

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: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/26/2016 9:04 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/26/2016 Time: 9:04 am	
	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 LAPORTE HOSPITAL ( 150006 ) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	309,250	82,424	-2,094	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00 Total	0	309,250	82,424	-2,094	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 9:02 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: STATE & MADISON STREETS	PO Box: 250	Zip Code: 46350-		County: LAPORTE				1.00	
2.00	City: LAPORTE	State: IN							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	LAPORTE HOSPITAL	150006	43780	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2015	12/31/2015		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	916	135	0	3	3,138	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 9:02 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<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.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	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	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>						
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	
<b>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.</b>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000 64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	N		0.00	0.00	0.000000 65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 9:02 am																																																																																																																																																																											
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		1.00	2.00	3.00																																																																																																																																																																											
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		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																																																																																																																																																																									
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Inpatient Psychiatric Facility PPS</td> </tr> <tr> <td>70.00</td> <td>Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td></td> </tr> <tr> <td>71.00</td> <td>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)</td> <td></td> <td></td> <td></td> <td>N</td> <td>N 0</td> </tr> <tr> <td colspan="7">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td></td> </tr> <tr> <td>76.00</td> <td>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)</td> <td></td> <td></td> <td></td> <td>N</td> <td>N 0</td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Long Term Care Hospital PPS</td> </tr> <tr> <td>80.00</td> <td>Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>81.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td colspan="7">TEFRA Providers</td> </tr> <tr> <td>85.00</td> <td>Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>86.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>87.00</td> <td>Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Title V and XIX Services</td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td></td> <td>N</td> <td></td> <td>Y</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td></td> <td>N</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td>Y</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td></td> <td>N</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? 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		V 1.00	XIX 2.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	0.00	97.00
<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)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					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.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	286,280	0	0	118.01
					1.00
					2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
<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			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 9:02 am			
		1.00	2.00				
140.00	All Providers Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00			
		1.00	2.00	3.00			
141.00	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08001		141.00	
142.00	Street: 340 W. 10TH STREET	PO Box: N/A				142.00	
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00		
				1.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00		
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
155.00	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		
				1.00			
165.00	Multi campus 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)	10/01/2014		09/30/2015			
				170.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 9:02 am	
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/26/2016 9:02 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N	Legal Oper.		
		1.00	2.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			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
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		04/05/2016	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/26/2016 9:02 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<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			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<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.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<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.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<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.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
<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.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.962.1093	RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150006

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/26/2016 9:02 am

		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)	04/05/2016	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.	MANAGER, REVENUE & REIMBURSEMENT	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: 150006

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	109	39,785	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)		109	39,785	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		129	47,085	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	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)		129				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: 150006

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,094	663	11,510			1.00
2.00 HMO and other (see instructions)	1,270	3,138				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,094	663	11,510			7.00
8.00 INTENSIVE CARE UNIT	1,266	304	5,286			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		87	1,513			13.00
14.00 Total (see instructions)	9,360	1,054	18,309	0.00	926.98	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	926.98	27.00
28.00 Observation Bed Days		847	4,087			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			283			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	659			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: 150006

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,014	227	4,308	1.00
2.00 HMO and other (see instructions)			237	1,069		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,014	227	4,308	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					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: 150006

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/26/2016 9:02 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	56,218,625	-203,587	56,015,038	1,928,121.30	29.05
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		422,715	0	422,715	2,889.75	146.28
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		2,963,103	0	2,963,103	23,334.96	126.98
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,830,768	185,846	4,016,614	139,529.07	28.79
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		33,383	0	33,383	490.28	68.09
12.00	Contract labor: Top level management and other management and administrative services		11,619	0	11,619	576.00	20.17
13.00	Contract labor: Physician-Part A - Administrative		151,812	0	151,812	912.13	166.44
14.00	Home office salaries & wage-related costs		3,721,550	0	3,721,550	65,171.00	57.10
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		11,704,248	0	11,704,248		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		947,783	0	947,783		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		50,835	0	50,835		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		367,188	0	367,188		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	593,341	0	593,341	14,010.96	42.35
27.00	Administrative & General	5.00	10,282,555	-39,259	10,243,296	343,271.75	29.84
28.00	Administrative & General under contract (see inst.)		1,568,965	0	1,568,965	5,863.00	267.60
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,619,059	-22,574	1,596,485	68,522.10	23.30
31.00	Laundry & Linen Service	8.00	63,710	-93	63,617	5,380.08	11.82
32.00	Housekeeping	9.00	846,004	-2,861	843,143	57,254.59	14.73
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,611,341	-1,017,450	593,891	35,650.93	16.66
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,004,993	1,004,993	59,612.53	16.86
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,258,444	-4,883	1,253,561	36,365.18	34.47
39.00	Central Services and Supply	14.00	198,616	-110	198,506	11,545.86	17.19
40.00	Pharmacy	15.00	1,643,683	-13,758	1,629,925	47,367.41	34.41

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150006

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/26/2016 9:02 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,093,040	-11,891	1,081,149	58,353.25	18.53	41.00
42.00	Social Service	17.00 955,546	-860	954,686	30,200.59	31.61	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150006

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/26/2016 9:02 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	54,824,487	-203,587	54,620,900	1,910,649.34	28.59	1.00
2.00	Excluded area salaries (see instructions)	3,830,768	185,846	4,016,614	139,529.07	28.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	50,993,719	-389,433	50,604,286	1,771,120.27	28.57	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,918,364	0	3,918,364	67,149.41	58.35	4.00
5.00	Subtotal wage-related costs (see inst.)	11,755,083	0	11,755,083	0.00	23.23	5.00
6.00	Total (sum of lines 3 thru 5)	66,667,166	-389,433	66,277,733	1,838,269.68	36.05	6.00
7.00	Total overhead cost (see instructions)	21,734,304	-108,746	21,625,558	773,398.23	27.96	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2016 9:02 am
				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			0 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)		769,688	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)		7,475,085	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		58,685	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)		241,577	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		176,583	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		4,068,948	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		62,013	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))		136,454	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		81,021	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		13,070,054	24.00
<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: 150006

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	0	13,070,054	1.00
2.00	Hospital	0	13,070,054	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/26/2016 9:02 am
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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)		0.243358		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		8,419,412		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		77,863,194		6.00
7.00	Medicaid cost (line 1 times line 6)		18,948,631		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)		10,529,219		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)		10,529,219		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	5,274,592	1,075,462	6,350,054	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,283,614	261,722	1,545,336	21.00
22.00	Partial payment by patients approved for charity care	61,319	37,602	98,921	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,222,295	224,120	1,446,415	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		16,156,280		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		240,103		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		15,916,177		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,873,329		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,319,744		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		15,848,963		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150006

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

Worksheet A  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		5,809,249	5,809,249	55,727	5,864,976	1.00
2.00	00200		8,610,021	8,610,021	0	8,610,021	2.00
4.00	00400		9,537,457	10,130,798	3,814,001	13,944,799	4.00
5.01	00540	593,341	43,139	215,906	-12,570	203,336	5.01
5.03	00560	172,767	138,364	467,781	-25,362	442,419	5.03
5.04	00580	329,417	2,066,968	3,619,851	-111,941	3,507,910	5.04
5.06	00590	1,552,883	17,247,053	25,474,541	-558,670	24,915,871	5.06
7.00	00700	8,227,488	4,408,096	6,027,155	-77,272	5,949,883	7.00
8.00	00800	1,619,059	368,880	432,590	-4,546	428,044	8.00
9.00	00900	63,710	191,532	1,037,536	-61,726	975,810	9.00
10.00	01000	846,004	1,296,176	2,907,517	-1,869,009	1,038,508	10.00
11.00	01100	1,611,341	0	0	1,740,422	1,740,422	11.00
13.00	01300	0	563,456	1,821,900	-89,703	1,732,197	13.00
14.00	01400	1,258,444	159,373	357,989	-14,764	343,225	14.00
15.00	01500	198,616	4,023,052	5,666,735	-3,932,167	1,734,568	15.00
16.00	01600	1,643,683	246,149	1,339,189	-78,947	1,260,242	16.00
17.00	01700	1,093,040	432,975	1,388,521	-70,010	1,318,511	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	955,546	8,668,920	17,176,866	-306,079	16,870,787	30.00
31.00	03100	8,507,946	780,354	3,601,631	-304,836	3,296,795	31.00
40.00	04000	2,821,277	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	367,736	367,736	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	4,411,956	13,051,268	17,463,224	-7,527,724	9,935,500	50.00
52.00	05200	1,608,365	279,150	1,887,515	-1,071,062	816,453	52.00
54.00	05400	1,671,691	1,334,856	3,006,547	-432,953	2,573,594	54.00
54.01	05401	196,913	365,947	562,860	-14,443	548,417	54.01
54.02	05402	394,181	86,109	480,290	-40,224	440,066	54.02
57.00	05700	445,934	484,990	930,924	-96,102	834,822	57.00
58.00	05800	421,545	354,299	775,844	-33,713	742,131	58.00
59.00	05900	696,070	2,412,101	3,108,171	-1,253,369	1,854,802	59.00
60.00	06000	3,009,195	2,915,878	5,925,073	-188,272	5,736,801	60.00
62.00	06200	62,252	528,167	590,419	-4,860	585,559	62.00
65.00	06500	803,294	148,608	951,902	-93,351	858,551	65.00
66.00	06600	2,662,988	669,107	3,332,095	-1,286,958	2,045,137	66.00
67.00	06700	0	0	0	520,572	520,572	67.00
68.00	06800	0	0	0	422,965	422,965	68.00
69.00	06900	1,845,858	2,612,315	4,458,173	-1,521,434	2,936,739	69.00
71.00	07100	0	0	0	4,708,948	4,708,948	71.00
72.00	07200	0	0	0	5,463,382	5,463,382	72.00
73.00	07300	0	0	0	4,140,090	4,140,090	73.00
74.00	07400	0	0	0	231,350	231,350	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	138,572	22,929	161,501	-9,970	151,531	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	218,765	218,765	0	218,765	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	43,759	43,759	90.03
90.04	09004	259,573	62,240	321,813	-25,467	296,346	90.04
91.00	09100	2,264,908	1,212,803	3,477,711	-191,644	3,286,067	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00							
		52,387,857	91,350,746	143,738,603	199,804	143,938,407	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
190.03	19001	72,985	221,974	294,959	-5,682	289,277	190.03
190.04	19002	144,274	496,420	640,694	-11,859	628,835	190.04
190.05	19003	0	0	0	128,302	128,302	190.05
190.06	19004	108,572	27,135	135,707	-8,281	127,426	190.06
191.00	19100	261,029	6,796	267,825	-19,207	248,618	191.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	2,738,130	1,610,423	4,348,553	-197,549	4,151,004	193.01
193.02	19302	213,199	93,026	306,225	-17,845	288,380	193.02
193.03	19303	105,456	1,068,188	1,173,644	-136,661	1,036,983	193.03
193.04	19304	0	0	0	82,389	82,389	193.04
193.05	19306	187,123	179,421	366,544	-13,411	353,133	193.05
193.06	19305	0	0	0	0	0	193.06
193.07	19307	0	0	0	0	0	193.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150006		Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/26/2016 9:02 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	TOTAL (SUM OF LINES 118-199)	56,218,625	95,054,129	151,272,754	0	151,272,754	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150006

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

Worksheet A  
Date/Time Prepared:  
5/26/2016 9:02 am

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	615,740	6,480,716	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	229,516	8,839,537	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-628,079	13,316,720	4.00
5.01	00540	NONPATIENT TELEPHONES	-31,624	171,712	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	80,721	523,140	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,507,910	5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	363,911	25,279,782	5.06
7.00	00700	OPERATION OF PLANT	-16,990	5,932,893	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-47,691	380,353	8.00
9.00	00900	HOUSEKEEPING	-14,307	961,503	9.00
10.00	01000	DIETARY	-212,347	826,161	10.00
11.00	01100	CAFETERIA	-691,280	1,049,142	11.00
13.00	01300	NURSING ADMINISTRATION	-283,446	1,448,751	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	343,225	14.00
15.00	01500	PHARMACY	-15,237	1,719,331	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-389,820	870,422	16.00
17.00	01700	SOCIAL SERVICE	-84,863	1,233,648	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-8,813,150	8,057,637	30.00
31.00	03100	INTENSIVE CARE UNIT	-199,926	3,096,869	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
43.00	04300	NURSERY	-12,803	354,933	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-3,341,759	6,593,741	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-35,174	781,279	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-168,378	2,405,216	54.00
54.01	05401	NUCLEAR MEDICINE	-3,548	544,869	54.01
54.02	05402	ULTRASOUND	-1,500	438,566	54.02
57.00	05700	CT SCAN	-6,153	828,669	57.00
58.00	05800	MRI	-2,316	739,815	58.00
59.00	05900	CARDIAC CATHETERIZATION	-12,402	1,842,400	59.00
60.00	06000	LABORATORY	-1,326,360	4,410,441	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	-6,794	578,765	62.00
65.00	06500	RESPIRATORY THERAPY	-17,698	840,853	65.00
66.00	06600	PHYSICAL THERAPY	-88,506	1,956,631	66.00
67.00	06700	OCCUPATIONAL THERAPY	-6,919	513,653	67.00
68.00	06800	SPEECH PATHOLOGY	-2,183	420,782	68.00
69.00	06900	ELECTROCARDIOLOGY	-184,560	2,752,179	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	-76,731	4,632,217	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-77,655	5,385,727	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-141,570	3,998,520	73.00
74.00	07400	RENAL DIALYSIS	-4,492	226,858	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-6,369	145,162	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-3,254	215,511	90.00
90.01	09001	DENTAL CLINIC	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	90.02
90.03	09003	DIABETIC TRAINING	-1	43,758	90.03
90.04	09004	INFUSION CENTER	-221	296,125	90.04
91.00	09100	EMERGENCY	-814,410	2,471,657	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-16,480,628	127,457,779	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
190.03	19001	PHYSICIAN RECRUITMENT	0	289,277	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	0	628,835	190.04
190.05	19003	SPORTS MEDICINE	0	128,302	190.05
190.06	19004	FOUNDATION	0	127,426	190.06
191.00	19100	RESEARCH	0	248,618	191.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	0	4,151,004	193.01
193.02	19302	WELLNESS CENTER	0	288,380	193.02
193.03	19303	RENTAL PROPERTIES	0	1,036,983	193.03
193.04	19304	STARKE HOSPITAL	19,739,000	19,821,389	193.04
193.05	19306	RETAIL PHARMACY	0	353,133	193.05
193.06	19305	VACANT	0	0	193.06
193.07	19307	CONTINUING CARE - MILLERS	0	0	193.07
200.00		TOTAL (SUM OF LINES 118-199)	3,258,372	154,531,126	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - BILLABLE SUPP IMPLANTS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	4,708,948	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,463,382	2.00
3.00	LABORATORY	60.00	0	8,028	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
0			0	10,180,358	
<b>D - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,140,090	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
0			0	4,140,090	
<b>E - LABOR &amp; DELIVERY ROOM</b>					
1.00	ADULTS & PEDIATRICS	30.00	517,089	44,026	1.00
2.00	NURSERY	43.00	338,883	28,853	2.00
0			855,972	72,879	
<b>F - MEALS</b>					
1.00	CAFETERIA	11.00	1,004,993	735,429	1.00
0			1,004,993	735,429	
<b>G - FRINGE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,913,249	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
0			0	3,913,249	
<b>H - THERAPY</b>					
1.00	OCCUPATIONAL THERAPY	67.00	477,657	42,915	1.00
2.00	SPEECH PATHOLOGY	68.00	361,055	61,910	2.00
3.00	SPORTS MEDICINE	190.05	118,018	10,284	3.00
0			956,730	115,109	
<b>I - ADMIN OFFICES</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	55,727	1.00
2.00	OTHER ADMIN STRATIVE AND GENERA	5.06	0	9,873	2.00
3.00	OPERATION OF PLANT	7.00	0	63,274	3.00
0			0	128,874	
<b>J - LAPORTE SUPERVISORS</b>					
1.00	STARKE HOSPITAL	193.04	82,389	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
0			82,389	0	
<b>L - DIABETIC ED</b>					
1.00	DIABETIC TRAINING	90.03	43,759	0	1.00
0			43,759	0	
<b>M - RENAL DIALYSIS</b>					
1.00	RENAL DIALYSIS	74.00	0	231,350	1.00
2.00		0.00	0	0	2.00
0			0	231,350	
<b>N - PTO USED AS SHORT-TERM DISABILITY</b>					
1.00	PURCHASING RECEIVING AND STORES	5.03	0	6,502	1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	10,093	2.00
3.00	OTHER ADMIN STRATIVE AND GENERA	5.06	0	22,664	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	93	4.00
5.00	HOUSEKEEPING	9.00	0	2,861	5.00
6.00	DIETARY	10.00	0	907	6.00
7.00	NURSING ADMINISTRATION	13.00	0	4,883	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	110	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	11,891	9.00
10.00	SOCIAL SERVICE	17.00	0	860	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	26,255	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	18,900	12.00
13.00	OPERATING ROOM	50.00	0	12,959	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,703	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,468	15.00
16.00	ULTRASOUND	54.02	0	3,475	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	3,449	17.00
18.00	LABORATORY	60.00	0	8,143	18.00
19.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	0	5,404	19.00
20.00	RESPIRATORY THERAPY	65.00	0	977	20.00
21.00	PHYSICAL THERAPY	66.00	0	23,987	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	3,612	22.00
23.00	EMERGENCY	91.00	0	830	23.00
24.00	FOUNDATION	190.06	0	5,555	24.00
25.00	FREESTANDING VNA & HOSPICE	193.01	0	5,181	25.00

