,265,790 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			14,683,419 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)			445,496 8.00
9.00	Sequestration adjustment amount (see instructions)			8,910 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			436,586 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			424,447 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)			12,139 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/30/2016 4:19 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			6,885,343 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0208 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			198,986 3.00
4.00	Outlier Payments			327,419 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			18.893151 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			7,411,748 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			7,411,748 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			7,411,748 19.00
20.00	Deductibles			20,116 20.00
21.00	Subtotal (line 19 minus line 20)			7,391,632 21.00
22.00	Coinsurance			127,780 22.00
23.00	Subtotal (line 21 minus line 22)			7,263,852 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			8,777 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			5,705 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			7,269,557 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			7,269,557 32.00
32.01	Sequestration adjustment (see instructions)			145,391 32.01
33.00	Interim payments			7,058,379 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			65,787 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			327,419 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2016 4:19 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		15,034,070	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		15,034,070	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		15,034,070	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		15,034,070	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2016 4:19 pm
		Title XIX	Subprovider - IRF	Tefra
			Inpatient 1.00	Outpatient 2.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		3,933	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,933	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,933	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		632,992	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		632,992	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		632,992	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		629,059	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		3,933	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		3,933	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		3,933	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		3,933	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		3,933	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		3,933	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		3,933	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/30/2016 4:19 pm	
		Title XVII I	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			7.76	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.86	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			3.26	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			10.16	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			8.94	6.00
7.00	Enter the lesser of line 5 or line 6			8.94	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	1.87	7.02	8.89	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	1.87	7.02	8.89	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.50		10.00
11.00	Total weighted FTE count	1.87	10.52		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.82	9.23		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.20	10.17		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	1.63	9.97		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	1.63	9.97		17.00
18.00	Per resident amount	85,409.60	80,875.36		18.00
19.00	Approved amount for resident costs	139,218	806,327	945,545	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			945,545	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	16,729	2,281		26.00
27.00	Total Inpatient Days (see instructions)	30,523	30,523		27.00
28.00	Ratio of inpatient days to total inpatient days	0.548078	0.074731		28.00
29.00	Program direct GME amount	518,232	70,662		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		9,985		30.00
31.00	Net Program direct GME amount			578,909	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/30/2016 4:19 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		37,041,597	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		14,788	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		37,026,809	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		14,065,956	42.00
43.00	Primary payer payments (see instructions)		1,788	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		14,064,168	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		51,090,977	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.724723	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.275277	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		578,909	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		419,549	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		159,360	50.00

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

Provider CCN: 150090

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

Worksheet G

Date/Time Prepared:  
5/30/2016 4:19 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	214,386,601	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	-55,789,054	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,269,808	0	0	0	6.00
7.00	Inventory	2,523,141	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,164,814	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)	157,015,694	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	347,972	0	0	0	12.00
13.00	Land improvements	9,475,046	0	0	0	13.00
14.00	Accumulated depreciation	-5,982,373	0	0	0	14.00
15.00	Buildings	68,949,781	0	0	0	15.00
16.00	Accumulated depreciation	-46,343,267	0	0	0	16.00
17.00	Leasehold improvements	1,512,208	0	0	0	17.00
18.00	Accumulated depreciation	-1,113,066	0	0	0	18.00
19.00	Fixed equipment	137,441,315	0	0	0	19.00
20.00	Accumulated depreciation	-70,360,881	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	93,926,735	0	0	0	30.00
<b>OTHER ASSETS</b>						
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	21,018	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	21,018	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	250,963,447	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	5,417,522	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,838,951	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	-360,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,425,407	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,321,880	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	224,671	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	44,144,441	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	44,369,112	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	55,690,992	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	195,272,455				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)	195,272,455	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	250,963,447	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150090

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

Worksheet G-1

Date/Time Prepared:  
5/30/2016 4:19 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		174,468,925		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		23,912,509			2.00
3.00	Total (sum of line 1 and line 2)		198,381,434		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		198,381,434		0	11.00
12.00	EQUITY TRANSFERS	3,108,979		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		3,108,979		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		195,272,455		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	EQUITY TRANSFERS		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: 150090

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2016 4:19 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	38,007,594		38,007,594	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	12,255,901		12,255,901	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	50,263,495		50,263,495	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,600,485		6,600,485	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	3,318,734		3,318,734	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)	9,919,219		9,919,219	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	60,182,714		60,182,714	17.00
18.00	Ancillary services	177,561,418	208,705,629	386,267,047	18.00
19.00	Outpatient services	9,315,908	31,273,910	40,589,818	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	247,060,040	239,979,539	487,039,579	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		141,954,954		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)		141,954,954		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150090

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

Worksheet G-3

Date/Time Prepared:  
5/30/2016 4:19 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	487,039,579	1.00
2.00	Less contractual allowances and discounts on patients' accounts	321,670,143	2.00
3.00	Net patient revenues (line 1 minus line 2)	165,369,436	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	141,954,954	4.00
5.00	Net income from service to patients (line 3 minus line 4)	23,414,482	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	52,565	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	494,334	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	515,649	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	486,641	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	115,939	20.00
21.00	Rental of vending machines	16,396	21.00
22.00	Rental of hospital space	65,386	22.00
23.00	Governmental appropriations	0	23.00
24.00	CONTRIBUTIONS OF PPE	767,089	24.00
24.01	PREMIUM REVENUE	175,696	24.01
24.02	MEANINGFUL USE	521,899	24.02
24.03	MISCELLANEOUS	104,448	24.03
25.00	Total other income (sum of lines 6-24)	3,316,042	25.00
26.00	Total (line 5 plus line 25)	26,730,524	26.00
27.00	PROVISION FOR BAD DEBTS	2,485,990	27.00
27.01	LOSS ON SALE OF ASSETS	332,025	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	2,818,015	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	23,912,509	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150090	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/30/2016 4:19 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,785,559	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		68,712	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)		64.73	3.00
4.00	Number of interns & residents (see instructions)		12.13	4.00
5.00	Indirect medical education percentage (see instructions)		5.43	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)		96,956	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.62	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.74	8.00
9.00	Sum of lines 7 and 8		19.36	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.00	10.00
11.00	Disproportionate share adjustment (see instructions)		71,422	11.00
12.00	Total prospective capital payments (see instructions)		2,022,649	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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