Provider CCN: 150006

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

Worksheet A-6  
Date/Time Prepared:  
5/26/2016 9:02 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
26.00	WELLNESS CENTER	193.02	0	3,825	26.00
			0	203,587	
500.00	Grand Total: Increases		2,943,843	19,720,925	500.00

RECLASSIFICATIONS

Provider CCN: 150006

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

Worksheet A-6  
Date/Time Prepared:  
5/26/2016 9:02 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - BILLABLE SUPPLIMENTS</b>							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	220	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	23	0		2.00
3.00	PHARMACY	15.00	0	826	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	27,757	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	22,902	0		5.00
6.00	OPERATING ROOM	50.00	0	7,103,382	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22,967	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	297,005	0		8.00
9.00	ULTRASOUND	54.02	0	10,629	0		9.00
10.00	CT SCAN	57.00	0	59,875	0		10.00
11.00	MRI	58.00	0	2,626	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	1,194,658	0		12.00
13.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	0	406	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	33,685	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	202	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	1,383,828	0		16.00
17.00	CARDIAC REHABILITATION	76.97	0	92	0		17.00
18.00	INFUSION CENTER	90.04	0	78	0		18.00
19.00	EMERGENCY	91.00	0	19,197	0		19.00
	0		0	10,180,358			
<b>D - DRUGS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	99,248	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	401	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,647	0		3.00
4.00	DIETARY	10.00	0	95	0		4.00
5.00	PHARMACY	15.00	0	3,801,517	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	65,713	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	14,990	0		7.00
8.00	OPERATING ROOM	50.00	0	104,048	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,671	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,033	0		10.00
11.00	CT SCAN	57.00	0	3,516	0		11.00
12.00	MRI	58.00	0	180	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	7,174	0		13.00
14.00	LABORATORY	60.00	0	615	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	1,432	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	1,094	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	2,833	0		17.00
18.00	INFUSION CENTER	90.04	0	6,367	0		18.00
19.00	EMERGENCY	91.00	0	10,516	0		19.00
	0		0	4,140,090			
<b>E - LABOR &amp; DELIVERY ROOM</b>							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	855,972	72,879	0		1.00
2.00		0.00	0	0	0		2.00
	0		855,972	72,879			
<b>F - MEALS</b>							
1.00	DIETARY	10.00	1,004,993	735,429	0		1.00
	0		1,004,993	735,429			
<b>G - FRINGE BENEFITS</b>							
1.00	NONPATIENT TELEPHONES	5.01	0	12,570	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	24,741	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	111,941	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	564,896	0		4.00
5.00	OPERATION OF PLANT	7.00	0	117,972	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	4,546	0		6.00
7.00	HOUSEKEEPING	9.00	0	61,726	0		7.00
8.00	DIETARY	10.00	0	116,942	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	89,703	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,741	0		10.00
11.00	PHARMACY	15.00	0	116,066	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	78,947	0		12.00
13.00	SOCIAL SERVICE	17.00	0	70,010	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	562,565	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	202,994	0		15.00
16.00	OPERATING ROOM	50.00	0	320,294	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	116,573	0		17.00

RECLASSIFICATIONS

Provider CCN: 150006

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

Worksheet A-6  
Date/Time Prepared:  
5/26/2016 9:02 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	121,915	0	18.00	
19.00	NUCLEAR MEDICINE	54.01	0	14,443	0	19.00	
20.00	ULTRASOUND	54.02	0	29,595	0	20.00	
21.00	CT SCAN	57.00	0	32,711	0	21.00	
22.00	MRI	58.00	0	30,907	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	51,537	0	23.00	
24.00	LABORATORY	60.00	0	180,689	0	24.00	
25.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	0	4,454	0	25.00	
26.00	RESPIRATORY THERAPY	65.00	0	58,234	0	26.00	
27.00	PHYSICAL THERAPY	66.00	0	200,600	0	27.00	
28.00	ELECTROCARDIOLOGY	69.00	0	128,485	0	28.00	
29.00	CARDIAC REHABILITATION	76.97	0	9,878	0	29.00	
30.00	INFUSION CENTER	90.04	0	19,022	0	30.00	
31.00	EMERGENCY	91.00	0	161,931	0	31.00	
32.00	PHYSICIAN RECRUITMENT	190.03	0	5,682	0	32.00	
33.00	MARKETING / PUBLIC RELATIONS	190.04	0	11,859	0	33.00	
34.00	FOUNDATION	190.06	0	8,281	0	34.00	
35.00	RESEARCH	191.00	0	19,207	0	35.00	
36.00	FREESTANDING VNA & HOSPICE	193.01	0	197,549	0	36.00	
37.00	WELLNESS CENTER	193.02	0	17,845	0	37.00	
38.00	RENTAL PROPERTIES	193.03	0	7,787	0	38.00	
39.00	RETAIL PHARMACY	193.05	0	13,411	0	39.00	
	O		0	3,913,249			
<b>H - THERAPY</b>							
1.00	PHYSICAL THERAPY	66.00	956,730	115,109	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	O		956,730	115,109			
<b>I - ADMIN OFFICES</b>							
1.00	RENTAL PROPERTIES	193.03	0	128,874	9	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	O		0	128,874			
<b>J - LAPORTE SUPERVISORS</b>							
1.00	OPERATION OF PLANT	7.00	22,574	0	0	1.00	
2.00	DIETARY	10.00	11,550	0	0	2.00	
3.00	PHARMACY	15.00	13,758	0	0	3.00	
4.00	LABORATORY	60.00	14,996	0	0	4.00	
5.00	PHYSICAL THERAPY	66.00	13,223	0	0	5.00	
6.00	ELECTROCARDIOLOGY	69.00	6,288	0	0	6.00	
	O		82,389	0			
<b>L - DIABETIC ED</b>							
1.00	ADULTS & PEDIATRICS	30.00	43,759	0	0	1.00	
	O		43,759	0			
<b>M - RENAL DIALYSIS</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	167,400	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	63,950	0	2.00	
	O		0	231,350			
<b>N - PTO USED AS SHORT-TERM DISABILITY</b>							
1.00	PURCHASING RECEIVING AND STORES	5.03	6,502	0	0	1.00	
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	10,093	0	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	22,664	0	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	93	0	0	4.00	
5.00	HOUSEKEEPING	9.00	2,861	0	0	5.00	
6.00	DIETARY	10.00	907	0	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	4,883	0	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	110	0	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	11,891	0	0	9.00	
10.00	SOCIAL SERVICE	17.00	860	0	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	26,255	0	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	18,900	0	0	12.00	
13.00	OPERATING ROOM	50.00	12,959	0	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	6,703	0	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	13,468	0	0	15.00	
16.00	ULTRASOUND	54.02	3,475	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	3,449	0	0	17.00	
18.00	LABORATORY	60.00	8,143	0	0	18.00	
19.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	5,404	0	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	977	0	0	20.00	

RECLASSIFICATIONS

Provider CCN: 150006

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

Worksheet A-6

Date/Time Prepared:  
5/26/2016 9:02 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
21.00	PHYSICAL THERAPY	66.00	23,987	0	0	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	3,612	0	0	0		22.00
23.00	EMERGENCY	91.00	830	0	0	0		23.00
24.00	FOUNDATION	190.06	5,555	0	0	0		24.00
25.00	FREESTANDING VNA & HOSPICE	193.01	5,181	0	0	0		25.00
26.00	WELLNESS CENTER	193.02	3,825	0	0	0		26.00
			203,587	0				
500.00	Grand Total: Decreases		3,147,430	19,517,338				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150006

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,411,134	309,531	0	309,531	0 1.00
2.00	Land Improvements	2,053,717	0	0	0	0 2.00
3.00	Buildings and Fixtures	44,167,861	0	0	0	0 3.00
4.00	Building Improvements	69,580,528	2,572,902	0	2,572,902	0 4.00
5.00	Fixed Equipment	132,304	0	0	0	132,304 5.00
6.00	Movable Equipment	94,923,941	3,557,034	0	3,557,034	0 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	216,269,485	6,439,467	0	6,439,467	132,304 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	216,269,485	6,439,467	0	6,439,467	132,304 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	5,720,665	0			0 1.00
2.00	Land Improvements	2,053,717	0			0 2.00
3.00	Buildings and Fixtures	44,167,861	0			0 3.00
4.00	Building Improvements	72,153,430	0			0 4.00
5.00	Fixed Equipment	0	0			0 5.00
6.00	Movable Equipment	98,480,975	0			0 6.00
7.00	HIT designated Assets	0	0			0 7.00
8.00	Subtotal (sum of lines 1-7)	222,576,648	0			0 8.00
9.00	Reconciling Items	0	0			0 9.00
10.00	Total (line 8 minus line 9)	222,576,648	0			0 10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150006

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,056,938	2,513,179	46,567	0	192,565	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,817,842	792,179	0	0	0	2.00
3.00	Total (sum of lines 1-2)	10,874,780	3,305,358	46,567	0	192,565	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	5,809,249				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,610,021				2.00
3.00	Total (sum of lines 1-2)	0	14,419,270				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150006

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	51,942,243	0	51,942,243	0.233368	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	170,634,405	0	170,634,405	0.766632	0	2.00
3.00	Total (sum of lines 1-2)	222,576,648	0	222,576,648	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	3,102,719	3,139,148	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,819,662	1,019,875	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,922,381	4,159,023	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	46,284	0	192,565	0	6,480,716	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,839,537	2.00
3.00	Total (sum of lines 1-2)	46,284	0	192,565	0	15,320,253	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150006

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

Worksheet A-8

Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-31,624	0	NONPATIENT TELEPHONES	5.01		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	-14,418,373	0				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	6,193,406	0				0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-691,280	0	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients	B	-70,507	0	DRUGS CHARGED TO PATIENTS	73.00		0	17.00
18.00 Sale of medical records and abstracts	B	-389,820	0	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 MISC / NON PATIENT INCOME	B	-2,779	0	PURCHASING RECEIVING AND STORES	5.03		0	33.00

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	
35.00	MISC / NON PATIENT INCOME	B	-122,912	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 35.00
36.00	MISC / NON PATIENT INCOME	B	-16,990	OPERATION OF PLANT	7.00	0 36.00
37.00	MISC / NON PATIENT INCOME	B	-47,691	LAUNDRY & LINEN SERVICE	8.00	0 37.00
38.00	MISC / NON PATIENT INCOME	B	-212,347	DIETARY	10.00	0 38.00
39.00	MISC / NON PATIENT INCOME	B	-14,307	HOUSEKEEPING	9.00	0 39.00
40.00	MISC / NON PATIENT INCOME	B	-83	ADULTS & PEDIATRICS	30.00	0 40.00
41.00	MISC / NON PATIENT INCOME	B	-1,410	DELIVERY ROOM & LABOR ROOM	52.00	0 41.00
42.00	MISC / NON PATIENT INCOME	B	-2,136	RADIOLOGY-DIAGNOSTIC	54.00	0 42.00
43.00	MISC / NON PATIENT INCOME	B	-80,512	PHYSICAL THERAPY	66.00	0 43.00
44.00	MISC / NON PATIENT INCOME	B	-36,981	ELECTROCARDIOLOGY	69.00	0 44.00
45.00	MISC / NON PATIENT INCOME	B	-6,366	CARDIAC REHABILITATION	76.97	0 45.00
45.01	MISC / NON PATIENT INCOME	B	-263,737	LABORATORY	60.00	0 45.01
45.02	ADVERTISING	A	-389	ADULTS & PEDIATRICS	30.00	0 45.02
45.03	JOINT VENTURE TAX	A	46,964	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 45.03
45.04	MEDICAL ASSESSMENT	A	-5,043,720	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 45.04
45.05	CARRYFORWARD ADJUSTMENTS	A	-9,946	CAP REL COSTS-BLDG & FIXT	1.00	9 45.05
45.06	CARRYFORWARD ADJUSTMENTS	A	1,820	CAP REL COSTS-MVBLE EQUIP	2.00	9 45.06
45.07	BENEFITS ADJUSTMENT	A	-247,590	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.07
45.08	STARKE HOSPITAL	A	19,739,000	STARKE HOSPITAL	193.04	0 45.08
45.09	COLLEAGUE HEALTH	A	-123,002	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.09
45.10	SELF INSURANCE COST OFFSET	A	-199,276	ADULTS & PEDIATRICS	30.00	0 45.10
45.11	SELF INSURANCE COST OFFSET	A	-166,105	INTENSIVE CARE UNIT	31.00	0 45.11
45.12	SELF INSURANCE COST OFFSET	A	-12,803	NURSERY	43.00	0 45.12
45.13	SELF INSURANCE COST OFFSET	A	-85,290	OPERATING ROOM	50.00	0 45.13
45.14	SELF INSURANCE COST OFFSET	A	-33,764	DELIVERY ROOM & LABOR ROOM	52.00	0 45.14
45.15	SELF INSURANCE COST OFFSET	A	-22,068	RADIOLOGY-DIAGNOSTIC	54.00	0 45.15
45.16	SELF INSURANCE COST OFFSET	A	-3,548	NUCLEAR MEDICINE	54.01	0 45.16
45.17	SELF INSURANCE COST OFFSET	A	-1,500	ULTRASOUND	54.02	0 45.17
45.18	SELF INSURANCE COST OFFSET	A	-6,153	CT SCAN	57.00	0 45.18
45.19	SELF INSURANCE COST OFFSET	A	-2,316	MRI	58.00	0 45.19
45.20	SELF INSURANCE COST OFFSET	A	-12,402	CARDIAC CATHETERIZATION	59.00	0 45.20
45.21	SELF INSURANCE COST OFFSET	A	-36,073	LABORATORY	60.00	0 45.21
45.22	SELF INSURANCE COST OFFSET	A	-6,794	WHOLE BLOOD & PACKED RED BLOOD	62.00	0 45.22
45.23	SELF INSURANCE COST OFFSET	A	-17,298	RESPIRATORY THERAPY	65.00	0 45.23
45.24	SELF INSURANCE COST OFFSET	A	-7,994	PHYSICAL THERAPY	66.00	0 45.24
45.25	SELF INSURANCE COST OFFSET	A	-6,919	OCCUPATIONAL THERAPY	67.00	0 45.25
45.26	SELF INSURANCE COST OFFSET	A	-2,183	SPEECH PATHOLOGY	68.00	0 45.26
45.27	SELF INSURANCE COST OFFSET	A	-16,437	ELECTROCARDIOLOGY	69.00	0 45.27
45.28	SELF INSURANCE COST OFFSET	A	-76,731	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0 45.28
45.29	SELF INSURANCE COST OFFSET	A	-77,655	IMPL. DEV. CHARGED TO PATIENTS	72.00	0 45.29
45.30	SELF INSURANCE COST OFFSET	A	-71,063	DRUGS CHARGED TO PATIENTS	73.00	0 45.30
45.31	SELF INSURANCE COST OFFSET	A	-4,492	RENAL DIALYSIS	74.00	0 45.31
45.32	SELF INSURANCE COST OFFSET	A	-3	CARDIAC REHABILITATION	76.97	0 45.32
45.33	SELF INSURANCE COST OFFSET	A	-3,254	CLINIC	90.00	0 45.33
45.34	SELF INSURANCE COST OFFSET	A	-1	DIABETIC TRAINING	90.03	0 45.34
45.35	SELF INSURANCE COST OFFSET	A	-221	INFUSION CENTER	90.04	0 45.35
45.36	SELF INSURANCE COST OFFSET	A	-15,973	EMERGENCY	91.00	0 45.36
45.37			0		0.00	0 45.37
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		3,258,372			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: 150006

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

Worksheet A-8-1

Date/Time Prepared: 5/26/2016 9:02 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	INTERCOMPANY RENT	607,870	-18,099	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	INTERCOMPANY INTEREST	21,132	21,415	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL MME	227,696	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	WORKERS COMP	0	257,487	4.00
4.01	5.03	PURCHASING RECEIVING AND STO	PURCHASING	0	-83,500	4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE AND GENERAL	8,116,118	2,516,788	4.02
4.03	13.00	NURSING ADMINISTRATION	CORPORATE SERVICES	0	29,090	4.03
4.04	15.00	PHARMACY	CORPORATE SERVICES	0	15,237	4.04
4.05	30.00	ADULTS & PEDIATRICS	PROFESSIONAL LIABILITY INS	0	40,992	4.05
4.06	193.02	WELLNESS CENTER	OUTREACH SERVICES	5,772	5,772	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			8,978,588	2,785,182	5.00

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

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

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

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

6.00	B	IU HEALTH	100.00	IU HEALTH	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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 150006

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

Worksheet A-8-1

Date/Time Prepared:  
5/26/2016 9:02 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	625,969	10		1.00
2.00	-283	11		2.00
3.00	227,696	10		3.00
4.00	-257,487	0		4.00
4.01	83,500	0		4.01
4.02	5,599,330	0		4.02
4.03	-29,090	0		4.03
4.04	-15,237	0		4.04
4.05	-40,992	0		4.05
4.06	0	0		4.06
5.00	6,193,406			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
<b>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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150006

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

Worksheet A-8-2

Date/Time Prepared:  
5/26/2016 9:02 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	115,751	115,751	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	254,356	254,356	0	0	0	2.00
3.00	17.00	SOCIAL SERVICE	84,863	84,863	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	8,572,410	8,572,410	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	68,800	0	68,800	211,500	344	5.00
6.00	50.00	OPERATING ROOM	3,256,469	3,256,469	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	144,174	144,174	0	0	0	7.00
8.00	60.00	LABORATORY	1,026,550	1,026,550	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	400	400	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	131,142	131,142	0	0	0	10.00
11.00	91.00	EMERGENCY	798,437	798,437	0	0	0	11.00
200.00			14,453,352	14,384,552	68,800		344	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	17.00	SOCIAL SERVICE	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	34,979	1,749	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
200.00			34,979	1,749	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	115,751	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	254,356	2.00
3.00	17.00	SOCIAL SERVICE	0	0	0	84,863	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	8,572,410	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	34,979	33,821	33,821	5.00
6.00	50.00	OPERATING ROOM	0	0	0	3,256,469	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	144,174	7.00
8.00	60.00	LABORATORY	0	0	0	1,026,550	8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	400	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	131,142	10.00
11.00	91.00	EMERGENCY	0	0	0	798,437	11.00
200.00			0	34,979	33,821	14,418,373	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		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	6,480,716	6,480,716			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,839,537		8,839,537		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,316,720	0	0	13,316,720	4.00
5.01 00540	NONPATIENT TELEPHONES	171,712	0	0	37,018	208,730 5.01
5.03 00560	PURCHASING RECEIVING AND STORES	523,140	95,029	129,618	69,189	1,686 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	3,507,910	21,947	29,936	330,566	16,294 5.04
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	25,279,782	860,037	1,173,069	1,758,007	60,400 5.06
7.00 00700	OPERATION OF PLANT	5,932,893	1,027,504	1,401,487	342,071	8,147 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	380,353	97,477	132,957	13,631	702 8.00
9.00 00900	HOUSEKEEPING	961,503	44,994	61,371	180,656	2,669 9.00
10.00 01000	DIETARY	826,161	90,030	122,799	127,250	1,967 10.00
11.00 01100	CAFETERIA	1,049,142	149,214	203,524	215,335	3,231 11.00
13.00 01300	NURSING ADMINISTRATION	1,448,751	68,643	93,627	268,594	2,247 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	343,225	60,884	83,045	42,533	1,545 14.00
15.00 01500	PHARMACY	1,719,331	46,550	63,493	349,236	5,900 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	870,422	59,578	81,262	231,652	5,338 16.00
17.00 01700	SOCIAL SERVICE	1,233,648	24,582	33,529	204,556	3,231 17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	8,057,637	677,466	924,047	1,918,749	14,327 30.00
31.00 03100	INTENSIVE CARE UNIT	3,096,869	244,720	333,792	600,451	6,461 31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0 41.00
43.00 04300	NURSERY	354,933	85,923	117,197	72,611	1,124 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	6,593,741	548,810	748,564	942,551	13,906 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	781,279	190,785	260,226	159,775	3,512 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,405,216	268,140	365,737	355,299	9,552 54.00
54.01 05401	NUCLEAR MEDICINE	544,869	20,122	27,446	42,192	281 54.01
54.02 05402	ULTRASOUND	438,566	8,049	10,978	83,715	421 54.02
57.00 05700	CT SCAN	828,669	26,117	35,623	95,548	1,264 57.00
58.00 05800	MRI	739,815	19,479	26,569	90,322	140 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,842,400	98,390	134,202	148,404	0 59.00
60.00 06000	LABORATORY	4,410,441	131,954	179,982	639,807	5,619 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	578,765	10,414	14,204	12,181	702 62.00
65.00 06500	RESPIRATORY THERAPY	840,853	9,148	12,478	171,908	1,264 65.00
66.00 06600	PHYSICAL THERAPY	1,956,631	56,798	77,471	357,619	4,354 66.00
67.00 06700	OCCUPATIONAL THERAPY	513,653	14,853	20,259	102,345	1,124 67.00
68.00 06800	SPEECH PATHOLOGY	420,782	12,239	16,694	77,361	843 68.00
69.00 06900	ELECTROCARDIOLOGY	2,752,179	217,089	296,104	393,382	16,153 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	4,632,217	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,385,727	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,998,520	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	226,858	0	0	0	0 74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	145,162	0	0	29,691	983 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	215,511	0	0	0	140 90.00
90.01 09001	DENTAL CLINIC	0	0	0	0	0 90.01
90.02 09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0 90.02
90.03 09003	DIABETIC TRAINING	43,758	0	0	9,376	0 90.03
90.04 09004	INFUSION CENTER	296,125	88,848	121,186	55,617	983 90.04
91.00 09100	EMERGENCY	2,471,657	182,695	249,191	485,113	7,585 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT					
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	127,457,779	5,558,508	7,581,667	11,014,311	204,095 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	19,583	26,710	0	0 190.00
190.03 19001	PHYSICIAN RECRUITMENT	289,277	0	0	15,638	281 190.03
190.04 19002	MARKETING / PUBLIC RELATIONS	628,835	0	0	30,913	0 190.04
190.05 19003	SPORTS MEDICINE	128,302	3,485	4,754	25,287	281 190.05
190.06 19004	FOUNDATION	127,426	11,513	15,704	22,073	562 190.06
191.00 19100	RESEARCH	248,618	0	0	55,929	0 191.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01 19301	FREESTANDING VNA & HOSPICE	4,151,004	306,206	417,658	585,575	0 193.01
193.02 19302	WELLNESS CENTER	288,380	0	0	44,862	421 193.02
193.03 19303	RENTAL PROPERTIES	1,036,983	59,453	81,093	22,596	0 193.03
193.04 19304	STARKE HOSPITAL	19,821,389	0	0	1,459,442	0 193.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
193.05 19306 RETAIL PHARMACY	353,133	0	0	40,094	0	193.05
193.06 19305 VACANT	0	129,092	176,078	0	0	193.06
193.07 19307 CONTINUING CARE - MILLERS	0	392,876	535,873	0	3,090	193.07
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)	154,531,126	6,480,716	8,839,537	13,316,720	208,730	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
			5.03	5.04	5A.04	5.06	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	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES	818,662					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	969	3,907,622				5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	12,204	0	29,143,499	29,143,499		5.06
7.00	00700	OPERATION OF PLANT	14,644	0	8,726,746	2,028,331	10,755,077	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	382	0	625,502	145,384	255,046	8.00
9.00	00900	HOUSEKEEPING	3,748	0	1,254,941	291,682	117,726	9.00
10.00	01000	DIETARY	14,311	0	1,182,518	274,849	235,561	10.00
11.00	01100	CAFETERIA	23,720	0	1,644,166	382,149	390,412	11.00
13.00	01300	NURSING ADMINISTRATION	540	0	1,882,402	437,521	179,601	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,183	0	534,415	124,212	159,302	14.00
15.00	01500	PHARMACY	608	0	2,185,118	507,880	121,797	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	240	0	1,248,492	290,183	155,882	16.00
17.00	01700	SOCIAL SERVICE	132	0	1,499,678	348,566	64,318	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	20,170	279,117	11,891,513	2,763,909	1,772,567	30.00
31.00	03100	INTENSIVE CARE UNIT	9,479	84,123	4,375,895	1,017,076	640,301	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	915	14,451	647,154	150,416	224,814	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	49,537	743,308	9,640,417	2,240,693	1,435,943	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,032	32,066	1,429,675	332,295	499,182	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,740	130,566	3,545,250	824,012	701,580	54.00
54.01	05401	NUCLEAR MEDICINE	8,207	34,592	677,709	157,518	52,648	54.01
54.02	05402	ULTRASOUND	611	49,867	592,207	137,645	21,059	54.02
57.00	05700	CT SCAN	2,319	199,520	1,189,060	276,370	68,334	57.00
58.00	05800	MRI	1,928	95,370	973,623	226,296	50,966	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,587	164,143	2,419,126	562,270	257,434	59.00
60.00	06000	LABORATORY	57,500	449,962	5,875,265	1,365,570	345,254	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	17,603	10,873	644,742	149,855	27,247	62.00
65.00	06500	RESPIRATORY THERAPY	1,230	57,830	1,094,711	254,440	23,936	65.00
66.00	06600	PHYSICAL THERAPY	2,452	96,455	2,551,780	593,103	148,609	66.00
67.00	06700	OCCUPATIONAL THERAPY	641	33,932	686,807	159,632	38,862	67.00
68.00	06800	SPEECH PATHOLOGY	528	18,382	546,829	127,098	32,023	68.00
69.00	06900	ELECTROCARDIOLOGY	17,126	240,520	3,932,553	914,031	568,005	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	159,921	150,678	4,942,816	1,148,844	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	184,400	175,951	5,746,078	1,335,544	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	151,003	491,236	4,640,759	1,078,638	0	73.00
74.00	07400	RENAL DIALYSIS	0	12,007	238,865	55,519	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	166	8,970	184,972	42,992	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	9,840	225,491	52,410	0	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	1,047	54,181	12,593	0	90.03
90.04	09004	INFUSION CENTER	1,220	8,009	571,988	132,945	232,467	90.04
91.00	09100	EMERGENCY	10,045	276,273	3,682,559	855,926	478,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			0			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	816,041	3,869,088	122,929,502	21,798,397	9,298,890	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	46,293	10,760	51,237	190.00
190.03	19001	PHYSICIAN RECRUITMENT	26	0	305,222	70,942	0	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	227	0	659,975	153,396	0	190.04
190.05	19003	SPORTS MEDICINE	151	3,858	166,118	38,610	9,118	190.05
190.06	19004	FOUNDATION	0	0	177,278	41,204	30,124	190.06
191.00	19100	RESEARCH	15	0	304,562	70,788	0	191.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	1,741	34,676	5,496,860	1,277,619	0	193.01
193.02	19302	WELLNESS CENTER	314	0	333,977	77,625	0	193.02
193.03	19303	RENTAL PROPERTIES	83	0	1,200,208	278,961	0	193.03
193.04	19304	STARKE HOSPITAL	0	0	21,280,831	4,946,271	0	193.04
193.05	19306	RETAIL PHARMACY	64	0	393,291	91,411	0	193.05
193.06	19305	VACANT	0	0	305,170	70,930	337,763	193.06
193.07	19307	CONTINUING CARE - MILLERS	0	0	931,839	216,585	1,027,945	193.07
200.00		Cross Foot Adjustments			0			200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description		PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERA	OPERATION OF PLANT	
		5.03	5.04	5A.04	5.06	7.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	818,662	3,907,622	154,531,126	29,143,499	10,755,077	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		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	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,025,932				8.00
9.00	00900	HOUSEKEEPING	0	1,664,349			9.00
10.00	01000	DIETARY	0	37,762	1,730,690		10.00
11.00	01100	CAFETERIA	0	62,585	0	2,479,312	11.00
13.00	01300	NURSING ADMINISTRATION	0	28,791	0	72,469	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,298	25,537	0	23,009	14.00
15.00	01500	PHARMACY	0	19,525	0	94,394	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	24,989	0	116,287	16.00
17.00	01700	SOCIAL SERVICE	0	10,311	0	60,185	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	323,922	284,152	1,480,045	537,312	1,037,313
31.00	03100	INTENSIVE CARE UNIT	113,004	102,644	136,623	186,281	365,796
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
43.00	04300	NURSERY	13,606	36,039	0	18,449	48,377
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	135,131	230,191	403	326,013	381,378
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,256	80,022	78,098	40,626	78,857
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,747	112,468	0	110,625	22,501
54.01	05401	NUCLEAR MEDICINE	0	8,440	0	8,430	0
54.02	05402	ULTRASOUND	0	3,376	0	16,933	0
57.00	05700	CT SCAN	0	10,954	0	29,842	0
58.00	05800	MRI	0	8,170	0	24,163	0
59.00	05900	CARDIAC CATHETERIZATION	0	41,268	0	46,329	76,338
60.00	06000	LABORATORY	0	55,346	0	191,795	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	4,368	0	3,503	0
65.00	06500	RESPIRATORY THERAPY	0	3,837	0	57,481	0
66.00	06600	PHYSICAL THERAPY	4,762	23,823	0	124,035	0
67.00	06700	OCCUPATIONAL THERAPY	1,246	6,230	0	24,984	0
68.00	06800	SPEECH PATHOLOGY	1,025	5,134	0	17,979	0
69.00	06900	ELECTROCARDIOLOGY	18,047	91,055	0	99,089	49,851
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	10,454	6,668
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DENTAL CLINIC	0	0	0	0	0
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0
90.03	09003	DIABETIC TRAINING	0	0	0	3,922	0
90.04	09004	INFUSION CENTER	0	37,266	19,315	15,670	29,822
91.00	09100	EMERGENCY	115,582	76,629	16,206	140,506	244,331
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	847,626	1,430,912	1,730,690	2,400,765	2,352,190
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	8,214	0	0	0
190.03	19001	PHYSICIAN RECRUITMENT	0	0	0	4,129	0
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	0	10,630	0
190.05	19003	SPORTS MEDICINE	294	1,462	0	10,472	0
190.06	19004	FOUNDATION	0	4,829	0	8,561	0
191.00	19100	RESEARCH	0	0	0	13,509	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	FREESTANDING VNA & HOSPICE	0	0	0	0	248,594
193.02	19302	WELLNESS CENTER	9,926	0	0	22,551	0
193.03	19303	RENTAL PROPERTIES	0	0	0	8,695	0
193.04	19304	STARKE HOSPITAL	0	0	0	0	0
193.05	19306	RETAIL PHARMACY	0	0	0	0	0
193.06	19305	VACANT	0	54,146	0	0	0
193.07	19307	CONTINUING CARE - MILLERS	168,086	164,786	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
202.00   TOTAL (sum lines 118-201)	1,025,932	1,664,349	1,730,690	2,479,312	2,600,784	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
<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	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	888,773					14.00
15.00	01500	PHARMACY	453	2,929,167				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8	0	1,835,841			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,994,016		17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	33,021	0	131,131	1,253,544	21,508,429	30.00
31.00	03100	INTENSIVE CARE UNIT	16,914	0	39,521	575,693	7,569,748	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,644	0	6,789	164,779	1,312,067	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	53,025	0	349,232	0	14,792,426	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,649	0	15,065	0	2,587,725	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,554	0	61,341	0	5,452,078	54.00
54.01	05401	NUCLEAR MEDICINE	192	0	16,251	0	921,188	54.01
54.02	05402	ULTRASOUND	955	0	23,428	0	795,603	54.02
57.00	05700	CT SCAN	1,493	0	93,735	0	1,669,788	57.00
58.00	05800	MRI	510	0	44,805	0	1,328,533	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,504	0	77,115	0	3,496,384	59.00
60.00	06000	LABORATORY	6,212	0	211,394	0	8,050,836	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	11	0	5,108	0	834,834	62.00
65.00	06500	RESPIRATORY THERAPY	1,186	0	27,169	0	1,462,760	65.00
66.00	06600	PHYSICAL THERAPY	3,600	0	45,315	0	3,495,027	66.00
67.00	06700	OCCUPATIONAL THERAPY	942	0	15,941	0	934,644	67.00
68.00	06800	SPEECH PATHOLOGY	775	0	8,636	0	739,499	68.00
69.00	06900	ELECTROCARDIOLOGY	19,300	0	112,997	0	5,804,928	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	324,101	0	70,789	0	6,486,550	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	373,714	0	82,663	0	7,537,999	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,929,167	230,785	0	8,879,349	73.00
74.00	07400	RENAL DIALYSIS	0	0	5,641	0	300,025	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	150	0	4,214	0	249,450	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	4,623	0	282,524	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	0	492	0	71,188	90.03
90.04	09004	INFUSION CENTER	2,092	0	3,763	0	1,045,328	90.04
91.00	09100	EMERGENCY	19,076	0	129,794	0	5,758,623	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	885,081	2,929,167	1,817,737	1,994,016	113,367,533	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	116,504	190.00
190.03	19001	PHYSICIAN RECRUITMENT	0	0	0	0	380,293	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	0	0	824,001	190.04
190.05	19003	SPORTS MEDICINE	222	0	1,813	0	228,109	190.05
190.06	19004	FOUNDATION	0	0	0	0	261,996	190.06
191.00	19100	RESEARCH	13	0	0	0	388,872	191.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	3,430	0	16,291	0	7,042,794	193.01
193.02	19302	WELLNESS CENTER	26	0	0	0	444,105	193.02
193.03	19303	RENTAL PROPERTIES	0	0	0	0	1,487,864	193.03
193.04	19304	STARKE HOSPITAL	0	0	0	0	26,227,102	193.04
193.05	19306	RETAIL PHARMACY	1	0	0	0	484,703	193.05
193.06	19305	VACANT	0	0	0	0	768,009	193.06
193.07	19307	CONTINUING CARE - MILLERS	0	0	0	0	2,509,241	193.07
200.00		Cross Foot Adjustments					0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	Subtotal 24.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	888,773	2,929,167	1,835,841	1,994,016	154,531,126	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

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Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		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	00540	NONPATIENT TELEPHONES		5.01	
5.03	00560	PURCHASING RECEIVING AND STORES		5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04	
5.06	00590	OTHER ADMINISTRATIVE AND GENERA		5.06	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	21,508,429	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,569,748	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
43.00	04300	NURSERY	0	1,312,067	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	14,792,426	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,587,725	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,452,078	54.00
54.01	05401	NUCLEAR MEDICINE	0	921,188	54.01
54.02	05402	ULTRASOUND	0	795,603	54.02
57.00	05700	CT SCAN	0	1,669,788	57.00
58.00	05800	MRI	0	1,328,533	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,496,384	59.00
60.00	06000	LABORATORY	0	8,050,836	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	834,834	62.00
65.00	06500	RESPIRATORY THERAPY	0	1,462,760	65.00
66.00	06600	PHYSICAL THERAPY	0	3,495,027	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	934,644	67.00
68.00	06800	SPEECH PATHOLOGY	0	739,499	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,804,928	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	6,486,550	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,537,999	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,879,349	73.00
74.00	07400	RENAL DIALYSIS	0	300,025	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	249,450	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	282,524	90.00
90.01	09001	DENTAL CLINIC	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	71,188	90.03
90.04	09004	INFUSION CENTER	0	1,045,328	90.04
91.00	09100	EMERGENCY	0	5,758,623	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	113,367,533	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	116,504	190.00
190.03	19001	PHYSICIAN RECRUITMENT	0	380,293	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	0	824,001	190.04
190.05	19003	SPORTS MEDICINE	0	228,109	190.05
190.06	19004	FOUNDATION	0	261,996	190.06
191.00	19100	RESEARCH	0	388,872	191.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	0	7,042,794	193.01
193.02	19302	WELLNESS CENTER	0	444,105	193.02
193.03	19303	RENTAL PROPERTIES	0	1,487,864	193.03
193.04	19304	STARKE HOSPITAL	0	26,227,102	193.04
193.05	19306	RETAIL PHARMACY	0	484,703	193.05
193.06	19305	VACANT	0	768,009	193.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
193.07	19307	CONTINUING CARE - MILLERS	0	2,509,241	193.07
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	154,531,126	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2016 9:02 am

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	0	0	4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	0	5.01
5.03 00560	PURCHASING RECEIVING AND STORES	0	95,029	129,618	5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	21,947	29,936	5.04
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	860,037	1,173,069	5.06
7.00 00700	OPERATION OF PLANT		1,027,504	1,401,487	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	97,477	132,957	8.00
9.00 00900	HOUSEKEEPING	0	44,994	61,371	9.00
10.00 01000	DIETARY	0	90,030	122,799	10.00
11.00 01100	CAFETERIA	0	149,214	203,524	11.00
13.00 01300	NURSING ADMINISTRATION	0	68,643	93,627	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	60,884	83,045	14.00
15.00 01500	PHARMACY	0	46,550	63,493	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	59,578	81,262	16.00
17.00 01700	SOCIAL SERVICE	0	24,582	33,529	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	677,466	924,047	30.00
31.00 03100	INTENSIVE CARE UNIT	0	244,720	333,792	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00 04300	NURSERY	0	85,923	117,197	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	548,810	748,564	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	190,785	260,226	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	268,140	365,737	54.00
54.01 05401	NUCLEAR MEDICINE	0	20,122	27,446	54.01
54.02 05402	ULTRASOUND	0	8,049	10,978	54.02
57.00 05700	CT SCAN	0	26,117	35,623	57.00
58.00 05800	MRI	0	19,479	26,569	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	98,390	134,202	59.00
60.00 06000	LABORATORY	0	131,954	179,982	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	10,414	14,204	62.00
65.00 06500	RESPIRATORY THERAPY	0	9,148	12,478	65.00
66.00 06600	PHYSICAL THERAPY	0	56,798	77,471	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	14,853	20,259	67.00
68.00 06800	SPEECH PATHOLOGY	0	12,239	16,694	68.00
69.00 06900	ELECTROCARDIOLOGY	0	217,089	296,104	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	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
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	0	0	90.00
90.01 09001	DENTAL CLINIC	0	0	0	90.01
90.02 09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	90.02
90.03 09003	DIABETIC TRAINING	0	0	0	90.03
90.04 09004	INFUSION CENTER	0	88,848	121,186	90.04
91.00 09100	EMERGENCY	0	182,695	249,191	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT				92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,558,508	7,581,667	13,140,175
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	19,583	26,710	190.00
190.03 19001	PHYSICIAN RECRUITMENT	0	0	0	190.03
190.04 19002	MARKETING / PUBLIC RELATIONS	0	0	0	190.04
190.05 19003	SPORTS MEDICINE	0	3,485	4,754	190.05
190.06 19004	FOUNDATION	0	11,513	15,704	190.06
191.00 19100	RESEARCH	0	0	0	191.00
193.00 19300	NONPAID WORKERS	0	0	0	193.00
193.01 19301	FREESTANDING VNA & HOSPICE	0	306,206	417,658	193.01
193.02 19302	WELLNESS CENTER	0	0	0	193.02
193.03 19303	RENTAL PROPERTIES	0	59,453	81,093	193.03
193.04 19304	STARKE HOSPITAL	0	0	0	193.04
193.05 19306	RETAIL PHARMACY	0	0	0	193.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
193.06 19305 VACANT	0	129,092	176,078	305,170		0 193.06
193.07 19307 CONTINUING CARE - MILLERS	0	392,876	535,873	928,749		0 193.07
200.00 Cross Foot Adjustments				0		0 200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	0	6,480,716	8,839,537	15,320,253		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.01	5.03	5.04	5.06	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	0					5.01
5.03	00560	0	224,647				5.03
5.04	00580	0	266	52,149			5.04
5.06	00590	0	3,349	0	2,036,455		5.06
7.00	00700	0	4,018	0	141,731	2,574,740	7.00
8.00	00800	0	105	0	10,159	61,057	8.00
9.00	00900	0	1,029	0	20,381	28,183	9.00
10.00	01000	0	3,927	0	19,205	56,393	10.00
11.00	01100	0	6,509	0	26,703	93,464	11.00
13.00	01300	0	148	0	30,572	42,996	13.00
14.00	01400	0	874	0	8,679	38,137	14.00
15.00	01500	0	167	0	35,489	29,158	15.00
16.00	01600	0	66	0	20,277	37,318	16.00
17.00	01700	0	36	0	24,356	15,398	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	5,535	3,716	193,130	424,346	30.00
31.00	03100	0	2,601	1,120	71,069	153,287	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	251	192	10,510	53,820	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	13,594	10,023	156,570	343,761	50.00
52.00	05200	0	558	427	23,219	119,503	52.00
54.00	05400	0	2,947	1,738	57,578	167,957	54.00
54.01	05401	0	2,252	460	11,007	12,604	54.01
54.02	05402	0	168	664	9,618	5,042	54.02
57.00	05700	0	636	2,656	19,312	16,359	57.00
58.00	05800	0	529	1,270	15,813	12,201	58.00
59.00	05900	0	8,668	2,185	39,289	61,629	59.00
60.00	06000	0	15,779	5,990	95,420	82,653	60.00
62.00	06200	0	4,831	145	10,471	6,523	62.00
65.00	06500	0	338	770	17,779	5,730	65.00
66.00	06600	0	673	1,284	41,443	35,577	66.00
67.00	06700	0	176	452	11,154	9,303	67.00
68.00	06800	0	145	245	8,881	7,666	68.00
69.00	06900	0	4,700	3,202	63,869	135,979	69.00
71.00	07100	0	43,884	2,006	80,276	0	71.00
72.00	07200	0	50,595	2,342	93,322	0	72.00
73.00	07300	0	41,437	6,540	75,371	0	73.00
74.00	07400	0	0	160	3,879	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	46	119	3,004	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	131	3,662	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	14	880	0	90.03
90.04	09004	0	335	107	9,290	55,652	90.04
91.00	09100	0	2,756	3,678	59,808	114,435	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		0	223,928	51,636	1,523,176	2,226,131	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	752	12,266	190.00
190.03	19001	0	7	0	4,957	0	190.03
190.04	19002	0	62	0	10,719	0	190.04
190.05	19003	0	41	51	2,698	2,183	190.05
190.06	19004	0	0	0	2,879	7,212	190.06
191.00	19100	0	4	0	4,946	0	191.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	478	462	89,275	0	193.01
193.02	19302	0	86	0	5,424	0	193.02
193.03	19303	0	23	0	19,493	0	193.03
193.04	19304	0	0	0	345,659	0	193.04
193.05	19306	0	18	0	6,387	0	193.05
193.06	19305	0	0	0	4,956	80,860	193.06
193.07	19307	0	0	0	15,134	246,088	193.07
200.00							200.00
Cross Foot Adjustments							

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.01	5.03	5.04	5.06	7.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	224,647	52,149	2,036,455	2,574,740	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/26/2016 9:02 am				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		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	00540	NONPATIENT TELEPHONES					5.01	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	301,755				8.00	
9.00	00900	HOUSEKEEPING	0	155,958			9.00	
10.00	01000	DIETARY	0	3,538	295,892		10.00	
11.00	01100	CAFETERIA	0	5,865	0	485,279	11.00	
13.00	01300	NURSING ADMINISTRATION	0	2,698	0	14,184	252,868	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,558	2,393	0	4,504	0	14.00
15.00	01500	PHARMACY	0	1,830	0	18,476	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,342	0	22,761	0	16.00
17.00	01700	SOCIAL SERVICE	0	966	0	11,780	1,065	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	95,274	26,627	253,040	105,168	100,857	30.00
31.00	03100	INTENSIVE CARE UNIT	33,238	9,618	23,358	36,461	35,565	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	4,002	3,377	0	3,611	4,704	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	39,746	21,570	69	63,811	37,080	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,899	7,498	13,352	7,952	7,667	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,220	10,539	0	21,653	2,188	54.00
54.01	05401	NUCLEAR MEDICINE	0	791	0	1,650	0	54.01
54.02	05402	ULTRASOUND	0	316	0	3,314	0	54.02
57.00	05700	CT SCAN	0	1,026	0	5,841	0	57.00
58.00	05800	MRI	0	766	0	4,729	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,867	0	9,068	7,422	59.00
60.00	06000	LABORATORY	0	5,186	0	37,540	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	409	0	686	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	360	0	11,251	0	65.00
66.00	06600	PHYSICAL THERAPY	1,401	2,232	0	24,278	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	366	584	0	4,890	0	67.00
68.00	06800	SPEECH PATHOLOGY	302	481	0	3,519	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,308	8,532	0	19,395	4,847	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,046	648	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	0	0	768	0	90.03
90.04	09004	INFUSION CENTER	0	3,492	3,302	3,067	2,899	90.04
91.00	09100	EMERGENCY	33,996	7,180	2,771	27,501	23,756	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	249,310	134,083	295,892	469,904	228,698	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	770	0	0	0	190.00
190.03	19001	PHYSICIAN RECRUITMENT	0	0	0	808	0	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	0	2,081	0	190.04
190.05	19003	SPORTS MEDICINE	86	137	0	2,050	0	190.05
190.06	19004	FOUNDATION	0	453	0	1,676	0	190.06
191.00	19100	RESEARCH	0	0	0	2,644	0	191.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	0	0	0	0	24,170	193.01
193.02	19302	WELLNESS CENTER	2,920	0	0	4,414	0	193.02
193.03	19303	RENTAL PROPERTIES	0	0	0	1,702	0	193.03
193.04	19304	STARKE HOSPITAL	0	0	0	0	0	193.04
193.05	19306	RETAIL PHARMACY	0	0	0	0	0	193.05
193.06	19305	VACANT	0	5,074	0	0	0	193.06
193.07	19307	CONTINUING CARE - MILLERS	49,439	15,441	0	0	0	193.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006			Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/26/2016 9:02 am	
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
202.00	TOTAL (sum lines 118-201)	301,755	155,958	295,892	485,279	252,868		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/26/2016 9:02 am		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal
			14.00	15.00	16.00	17.00	24.00
<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	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
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	205,074				14.00
15.00	01500	PHARMACY	105	195,268			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2	0	223,606		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	111,712	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	7,619	0	15,978	70,228	2,903,031
31.00	03100	INTENSIVE CARE UNIT	3,903	0	4,815	32,252	985,799
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	379	0	827	9,232	294,025
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	12,235	0	42,474	0	2,038,307
52.00	05200	DELIVERY ROOM & LABOR ROOM	842	0	1,836	0	642,764
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,281	0	7,474	0	927,452
54.01	05401	NUCLEAR MEDICINE	44	0	1,980	0	78,356
54.02	05402	ULTRASOUND	220	0	2,855	0	41,224
57.00	05700	CT SCAN	345	0	11,421	0	119,336
58.00	05800	MRI	118	0	5,459	0	86,933
59.00	05900	CARDIAC CATHETERIZATION	3,808	0	9,396	0	377,924
60.00	06000	LABORATORY	1,433	0	25,757	0	581,694
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	2	0	622	0	48,307
65.00	06500	RESPIRATORY THERAPY	274	0	3,310	0	61,438
66.00	06600	PHYSICAL THERAPY	831	0	5,521	0	247,509
67.00	06700	OCCUPATIONAL THERAPY	217	0	1,942	0	64,196
68.00	06800	SPEECH PATHOLOGY	179	0	1,052	0	51,403
69.00	06900	ELECTROCARDIOLOGY	4,453	0	13,768	0	777,246
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	74,782	0	8,625	0	209,573
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	86,230	0	10,072	0	242,561
73.00	07300	DRUGS CHARGED TO PATIENTS	0	195,268	28,120	0	346,736
74.00	07400	RENAL DIALYSIS	0	0	687	0	4,726
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	35	0	513	0	6,411
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	563	0	4,356
90.01	09001	DENTAL CLINIC	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	0	60	0	1,722
90.04	09004	INFUSION CENTER	483	0	458	0	289,119
91.00	09100	EMERGENCY	4,402	0	15,815	0	727,984
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	204,222	195,268	221,400	111,712	12,160,132
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	60,081
190.03	19001	PHYSICIAN RECRUITMENT	0	0	0	0	5,772
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	0	0	12,862
190.05	19003	SPORTS MEDICINE	51	0	221	0	15,757
190.06	19004	FOUNDATION	0	0	0	0	39,437
191.00	19100	RESEARCH	3	0	0	0	7,597
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	FREESTANDING VNA & HOSPICE	792	0	1,985	0	841,026
193.02	19302	WELLNESS CENTER	6	0	0	0	12,850
193.03	19303	RENTAL PROPERTIES	0	0	0	0	161,764
193.04	19304	STARKE HOSPITAL	0	0	0	0	345,659
193.05	19306	RETAIL PHARMACY	0	0	0	0	6,405
193.06	19305	VACANT	0	0	0	0	396,060
193.07	19307	CONTINUING CARE - MILLERS	0	0	0	0	1,254,851
200.00		Cross Foot Adjustments					0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	Subtotal 24.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	205,074	195,268	223,606	111,712	15,320,253	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/26/2016 9:02 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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	00540	NONPATIENT TELEPHONES		5.01
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERA		5.06
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	2,903,031
31.00	03100	INTENSIVE CARE UNIT	0	985,799
40.00	04000	SUBPROVIDER - I PF	0	0
41.00	04100	SUBPROVIDER - I RF	0	0
43.00	04300	NURSERY	0	294,025
44.00	04400	SKILLED NURSING FACILITY	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	2,038,307
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	642,764
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	927,452
54.01	05401	NUCLEAR MEDICINE	0	78,356
54.02	05402	ULTRASOUND	0	41,224
57.00	05700	CT SCAN	0	119,336
58.00	05800	MRI	0	86,933
59.00	05900	CARDIAC CATHETERIZATION	0	377,924
60.00	06000	LABORATORY	0	581,694
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	48,307
65.00	06500	RESPIRATORY THERAPY	0	61,438
66.00	06600	PHYSICAL THERAPY	0	247,509
67.00	06700	OCCUPATIONAL THERAPY	0	64,196
68.00	06800	SPEECH PATHOLOGY	0	51,403
69.00	06900	ELECTROCARDIOLOGY	0	777,246
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	209,573
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	242,561
73.00	07300	DRUGS CHARGED TO PATIENTS	0	346,736
74.00	07400	RENAL DIALYSIS	0	4,726
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0
76.97	07697	CARDIAC REHABILITATION	0	6,411
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	4,356
90.01	09001	DENTAL CLINIC	0	0
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0
90.03	09003	DIABETIC TRAINING	0	1,722
90.04	09004	INFUSION CENTER	0	289,119
91.00	09100	EMERGENCY	0	727,984
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	12,160,132
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	60,081
190.03	19001	PHYSICIAN RECRUITMENT	0	5,772
190.04	19002	MARKETING / PUBLIC RELATIONS	0	12,862
190.05	19003	SPORTS MEDICINE	0	15,757
190.06	19004	FOUNDATION	0	39,437
191.00	19100	RESEARCH	0	7,597
193.00	19300	NONPAID WORKERS	0	0
193.01	19301	FREESTANDING VNA & HOSPICE	0	841,026
193.02	19302	WELLNESS CENTER	0	12,850
193.03	19303	RENTAL PROPERTIES	0	161,764
193.04	19304	STARKE HOSPITAL	0	345,659
193.05	19306	RETAIL PHARMACY	0	6,405
193.06	19305	VACANT	0	396,060

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150006		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/26/2016 9:02 am	
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total				
			25.00	26.00				
193.07	19307	CONTINUING CARE - MILLERS	0	1,254,851				193.07
200.00		Cross Foot Adjustments	0	0				200.00
201.00		Negative Cost Centers	0	0				201.00
202.00		TOTAL (sum lines 118-201)	0	15,320,253				202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING RECEIVING AND STORES (BILLABLE SUPPLIES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	312,410				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		312,410			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	62,150,697		4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	172,767	1,486	5.01
5.03 00560	PURCHASING RECEIVING AND STORES	4,581	4,581	322,915	12	24,255,280 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,058	1,058	1,542,790	116	28,707 5.04
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	41,459	41,459	8,204,824	430	361,573 5.06
7.00 00700	OPERATION OF PLANT	49,532	49,532	1,596,485	58	433,857 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	4,699	4,699	63,617	5	11,319 8.00
9.00 00900	HOUSEKEEPING	2,169	2,169	843,143	19	111,046 9.00
10.00 01000	DIETARY	4,340	4,340	593,891	14	424,008 10.00
11.00 01100	CAFETERIA	7,193	7,193	1,004,993	23	702,773 11.00
13.00 01300	NURSING ADMINISTRATION	3,309	3,309	1,253,561	16	16,000 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,935	2,935	198,506	11	94,315 14.00
15.00 01500	PHARMACY	2,244	2,244	1,629,925	42	18,009 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,872	2,872	1,081,149	38	7,124 16.00
17.00 01700	SOCIAL SERVICE	1,185	1,185	954,686	23	3,905 17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	32,658	32,658	8,955,021	102	597,598 30.00
31.00 03100	INTENSIVE CARE UNIT	11,797	11,797	2,802,377	46	280,831 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00 04300	NURSERY	4,142	4,142	338,883	8	27,118 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	26,456	26,456	4,398,997	99	1,467,679 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,197	9,197	745,690	25	60,207 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,926	12,926	1,658,223	68	318,202 54.00
54.01 05401	NUCLEAR MEDICINE	970	970	196,913	2	243,167 54.01
54.02 05402	ULTRASOUND	388	388	390,706	3	18,109 54.02
57.00 05700	CT SCAN	1,259	1,259	445,934	9	68,720 57.00
58.00 05800	MRI	939	939	421,545	1	57,133 58.00
59.00 05900	CARDIAC CATHETERIZATION	4,743	4,743	692,621	0	935,864 59.00
60.00 06000	LABORATORY	6,361	6,361	2,986,056	40	1,703,601 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	502	502	56,848	5	521,543 62.00
65.00 06500	RESPIRATORY THERAPY	441	441	802,317	9	36,440 65.00
66.00 06600	PHYSICAL THERAPY	2,738	2,738	1,669,048	31	72,643 66.00
67.00 06700	OCCUPATIONAL THERAPY	716	716	477,657	8	18,999 67.00
68.00 06800	SPEECH PATHOLOGY	590	590	361,055	6	15,646 68.00
69.00 06900	ELECTROCARDIOLOGY	10,465	10,465	1,835,958	115	507,399 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	4,738,112 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,463,382 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,473,911 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	138,572	7	4,926 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	1	0 90.00
90.01 09001	DENTAL CLINIC	0	0	0	0	0 90.01
90.02 09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0 90.02
90.03 09003	DIABETIC TRAINING	0	0	43,759	0	0 90.03
90.04 09004	INFUSION CENTER	4,283	4,283	259,573	7	36,145 90.04
91.00 09100	EMERGENCY	8,807	8,807	2,264,078	54	297,608 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT					
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	267,954	267,954	51,405,083	1,453	24,177,619 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	944	944	0	0	0 190.00
190.03 19001	PHYSICIAN RECRUITMENT	0	0	72,985	2	766 190.03
190.04 19002	MARKETING / PUBLIC RELATIONS	0	0	144,274	0	6,715 190.04
190.05 19003	SPORTS MEDICINE	168	168	118,018	2	4,470 190.05
190.06 19004	FOUNDATION	555	555	103,017	4	0 190.06
191.00 19100	RESEARCH	0	0	261,029	0	442 191.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01 19301	FREESTANDING VNA & HOSPICE	14,761	14,761	2,732,949	0	51,590 193.01
193.02 19302	WELLNESS CENTER	0	0	209,374	3	9,310 193.02
193.03 19303	RENTAL PROPERTIES	2,866	2,866	105,456	0	2,460 193.03
193.04 19304	STARKE HOSPITAL	0	0	6,811,389	0	0 193.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING RECEIVING AND STORES (BILLABLE SUPPLIE)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.03	
193.05	19306	RETAIL PHARMACY	0	0	187,123	0	1,908	193.05
193.06	19305	VACANT	6,223	6,223	0	0	0	193.06
193.07	19307	CONTINUING CARE - MILLERS	18,939	18,939	0	22	0	193.07
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)	6,480,716	8,839,537	13,316,720	208,730	818,662	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.744266	28.294667	0.214265	140.464334	0.033752	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	0	224,647	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	0.009262	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.04	5A.06	5.06	7.00	8.00	
<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	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	472,885,737					5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	-29,143,499	125,387,627			5.06
7.00	00700	OPERATION OF PLANT	0	0	8,726,746	198,153		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	625,502	4,699	562,343	8.00
9.00	00900	HOUSEKEEPING	0	0	1,254,941	2,169	0	9.00
10.00	01000	DIETARY	0	0	1,182,518	4,340	0	10.00
11.00	01100	CAFETERIA	0	0	1,644,166	7,193	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,882,402	3,309	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	534,415	2,935	12,222	14.00
15.00	01500	PHARMACY	0	0	2,185,118	2,244	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,248,492	2,872	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,499,678	1,185	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	33,779,154	0	11,891,513	32,658	177,551	30.00
31.00	03100	INTENSIVE CARE UNIT	10,180,668	0	4,375,895	11,797	61,941	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,748,838	0	647,154	4,142	7,458	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	89,936,376	0	9,640,417	26,456	74,069	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,880,679	0	1,429,675	9,197	16,584	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,801,284	0	3,545,250	12,926	37,682	54.00
54.01	05401	NUCLEAR MEDICINE	4,186,335	0	677,709	970	0	54.01
54.02	05402	ULTRASOUND	6,034,970	0	592,207	388	0	54.02
57.00	05700	CT SCAN	24,146,163	0	1,189,060	1,259	0	57.00
58.00	05800	MRI	11,541,800	0	973,623	939	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,864,846	0	2,419,126	4,743	0	59.00
60.00	06000	LABORATORY	54,454,981	0	5,875,265	6,361	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	1,315,859	0	644,742	502	0	62.00
65.00	06500	RESPIRATORY THERAPY	6,998,652	0	1,094,711	441	0	65.00
66.00	06600	PHYSICAL THERAPY	11,673,110	0	2,551,780	2,738	2,610	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,106,491	0	686,807	716	683	67.00
68.00	06800	SPEECH PATHOLOGY	2,224,594	0	546,829	590	562	68.00
69.00	06900	ELECTROCARDIOLOGY	29,108,036	0	3,932,553	10,465	9,892	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	18,235,250	0	4,942,816	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,293,809	0	5,746,078	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,450,072	0	4,640,759	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,453,111	0	238,865	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,085,538	0	184,972	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,190,806	0	225,491	0	0	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	126,703	0	54,181	0	0	90.03
90.04	09004	INFUSION CENTER	969,273	0	571,988	4,283	0	90.04
91.00	09100	EMERGENCY	33,434,934	0	3,682,559	8,807	63,354	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	468,222,332	-29,143,499	93,786,003	171,324	464,608	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	46,293	944	0	190.00
190.03	19001	PHYSICIAN RECRUITMENT	0	0	305,222	0	0	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	659,975	0	0	190.04
190.05	19003	SPORTS MEDICINE	466,924	0	166,118	168	161	190.05
190.06	19004	FOUNDATION	0	0	177,278	555	0	190.06
191.00	19100	RESEARCH	0	0	304,562	0	0	191.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	4,196,481	0	5,496,860	0	0	193.01
193.02	19302	WELLNESS CENTER	0	0	333,977	0	5,441	193.02
193.03	19303	RENTAL PROPERTIES	0	0	1,200,208	0	0	193.03
193.04	19304	STARKE HOSPITAL	0	0	21,280,831	0	0	193.04
193.05	19306	RETAIL PHARMACY	0	0	393,291	0	0	193.05
193.06	19305	VACANT	0	0	305,170	6,223	0	193.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.04	5A.06	5.06	7.00	8.00	
193.07	19307 CONTINUING CARE - MILLERS	0	0	931,839	18,939	92,133	193.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,907,622		29,143,499	10,755,077	1,025,932	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.008263		0.232427	54.276630	1.824388	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	52,149		2,036,455	2,574,740	301,755	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000110		0.016241	12.993697	0.536603	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (BILLABLE S UPPLIE)	
		9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.03	00560						5.03
5.04	00580						5.04
5.06	00590						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	191,285					9.00
10.00	01000	4,340	107,434				10.00
11.00	01100	7,193	0	1,244,124			11.00
13.00	01300	3,309	0	36,365	497,717		13.00
14.00	01400	2,935	0	11,546	0	12,993,113	14.00
15.00	01500	2,244	0	47,367	0	6,623	15.00
16.00	01600	2,872	0	58,353	0	115	16.00
17.00	01700	1,185	0	30,201	2,097	1	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	32,658	91,875	269,625	198,513	482,736	30.00
31.00	03100	11,797	8,481	93,476	70,003	247,268	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	4,142	0	9,258	9,258	24,027	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	26,456	25	163,594	72,985	775,189	50.00
52.00	05200	9,197	4,848	20,386	15,091	53,345	52.00
54.00	05400	12,926	0	55,512	4,306	81,192	54.00
54.01	05401	970	0	4,230	0	2,807	54.01
54.02	05402	388	0	8,497	0	13,959	54.02
57.00	05700	1,259	0	14,975	0	21,830	57.00
58.00	05800	939	0	12,125	0	7,452	58.00
59.00	05900	4,743	0	23,248	14,609	241,275	59.00
60.00	06000	6,361	0	96,243	0	90,809	60.00
62.00	06200	502	0	1,758	0	154	62.00
65.00	06500	441	0	28,844	0	17,332	65.00
66.00	06600	2,738	0	62,241	0	52,634	66.00
67.00	06700	716	0	12,537	0	13,766	67.00
68.00	06800	590	0	9,022	0	11,337	68.00
69.00	06900	10,465	0	49,723	9,540	282,153	69.00
71.00	07100	0	0	0	0	4,738,112	71.00
72.00	07200	0	0	0	0	5,463,382	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	0	5,246	1,276	2,192	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	1,968	0	0	90.03
90.04	09004	4,283	1,199	7,863	5,707	30,584	90.04
91.00	09100	8,807	1,006	70,506	46,758	278,882	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		164,456	107,434	1,204,709	450,143	12,939,156	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	944	0	0	0	0	190.00
190.03	19001	0	0	2,072	0	0	190.03
190.04	19002	0	0	5,334	0	0	190.04
190.05	19003	168	0	5,255	0	3,239	190.05
190.06	19004	555	0	4,296	0	0	190.06
191.00	19100	0	0	6,779	0	183	191.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	47,574	50,149	193.01
193.02	19302	0	0	11,316	0	377	193.02
193.03	19303	0	0	4,363	0	0	193.03
193.04	19304	0	0	0	0	0	193.04
193.05	19306	0	0	0	0	9	193.05
193.06	19305	6,223	0	0	0	0	193.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (BILLABLE S UPPLIE)	
		9.00	10.00	11.00	13.00	14.00	
193.07	19307 CONTINUING CARE - MILLERS	18,939	0	0	0	0	193.07
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)	1,664,349	1,730,690	2,479,312	2,600,784	888,773	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.700886	16.109332	1.992817	5.225427	0.068403	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	155,958	295,892	485,279	252,868	205,074	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.815317	2.754175	0.390057	0.508056	0.015783	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1  
Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description		PHARMACY (100% ALLOC AT)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (PATIENT DA YS)	
		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	00540				5.01
5.03	00560				5.03
5.04	00580				5.04
5.06	00590				5.06
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	100			15.00
16.00	01600	0	472,885,737		16.00
17.00	01700	0	0	18,309	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	0	33,779,154	11,510	30.00
31.00	03100	0	10,180,668	5,286	31.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
43.00	04300	0	1,748,838	1,513	43.00
44.00	04400	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	0	89,936,376	0	50.00
52.00	05200	0	3,880,679	0	52.00
54.00	05400	0	15,801,284	0	54.00
54.01	05401	0	4,186,335	0	54.01
54.02	05402	0	6,034,970	0	54.02
57.00	05700	0	24,146,163	0	57.00
58.00	05800	0	11,541,800	0	58.00
59.00	05900	0	19,864,846	0	59.00
60.00	06000	0	54,454,981	0	60.00
62.00	06200	0	1,315,859	0	62.00
65.00	06500	0	6,998,652	0	65.00
66.00	06600	0	11,673,110	0	66.00
67.00	06700	0	4,106,491	0	67.00
68.00	06800	0	2,224,594	0	68.00
69.00	06900	0	29,108,036	0	69.00
71.00	07100	0	18,235,250	0	71.00
72.00	07200	0	21,293,809	0	72.00
73.00	07300	100	59,450,072	0	73.00
74.00	07400	0	1,453,111	0	74.00
76.00	03020	0	0	0	76.00
76.97	07697	0	1,085,538	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	0	1,190,806	0	90.00
90.01	09001	0	0	0	90.01
90.02	09002	0	0	0	90.02
90.03	09003	0	126,703	0	90.03
90.04	09004	0	969,273	0	90.04
91.00	09100	0	33,434,934	0	91.00
92.00	09200	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		100	468,222,332	18,309	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	0	0	0	190.00
190.03	19001	0	0	0	190.03
190.04	19002	0	0	0	190.04
190.05	19003	0	466,924	0	190.05
190.06	19004	0	0	0	190.06
191.00	19100	0	0	0	191.00
193.00	19300	0	0	0	193.00
193.01	19301	0	4,196,481	0	193.01
193.02	19302	0	0	0	193.02
193.03	19303	0	0	0	193.03
193.04	19304	0	0	0	193.04
193.05	19306	0	0	0	193.05
193.06	19305	0	0	0	193.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:  
5/26/2016 9:02 am

Cost Center Description		PHARMACY (100% ALLOC AT)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (PATIENT DA YS)	
		15.00	16.00	17.00	
193.07	19307 CONTINUING CARE - MILLERS	0	0	0	193.07
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)	2,929,167	1,835,841	1,994,016	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	29,291.670000	0.003882	108.909061	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	195,268	223,606	111,712	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1,952.680000	0.000473	6.101480	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150006

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		21,508,429	0	21,508,429	30.00	
31.00	03100 INTENSIVE CARE UNIT		7,569,748	33,821	7,603,569	31.00	
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00	
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00	
43.00	04300 NURSERY		1,312,067	0	1,312,067	43.00	
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		14,792,426	0	14,792,426	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,587,725	0	2,587,725	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,452,078	0	5,452,078	54.00	
54.01	05401 NUCLEAR MEDICINE		921,188	0	921,188	54.01	
54.02	05402 ULTRASOUND		795,603	0	795,603	54.02	
57.00	05700 CT SCAN		1,669,788	0	1,669,788	57.00	
58.00	05800 MRI		1,328,533	0	1,328,533	58.00	
59.00	05900 CARDIAC CATHETERIZATION		3,496,384	0	3,496,384	59.00	
60.00	06000 LABORATORY		8,050,836	0	8,050,836	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD		834,834	0	834,834	62.00	
65.00	06500 RESPIRATORY THERAPY	0	1,462,760	0	1,462,760	65.00	
66.00	06600 PHYSICAL THERAPY	0	3,495,027	0	3,495,027	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	934,644	0	934,644	67.00	
68.00	06800 SPEECH PATHOLOGY	0	739,499	0	739,499	68.00	
69.00	06900 ELECTROCARDIOLOGY		5,804,928	0	5,804,928	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT		6,486,550	0	6,486,550	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		7,537,999	0	7,537,999	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		8,879,349	0	8,879,349	73.00	
74.00	07400 RENAL DIALYSIS		300,025	0	300,025	74.00	
76.00	03020 OTHER ANCILLARY SERVICE COST CE		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		249,450	0	249,450	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC		282,524	0	282,524	90.00	
90.01	09001 DENTAL CLINIC		0	0	0	90.01	
90.02	09002 OTHER OUTPATIENT SERVICE COST C		0	0	0	90.02	
90.03	09003 DIABETIC TRAINING		71,188	0	71,188	90.03	
90.04	09004 INFUSION CENTER		1,045,328	0	1,045,328	90.04	
91.00	09100 EMERGENCY		5,758,623	0	5,758,623	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT		5,636,014	0	5,636,014	92.00	
200.00	Subtotal (see instructions)	0	119,003,547	33,821	119,037,368	200.00	
201.00	Less Observation Beds		5,636,014	0	5,636,014	201.00	
202.00	Total (see instructions)	0	113,367,533	33,821	113,401,354	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150006

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

		Title XVII I			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	24,597,231		24,597,231		30.00
31.00	03100	INTENSIVE CARE UNIT	10,029,142		10,029,142		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	1,722,809		1,722,809		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	34,500,429	54,914,697	89,415,126	0.165435	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,228,483	603,418	3,831,901	0.675311	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,929,469	11,812,447	15,741,916	0.346341	54.00
54.01	05401	NUCLEAR MEDICINE	1,061,885	3,108,406	4,170,291	0.220893	54.01
54.02	05402	ULTRASOUND	810,414	5,212,312	6,022,726	0.132100	54.02
57.00	05700	CT SCAN	5,696,467	18,363,631	24,060,098	0.069401	57.00
58.00	05800	MRI	1,352,474	10,168,892	11,521,366	0.115310	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,861,000	12,900,186	19,761,186	0.176932	59.00
60.00	06000	LABORATORY	15,738,190	38,479,010	54,217,200	0.148492	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	877,224	425,381	1,302,605	0.640896	62.00
65.00	06500	RESPIRATORY THERAPY	5,695,943	1,216,652	6,912,595	0.211608	65.00
66.00	06600	PHYSICAL THERAPY	1,882,831	10,248,212	12,131,043	0.288106	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,558,946	2,523,992	4,082,938	0.228915	67.00
68.00	06800	SPEECH PATHOLOGY	560,224	1,655,906	2,216,130	0.333689	68.00
69.00	06900	ELECTROCARDIOLOGY	5,156,795	23,873,329	29,030,124	0.199962	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	9,240,810	8,854,825	18,095,635	0.358459	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,940,953	7,142,229	21,083,182	0.357536	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,708,162	28,277,955	58,986,117	0.150533	73.00
74.00	07400	RENAL DIALYSIS	1,404,032	27,866	1,431,898	0.209530	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,062	1,084,460	1,085,522	0.229797	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	1,167,563	5,603	1,173,166	0.240822	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0.000000	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0.000000	90.02
90.03	09003	DIABETIC TRAINING	6,779	119,923	126,702	0.561854	90.03
90.04	09004	INFUSION CENTER	9,493	959,637	969,130	1.078625	90.04
91.00	09100	EMERGENCY	5,911,863	27,433,751	33,345,614	0.172695	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,817,891	6,964,938	8,782,829	0.641708	92.00
200.00		Subtotal (see instructions)	189,468,564	276,377,658	465,846,222		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	189,468,564	276,377,658	465,846,222		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/26/2016 9:02 am
		Title XVIII	Hospital	PPS

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
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.165435		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.675311		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.346341		54.00
54.01	05401 NUCLEAR MEDICINE	0.220893		54.01
54.02	05402 ULTRASOUND	0.132100		54.02
57.00	05700 CT SCAN	0.069401		57.00
58.00	05800 MRI	0.115310		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.176932		59.00
60.00	06000 LABORATORY	0.148492		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.640896		62.00
65.00	06500 RESPIRATORY THERAPY	0.211608		65.00
66.00	06600 PHYSICAL THERAPY	0.288106		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.228915		67.00
68.00	06800 SPEECH PATHOLOGY	0.333689		68.00
69.00	06900 ELECTROCARDIOLOGY	0.199962		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.358459		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.357536		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.150533		73.00
74.00	07400 RENAL DIALYSIS	0.209530		74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.229797		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.240822		90.00
90.01	09001 DENTAL CLINIC	0.000000		90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0.000000		90.02
90.03	09003 DIABETIC TRAINING	0.561854		90.03
90.04	09004 INFUSION CENTER	1.078625		90.04
91.00	09100 EMERGENCY	0.172695		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.641708		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150006

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	21,508,429		21,508,429	0	21,508,429	30.00
31.00	03100 INTENSIVE CARE UNIT	7,569,748		7,569,748	33,821	7,603,569	31.00
40.00	04000 SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
43.00	04300 NURSERY	1,312,067		1,312,067	0	1,312,067	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	14,792,426		14,792,426	0	14,792,426	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,587,725		2,587,725	0	2,587,725	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,452,078		5,452,078	0	5,452,078	54.00
54.01	05401 NUCLEAR MEDICINE	921,188		921,188	0	921,188	54.01
54.02	05402 ULTRASOUND	795,603		795,603	0	795,603	54.02
57.00	05700 CT SCAN	1,669,788		1,669,788	0	1,669,788	57.00
58.00	05800 MRI	1,328,533		1,328,533	0	1,328,533	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,496,384		3,496,384	0	3,496,384	59.00
60.00	06000 LABORATORY	8,050,836		8,050,836	0	8,050,836	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	834,834		834,834	0	834,834	62.00
65.00	06500 RESPIRATORY THERAPY	1,462,760	0	1,462,760	0	1,462,760	65.00
66.00	06600 PHYSICAL THERAPY	3,495,027	0	3,495,027	0	3,495,027	66.00
67.00	06700 OCCUPATIONAL THERAPY	934,644	0	934,644	0	934,644	67.00
68.00	06800 SPEECH PATHOLOGY	739,499	0	739,499	0	739,499	68.00
69.00	06900 ELECTROCARDIOLOGY	5,804,928		5,804,928	0	5,804,928	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	6,486,550		6,486,550	0	6,486,550	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,537,999		7,537,999	0	7,537,999	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,879,349		8,879,349	0	8,879,349	73.00
74.00	07400 RENAL DIALYSIS	300,025		300,025	0	300,025	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	249,450		249,450	0	249,450	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	282,524		282,524	0	282,524	90.00
90.01	09001 DENTAL CLINIC	0		0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0		0	0	0	90.02
90.03	09003 DIABETIC TRAINING	71,188		71,188	0	71,188	90.03
90.04	09004 INFUSION CENTER	1,045,328		1,045,328	0	1,045,328	90.04
91.00	09100 EMERGENCY	5,758,623		5,758,623	0	5,758,623	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	5,636,014		5,636,014		5,636,014	92.00
200.00	Subtotal (see instructions)	119,003,547	0	119,003,547	33,821	119,037,368	200.00
201.00	Less Observation Beds	5,636,014		5,636,014		5,636,014	201.00
202.00	Total (see instructions)	113,367,533	0	113,367,533	33,821	113,401,354	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150006

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

		Title XIX			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	24,597,231		24,597,231		30.00
31.00	03100	INTENSIVE CARE UNIT	10,029,142		10,029,142		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	1,722,809		1,722,809		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	34,500,429	54,914,697	89,415,126	0.165435	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,228,483	603,418	3,831,901	0.675311	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,929,469	11,812,447	15,741,916	0.346341	54.00
54.01	05401	NUCLEAR MEDICINE	1,061,885	3,108,406	4,170,291	0.220893	54.01
54.02	05402	ULTRASOUND	810,414	5,212,312	6,022,726	0.132100	54.02
57.00	05700	CT SCAN	5,696,467	18,363,631	24,060,098	0.069401	57.00
58.00	05800	MRI	1,352,474	10,168,892	11,521,366	0.115310	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,861,000	12,900,186	19,761,186	0.176932	59.00
60.00	06000	LABORATORY	15,738,190	38,479,010	54,217,200	0.148492	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	877,224	425,381	1,302,605	0.640896	62.00
65.00	06500	RESPIRATORY THERAPY	5,695,943	1,216,652	6,912,595	0.211608	65.00
66.00	06600	PHYSICAL THERAPY	1,882,831	10,248,212	12,131,043	0.288106	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,558,946	2,523,992	4,082,938	0.228915	67.00
68.00	06800	SPEECH PATHOLOGY	560,224	1,655,906	2,216,130	0.333689	68.00
69.00	06900	ELECTROCARDIOLOGY	5,156,795	23,873,329	29,030,124	0.199962	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	9,240,810	8,854,825	18,095,635	0.358459	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,940,953	7,142,229	21,083,182	0.357536	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,708,162	28,277,955	58,986,117	0.150533	73.00
74.00	07400	RENAL DIALYSIS	1,404,032	27,866	1,431,898	0.209530	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,062	1,084,460	1,085,522	0.229797	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	1,167,563	5,603	1,173,166	0.240822	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0.000000	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0.000000	90.02
90.03	09003	DIABETIC TRAINING	6,779	119,923	126,702	0.561854	90.03
90.04	09004	INFUSION CENTER	9,493	959,637	969,130	1.078625	90.04
91.00	09100	EMERGENCY	5,911,863	27,433,751	33,345,614	0.172695	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,817,891	6,964,938	8,782,829	0.641708	92.00
200.00		Subtotal (see instructions)	189,468,564	276,377,658	465,846,222		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	189,468,564	276,377,658	465,846,222		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/26/2016 9:02 am
		Title XIX	Hospital	PPS

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
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.165435		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.675311		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.346341		54.00
54.01	05401 NUCLEAR MEDICINE	0.220893		54.01
54.02	05402 ULTRASOUND	0.132100		54.02
57.00	05700 CT SCAN	0.069401		57.00
58.00	05800 MRI	0.115310		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.176932		59.00
60.00	06000 LABORATORY	0.148492		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.640896		62.00
65.00	06500 RESPIRATORY THERAPY	0.211608		65.00
66.00	06600 PHYSICAL THERAPY	0.288106		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.228915		67.00
68.00	06800 SPEECH PATHOLOGY	0.333689		68.00
69.00	06900 ELECTROCARDIOLOGY	0.199962		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.358459		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.357536		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.150533		73.00
74.00	07400 RENAL DIALYSIS	0.209530		74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.229797		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.240822		90.00
90.01	09001 DENTAL CLINIC	0.000000		90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0.000000		90.02
90.03	09003 DIABETIC TRAINING	0.561854		90.03
90.04	09004 INFUSION CENTER	1.078625		90.04
91.00	09100 EMERGENCY	0.172695		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.641708		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150006

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

Worksheet C Part II Date/Time Prepared: 5/26/2016 9:02 am

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	14,792,426	2,038,307	12,754,119	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,587,725	642,764	1,944,961	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,452,078	927,452	4,524,626	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	921,188	78,356	842,832	0	0	54.01
54.02	05402	ULTRASOUND	795,603	41,224	754,379	0	0	54.02
57.00	05700	CT SCAN	1,669,788	119,336	1,550,452	0	0	57.00
58.00	05800	MRI	1,328,533	86,933	1,241,600	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,496,384	377,924	3,118,460	0	0	59.00
60.00	06000	LABORATORY	8,050,836	581,694	7,469,142	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	834,834	48,307	786,527	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,462,760	61,438	1,401,322	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,495,027	247,509	3,247,518	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	934,644	64,196	870,448	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	739,499	51,403	688,096	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,804,928	777,246	5,027,682	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,486,550	209,573	6,276,977	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,537,999	242,561	7,295,438	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,879,349	346,736	8,532,613	0	0	73.00
74.00	07400	RENAL DIALYSIS	300,025	4,726	295,299	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	249,450	6,411	243,039	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	282,524	4,356	278,168	0	0	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	71,188	1,722	69,466	0	0	90.03
90.04	09004	INFUSION CENTER	1,045,328	289,119	756,209	0	0	90.04
91.00	09100	EMERGENCY	5,758,623	727,984	5,030,639	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	5,636,014	760,704	4,875,310	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	88,613,303	8,737,981	79,875,322	0	0	200.00
201.00		Less Observation Beds	5,636,014	760,704	4,875,310	0	0	201.00
202.00		Total (line 200 minus line 201)	82,977,289	7,977,277	75,000,012	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part II Date/Time Prepared: 5/26/2016 9:02 am
		Title XIX	Hospital	PPS

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	14,792,426	89,415,126	0.165435	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,587,725	3,831,901	0.675311	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,452,078	15,741,916	0.346341	54.00
54.01	05401 NUCLEAR MEDICINE	921,188	4,170,291	0.220893	54.01
54.02	05402 ULTRASOUND	795,603	6,022,726	0.132100	54.02
57.00	05700 CT SCAN	1,669,788	24,060,098	0.069401	57.00
58.00	05800 MRI	1,328,533	11,521,366	0.115310	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,496,384	19,761,186	0.176932	59.00
60.00	06000 LABORATORY	8,050,836	54,217,200	0.148492	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	834,834	1,302,605	0.640896	62.00
65.00	06500 RESPIRATORY THERAPY	1,462,760	6,912,595	0.211608	65.00
66.00	06600 PHYSICAL THERAPY	3,495,027	12,131,043	0.288106	66.00
67.00	06700 OCCUPATIONAL THERAPY	934,644	4,082,938	0.228915	67.00
68.00	06800 SPEECH PATHOLOGY	739,499	2,216,130	0.333689	68.00
69.00	06900 ELECTROCARDIOLOGY	5,804,928	29,030,124	0.199962	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	6,486,550	18,095,635	0.358459	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,537,999	21,083,182	0.357536	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,879,349	58,986,117	0.150533	73.00
74.00	07400 RENAL DIALYSIS	300,025	1,431,898	0.209530	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	249,450	1,085,522	0.229797	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	282,524	1,173,166	0.240822	90.00
90.01	09001 DENTAL CLINIC	0	0	0.000000	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	0.000000	90.02
90.03	09003 DIABETIC TRAINING	71,188	126,702	0.561854	90.03
90.04	09004 INFUSION CENTER	1,045,328	969,130	1.078625	90.04
91.00	09100 EMERGENCY	5,758,623	33,345,614	0.172695	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	5,636,014	8,782,829	0.641708	92.00
200.00	Subtotal (sum of lines 50 thru 199)	88,613,303	429,497,040		200.00
201.00	Less Observation Beds	5,636,014	0		201.00
202.00	Total (line 200 minus line 201)	82,977,289	429,497,040		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/26/2016 9:02 am
		Title XVIII	Hospital	PPS

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,903,031	0	2,903,031	15,597	186.13	30.00
31.00	INTENSIVE CARE UNIT	985,799		985,799	5,286	186.49	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	294,025		294,025	1,513	194.33	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	4,182,855		4,182,855	22,396		200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,094	1,506,536				30.00
31.00	INTENSIVE CARE UNIT	1,266	236,096				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30-199)	9,360	1,742,632				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/26/2016 9:02 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,038,307	89,415,126	0.022796	15,209,977	346,727	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	642,764	3,831,901	0.167740	1,796	301	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	927,452	15,741,916	0.058916	2,441,573	143,848	54.00
54.01	05401 NUCLEAR MEDICINE	78,356	4,170,291	0.018789	24,246	456	54.01
54.02	05402 ULTRASOUND	41,224	6,022,726	0.006845	469,956	3,217	54.02
57.00	05700 CT SCAN	119,336	24,060,098	0.004960	3,290,020	16,318	57.00
58.00	05800 MRI	86,933	11,521,366	0.007545	706,269	5,329	58.00
59.00	05900 CARDIAC CATHETERIZATION	377,924	19,761,186	0.019125	2,870,375	54,896	59.00
60.00	06000 LABORATORY	581,694	54,217,200	0.010729	8,700,210	93,345	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	48,307	1,302,605	0.037085	541,398	20,078	62.00
65.00	06500 RESPIRATORY THERAPY	61,438	6,912,595	0.008888	2,916,367	25,921	65.00
66.00	06600 PHYSICAL THERAPY	247,509	12,131,043	0.020403	982,246	20,041	66.00
67.00	06700 OCCUPATIONAL THERAPY	64,196	4,082,938	0.015723	1,066,459	16,768	67.00
68.00	06800 SPEECH PATHOLOGY	51,403	2,216,130	0.023195	325,491	7,550	68.00
69.00	06900 ELECTROCARDIOLOGY	777,246	29,030,124	0.026774	3,631,573	97,232	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	209,573	18,095,635	0.011581	4,762,264	55,152	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	242,561	21,083,182	0.011505	6,398,368	73,613	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	346,736	58,986,117	0.005878	16,372,381	96,237	73.00
74.00	07400 RENAL DIALYSIS	4,726	1,431,898	0.003301	811,047	2,677	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	6,411	1,085,522	0.005906	609	4	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	4,356	1,173,166	0.003713	929,287	3,450	90.00
90.01	09001 DENTAL CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	0.000000	0	0	90.02
90.03	09003 DIABETIC TRAINING	1,722	126,702	0.013591	5,788	79	90.03
90.04	09004 INFUSION CENTER	289,119	969,130	0.298328	3,752	1,119	90.04
91.00	09100 EMERGENCY	727,984	33,345,614	0.021831	2,742,326	59,868	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	760,704	8,782,829	0.086613	1,543,183	133,660	92.00
200.00	Total (lines 50-199)	8,737,981	429,497,040		76,746,961	1,277,886	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/26/2016 9:02 am
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Cost Center Description	Title XVIII				Hospital	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	PPS	
	1.00	2.00	3.00	4.00	Total Costs (sum of cols. 1 through 3, minus col. 4)	

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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
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	15,597	0.00	8,094	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,286	0.00	1,266	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
43.00	04300	NURSERY	1,513	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
200.00		Total (lines 30-199)	22,396		9,360	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/26/2016 9:02 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	0	0	0	90.03
90.04	09004	INFUSION CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	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: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/26/2016 9:02 am
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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)	Hospital			
					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	89,415,126	0.000000	0.000000	15,209,977	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,831,901	0.000000	0.000000	1,796	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,741,916	0.000000	0.000000	2,441,573	54.00
54.01	05401	NUCLEAR MEDICINE	0	4,170,291	0.000000	0.000000	24,246	54.01
54.02	05402	ULTRASOUND	0	6,022,726	0.000000	0.000000	469,956	54.02
57.00	05700	CT SCAN	0	24,060,098	0.000000	0.000000	3,290,020	57.00
58.00	05800	MRI	0	11,521,366	0.000000	0.000000	706,269	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,761,186	0.000000	0.000000	2,870,375	59.00
60.00	06000	LABORATORY	0	54,217,200	0.000000	0.000000	8,700,210	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	1,302,605	0.000000	0.000000	541,398	62.00
65.00	06500	RESPIRATORY THERAPY	0	6,912,595	0.000000	0.000000	2,916,367	65.00
66.00	06600	PHYSICAL THERAPY	0	12,131,043	0.000000	0.000000	982,246	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,082,938	0.000000	0.000000	1,066,459	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,216,130	0.000000	0.000000	325,491	68.00
69.00	06900	ELECTROCARDIOLOGY	0	29,030,124	0.000000	0.000000	3,631,573	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	18,095,635	0.000000	0.000000	4,762,264	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,083,182	0.000000	0.000000	6,398,368	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	58,986,117	0.000000	0.000000	16,372,381	73.00
74.00	07400	RENAL DIALYSIS	0	1,431,898	0.000000	0.000000	811,047	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,085,522	0.000000	0.000000	609	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	1,173,166	0.000000	0.000000	929,287	90.00
90.01	09001	DENTAL CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0.000000	0.000000	0	90.02
90.03	09003	DIABETIC TRAINING	0	126,702	0.000000	0.000000	5,788	90.03
90.04	09004	INFUSION CENTER	0	969,130	0.000000	0.000000	3,752	90.04
91.00	09100	EMERGENCY	0	33,345,614	0.000000	0.000000	2,742,326	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	8,782,829	0.000000	0.000000	1,543,183	92.00
200.00		Total (lines 50-199)	0	429,497,040			76,746,961	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/26/2016 9:02 am
	Title XVIII	Hospital	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	14,933,870	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6,865	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,627,733	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	1,218,190	0	54.01
54.02	05402 ULTRASOUND	0	800,050	0	54.02
57.00	05700 CT SCAN	0	6,103,440	0	57.00
58.00	05800 MRI	0	3,080,246	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	5,656,588	0	59.00
60.00	06000 LABORATORY	0	5,093,848	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	161,442	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	405,646	0	65.00
66.00	06600 PHYSICAL THERAPY	0	29,849	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,079	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,279,110	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	3,803,196	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,423,358	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	11,487,106	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	593,198	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	327	0	90.03
90.04	09004 INFUSION CENTER	0	501,629	0	90.04
91.00	09100 EMERGENCY	0	5,969,939	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	2,624,096	0	92.00
200.00	Total (lines 50-199)	0	79,801,805	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/26/2016 9:02 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.165435	14,933,870	0	0	2,470,585	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.675311	6,865	0	0	4,636	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.346341	3,627,733	0	0	1,256,433	54.00
54.01	05401 NUCLEAR MEDICINE	0.220893	1,218,190	0	0	269,090	54.01
54.02	05402 ULTRASOUND	0.132100	800,050	0	0	105,687	54.02
57.00	05700 CT SCAN	0.069401	6,103,440	0	0	423,585	57.00
58.00	05800 MRI	0.115310	3,080,246	0	0	355,183	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.176932	5,656,588	0	0	1,000,831	59.00
60.00	06000 LABORATORY	0.148492	5,093,848	0	5,791	756,396	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.640896	161,442	0	0	103,468	62.00
65.00	06500 RESPIRATORY THERAPY	0.211608	405,646	0	0	85,838	65.00
66.00	06600 PHYSICAL THERAPY	0.288106	29,849	0	0	8,600	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.228915	2,079	0	0	476	67.00
68.00	06800 SPEECH PATHOLOGY	0.333689	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.199962	10,279,110	0	0	2,055,431	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.358459	3,803,196	0	0	1,363,290	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.357536	3,423,358	0	0	1,223,974	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.150533	11,487,106	0	167,571	1,729,189	73.00
74.00	07400 RENAL DIALYSIS	0.209530	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.229797	593,198	0	0	136,315	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.240822	0	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0.000000	0	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0.561854	327	0	0	184	90.03
90.04	09004 INFUSION CENTER	1.078625	501,629	0	0	541,070	90.04
91.00	09100 EMERGENCY	0.172695	5,969,939	0	0	1,030,979	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.641708	2,624,096	0	0	1,683,903	92.00
200.00	Subtotal (see instructions)		79,801,805	0	173,362	16,605,143	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		79,801,805	0	173,362	16,605,143	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/26/2016 9:02 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	54.01
54.02	05402 ULTRASOUND	0	0	54.02
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	860	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	25,225	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	90.03
90.04	09004 INFUSION CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
200.00	Subtotal (see instructions)	0	26,085	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	26,085	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/26/2016 9:02 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XIX Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,903,031	0	2,903,031	15,597	186.13	30.00
31.00	INTENSIVE CARE UNIT	985,799		985,799	5,286	186.49	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	294,025		294,025	1,513	194.33	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	4,182,855		4,182,855	22,396		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	663	123,404				
31.00	INTENSIVE CARE UNIT	304	56,693				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
43.00	NURSERY	87	16,907				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	1,054	197,004				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/26/2016 9:02 am
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,038,307	89,415,126	0.022796	1,315,563	29,990	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	642,764	3,831,901	0.167740	399,152	66,954	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	927,452	15,741,916	0.058916	57,235	3,372	54.00
54.01	05401 NUCLEAR MEDICINE	78,356	4,170,291	0.018789	7,861	148	54.01
54.02	05402 ULTRASOUND	41,224	6,022,726	0.006845	27,177	186	54.02
57.00	05700 CT SCAN	119,336	24,060,098	0.004960	156,410	776	57.00
58.00	05800 MRI	86,933	11,521,366	0.007545	53,015	400	58.00
59.00	05900 CARDIAC CATHETERIZATION	377,924	19,761,186	0.019125	166,336	3,181	59.00
60.00	06000 LABORATORY	581,694	54,217,200	0.010729	600,207	6,440	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	48,307	1,302,605	0.037085	16,902	627	62.00
65.00	06500 RESPIRATORY THERAPY	61,438	6,912,595	0.008888	162,174	1,441	65.00
66.00	06600 PHYSICAL THERAPY	247,509	12,131,043	0.020403	32,755	668	66.00
67.00	06700 OCCUPATIONAL THERAPY	64,196	4,082,938	0.015723	35,083	552	67.00
68.00	06800 SPEECH PATHOLOGY	51,403	2,216,130	0.023195	15,658	363	68.00
69.00	06900 ELECTROCARDIOLOGY	777,246	29,030,124	0.026774	169,825	4,547	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	209,573	18,095,635	0.011581	331,034	3,834	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	242,561	21,083,182	0.011505	315,608	3,631	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	346,736	58,986,117	0.005878	1,177,790	6,923	73.00
74.00	07400 RENAL DIALYSIS	4,726	1,431,898	0.003301	73,795	244	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	6,411	1,085,522	0.005906	72	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	4,356	1,173,166	0.003713	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	0.000000	0	0	90.02
90.03	09003 DIABETIC TRAINING	1,722	126,702	0.013591	991	13	90.03
90.04	09004 INFUSION CENTER	289,119	969,130	0.298328	0	0	90.04
91.00	09100 EMERGENCY	727,984	33,345,614	0.021831	130,287	2,844	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	760,704	8,782,829	0.086613	114,889	9,951	92.00
200.00	Total (lines 50-199)	8,737,981	429,497,040		5,359,819	147,085	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/26/2016 9:02 am
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Cost Center Description	Title XIX				Hospital	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	PPS	
	1.00	2.00	3.00	4.00	Total Costs (sum of cols. 1 through 3, minus col. 4)	

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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
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	15,597	0.00	663	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,286	0.00	304	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
43.00	04300	NURSERY	1,513	0.00	87	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
200.00		Total (lines 30-199)	22,396		1,054	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/26/2016 9:02 am
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	0	54.02
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 DENTAL CLINIC	0	0	0	0	0	0	90.01
90.02 09002 OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0	0	90.02
90.03 09003 DIABETIC TRAINING	0	0	0	0	0	0	90.03
90.04 09004 INFUSION CENTER	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/26/2016 9:02 am
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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	89,415,126	0.000000	0.000000	1,315,563	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,831,901	0.000000	0.000000	399,152	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	15,741,916	0.000000	0.000000	57,235	54.00
54.01	05401 NUCLEAR MEDICINE	0	4,170,291	0.000000	0.000000	7,861	54.01
54.02	05402 ULTRASOUND	0	6,022,726	0.000000	0.000000	27,177	54.02
57.00	05700 CT SCAN	0	24,060,098	0.000000	0.000000	156,410	57.00
58.00	05800 MRI	0	11,521,366	0.000000	0.000000	53,015	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	19,761,186	0.000000	0.000000	166,336	59.00
60.00	06000 LABORATORY	0	54,217,200	0.000000	0.000000	600,207	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	1,302,605	0.000000	0.000000	16,902	62.00
65.00	06500 RESPIRATORY THERAPY	0	6,912,595	0.000000	0.000000	162,174	65.00
66.00	06600 PHYSICAL THERAPY	0	12,131,043	0.000000	0.000000	32,755	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,082,938	0.000000	0.000000	35,083	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,216,130	0.000000	0.000000	15,658	68.00
69.00	06900 ELECTROCARDIOLOGY	0	29,030,124	0.000000	0.000000	169,825	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	18,095,635	0.000000	0.000000	331,034	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,083,182	0.000000	0.000000	315,608	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	58,986,117	0.000000	0.000000	1,177,790	73.00
74.00	07400 RENAL DIALYSIS	0	1,431,898	0.000000	0.000000	73,795	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,085,522	0.000000	0.000000	72	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	1,173,166	0.000000	0.000000	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	0.000000	0.000000	0	90.02
90.03	09003 DIABETIC TRAINING	0	126,702	0.000000	0.000000	991	90.03
90.04	09004 INFUSION CENTER	0	969,130	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	33,345,614	0.000000	0.000000	130,287	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	8,782,829	0.000000	0.000000	114,889	92.00
200.00	Total (lines 50-199)	0	429,497,040			5,359,819	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/26/2016 9:02 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	54.02
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	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
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	0	90.03
90.04	09004 INFUSION CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/26/2016 9:02 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.165435	0	2,732,054	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.675311	0	4,586	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.346341	0	405,437	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0.220893	0	39,970	0	0	54.01
54.02	05402 ULTRASOUND	0.132100	0	366,552	0	0	54.02
57.00	05700 CT SCAN	0.069401	0	837,829	0	0	57.00
58.00	05800 MRI	0.115310	0	384,921	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.176932	0	311,085	0	0	59.00
60.00	06000 LABORATORY	0.148492	0	1,836,916	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.640896	0	20,402	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.211608	0	59,885	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.288106	0	323,963	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.228915	0	165,422	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.333689	0	207,682	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.199962	0	720,070	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.358459	0	244,354	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.357536	0	196,103	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.150533	0	1,065,920	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.209530	0	2,570	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.229797	0	14,981	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.240822	0	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0.000000	0	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0.561854	0	6,164	0	0	90.03
90.04	09004 INFUSION CENTER	1.078625	0	6,844	0	0	90.04
91.00	09100 EMERGENCY	0.172695	0	1,856,668	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.641708	0	585,547	0	0	92.00
200.00	Subtotal (see instructions)		0	12,395,925	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	12,395,925	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/26/2016 9:02 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	451,977	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,097	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	140,419	0	54.00
54.01	05401 NUCLEAR MEDICINE	8,829	0	54.01
54.02	05402 ULTRASOUND	48,422	0	54.02
57.00	05700 CT SCAN	58,146	0	57.00
58.00	05800 MRI	44,385	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	55,041	0	59.00
60.00	06000 LABORATORY	272,767	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	13,076	0	62.00
65.00	06500 RESPIRATORY THERAPY	12,672	0	65.00
66.00	06600 PHYSICAL THERAPY	93,336	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	37,868	0	67.00
68.00	06800 SPEECH PATHOLOGY	69,301	0	68.00
69.00	06900 ELECTROCARDIOLOGY	143,987	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	87,591	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	70,114	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	160,456	0	73.00
74.00	07400 RENAL DIALYSIS	538	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	3,443	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	90.02
90.03	09003 DIABETIC TRAINING	3,463	0	90.03
90.04	09004 INFUSION CENTER	7,382	0	90.04
91.00	09100 EMERGENCY	320,637	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	375,750	0	92.00
200.00	Subtotal (see instructions)	2,482,697	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	2,482,697	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2016 9:02 am
Cost Center Description		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)		15,597	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,597	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)		11,510	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)		8,094	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)		21,508,429	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)		21,508,429	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)		21,508,429	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)		1,379.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,161,707	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,161,707	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/26/2016 9:02 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,603,569	5,286	1,438.44	1,266	1,821,065		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,190,427		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					29,173,199		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)					1,742,632		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,277,886		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,020,518		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,152,681		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)					4,087		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,379.01		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,636,014		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/26/2016 9:02 am	
		Title XVIII		Hospital		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	2,903,031	21,508,429	0.134972	5,636,014	760,704	90.00
91.00	Nursing School cost	0	21,508,429	0.000000	5,636,014	0	91.00
92.00	Allied health cost	0	21,508,429	0.000000	5,636,014	0	92.00
93.00	All other Medical Education	0	21,508,429	0.000000	5,636,014	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/26/2016 9:02 am
Cost Center Description				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)		15,597	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,597	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)		11,510	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)		663	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)		1,513	15.00
16.00	Nursery days (title V or XIX only)		87	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)		21,508,429	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)		21,508,429	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)		21,508,429	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)		1,379.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		914,284	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)		914,284	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XIX		Hospital		PPS		Date/Time Prepared: 5/26/2016 9:02 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1,312,067	1,513	867.20	87	75,446		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,603,569	5,286	1,438.44	304	437,286		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,270,726		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,697,742		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)					197,004		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					147,085		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					344,089		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,353,653		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)					4,087		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,379.01		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,636,014		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/26/2016 9:02 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,903,031	21,508,429	0.134972	5,636,014	760,704	90.00
91.00	Nursing School cost	0	21,508,429	0.000000	5,636,014	0	91.00
92.00	Allied health cost	0	21,508,429	0.000000	5,636,014	0	92.00
93.00	All other Medical Education	0	21,508,429	0.000000	5,636,014	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/26/2016 9:02 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		13,617,267	30.00
31.00	03100	INTENSIVE CARE UNIT		5,201,621	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.165435	15,209,977	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.675311	1,796	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.346341	2,441,573	54.00
54.01	05401	NUCLEAR MEDICINE	0.220893	24,246	54.01
54.02	05402	ULTRASOUND	0.132100	469,956	54.02
57.00	05700	CT SCAN	0.069401	3,290,020	57.00
58.00	05800	MRI	0.115310	706,269	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.176932	2,870,375	59.00
60.00	06000	LABORATORY	0.148492	8,700,210	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.640896	541,398	62.00
65.00	06500	RESPIRATORY THERAPY	0.211608	2,916,367	65.00
66.00	06600	PHYSICAL THERAPY	0.288106	982,246	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.228915	1,066,459	67.00
68.00	06800	SPEECH PATHOLOGY	0.333689	325,491	68.00
69.00	06900	ELECTROCARDIOLOGY	0.199962	3,631,573	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.358459	4,762,264	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.357536	6,398,368	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.150533	16,372,381	73.00
74.00	07400	RENAL DIALYSIS	0.209530	811,047	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.229797	609	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.240822	929,287	90.00
90.01	09001	DENTAL CLINIC	0.000000	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0.000000	0	90.02
90.03	09003	DIABETIC TRAINING	0.561854	5,788	90.03
90.04	09004	INFUSION CENTER	1.078625	3,752	90.04
91.00	09100	EMERGENCY	0.172695	2,742,326	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.641708	1,543,183	92.00
200.00		Total (sum of lines 50-94 and 96-98)		76,746,961	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)		76,746,961	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/26/2016 9:02 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		1,085,895	30.00
31.00	03100	INTENSIVE CARE UNIT		261,143	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		279,112	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.165435	1,315,563	217,640 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.675311	399,152	269,552 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.346341	57,235	19,823 54.00
54.01	05401	NUCLEAR MEDICINE	0.220893	7,861	1,736 54.01
54.02	05402	ULTRASOUND	0.132100	27,177	3,590 54.02
57.00	05700	CT SCAN	0.069401	156,410	10,855 57.00
58.00	05800	MRI	0.115310	53,015	6,113 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.176932	166,336	29,430 59.00
60.00	06000	LABORATORY	0.148492	600,207	89,126 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.640896	16,902	10,832 62.00
65.00	06500	RESPIRATORY THERAPY	0.211608	162,174	34,317 65.00
66.00	06600	PHYSICAL THERAPY	0.288106	32,755	9,437 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.228915	35,083	8,031 67.00
68.00	06800	SPEECH PATHOLOGY	0.333689	15,658	5,225 68.00
69.00	06900	ELECTROCARDIOLOGY	0.199962	169,825	33,959 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.358459	331,034	118,662 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.357536	315,608	112,841 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.150533	1,177,790	177,296 73.00
74.00	07400	RENAL DIALYSIS	0.209530	73,795	15,462 74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.229797	72	17 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.240822	0	0 90.00
90.01	09001	DENTAL CLINIC	0.000000	0	0 90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0.000000	0	0 90.02
90.03	09003	DIABETIC TRAINING	0.561854	991	557 90.03
90.04	09004	INFUSION CENTER	1.078625	0	0 90.04
91.00	09100	EMERGENCY	0.172695	130,287	22,500 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.641708	114,889	73,725 92.00
200.00		Total (sum of lines 50-94 and 96-98)		5,359,819	1,270,726 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		5,359,819	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/26/2016 9:02 am
		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)		13,220,523	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,654,331	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)		693,398	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		2,028,894	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		117.80	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)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<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)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.19	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.78	31.00
32.00	Sum of lines 30 and 31		24.97	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.82	33.00
34.00	Disproportionate share adjustment (see instructions)		438,828	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/26/2016 9:02 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
<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)		0.000133591	0.000131489	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,021,653	842,340	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		764,140	211,736	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		975,876		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)		19,982,956		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)		19,982,956		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,618,246		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		8,172		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)		21,609,374		59.00
60.00	Primary payer payments		5,967		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		21,603,407		61.00
62.00	Deductibles billed to program beneficiaries		1,853,708		62.00
63.00	Coinurance billed to program beneficiaries		30,225		63.00
64.00	Allowable bad debts (see instructions)		60,067		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		39,044		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		60,067		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		19,758,518		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)		-9,544		70.93
70.94	HRR adjustment amount (see instructions)		-212,906		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150006

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

Worksheet E  
Part A  
Date/Time Prepared:  
5/26/2016 9:02 am

		Title XVIII	Hospital		
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		19,536,068		71.00
71.01	Sequestration adjustment (see instructions)		390,721		71.01
72.00	Interim payments		18,836,097		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)		309,250		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)		441,977		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 1.00	On/After 10/1 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: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/26/2016 9:02 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		26,085	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,605,143	2.00
3.00	PPS payments		14,139,100	3.00
4.00	Outlier payment (see instructions)		158,424	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)		26,085	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		173,362	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)		173,362	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)		173,362	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		147,277	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)		26,085	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)		14,297,524	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)		2,772,488	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)		11,551,121	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		11,551,121	30.00
31.00	Primary payer payments		3,883	31.00
32.00	Subtotal (line 30 minus line 31)		11,547,238	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)		309,322	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		201,059	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		309,322	36.00
37.00	Subtotal (see instructions)		11,748,297	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-209	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)		11,748,506	40.00
40.01	Sequestration adjustment (see instructions)		234,970	40.01
41.00	Interim payments		11,431,112	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		82,424	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,590	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: 150006

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/26/2016 9:02 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		18,836,097		11,431,112	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		18,836,097		11,431,112	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		309,250		82,424	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		19,145,347		11,513,536	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: 150006

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/26/2016 9:02 am

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	4,308	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	9,360	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	1,270	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	16,796	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	465,846,222	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6,350,054	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)	422,141	8.00
9.00	Sequestration adjustment amount (see instructions)	8,443	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	413,698	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	415,792	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)	-2,094	32.00

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

Provider CCN: 150006

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

Worksheet G

Date/Time Prepared:  
5/26/2016 9:02 am

		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	-2,439,829	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	79,587,954	0	0	0	4.00
5.00	Other receivable	1,514,413	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-51,434,475	0	0	0	6.00
7.00	Inventory	2,514,347	0	0	0	7.00
8.00	Prepaid expenses	2,686,780	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	32,429,190	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,720,665	0	0	0	12.00
13.00	Land improvements	2,053,717	0	0	0	13.00
14.00	Accumulated depreciation	-1,652,753	0	0	0	14.00
15.00	Buildings	116,321,291	0	0	0	15.00
16.00	Accumulated depreciation	-80,698,389	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	98,480,975	0	0	0	23.00
24.00	Accumulated depreciation	-77,700,454	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)	62,525,052	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	22,553,164	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	81,655,422	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	104,208,586	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	199,162,828	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	5,069,087	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,238,692	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	250,702	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	860,874	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,419,355	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	9,023,697	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	9,023,697	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	20,443,052	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	178,719,776				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)	178,719,776	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	199,162,828	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150006

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

Worksheet G-1

Date/Time Prepared:  
5/26/2016 9:02 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		174,516,743		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,203,033			2.00
3.00	Total (sum of line 1 and line 2)		178,719,776		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)		178,719,776		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		178,719,776		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150006

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/26/2016 9:02 am

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	35,931,980		35,931,980	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	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)	35,931,980		35,931,980	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,540,370		11,540,370	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,540,370		11,540,370	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	47,472,350		47,472,350	17.00
18.00	Ancillary services	149,731,865	245,152,970	394,884,835	18.00
19.00	Outpatient services	7,179,532	28,398,860	35,578,392	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 NONREIMBURSABLE	15,899	4,203,602	4,219,501	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	204,399,646	277,755,432	482,155,078	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		151,272,754		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)		151,272,754		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150006

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

Worksheet G-3

Date/Time Prepared:  
5/26/2016 9:02 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	482,155,078	1.00
2.00	Less contractual allowances and discounts on patients' accounts	329,206,092	2.00
3.00	Net patient revenues (line 1 minus line 2)	152,948,986	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	151,272,754	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,676,232	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-1,501,807	7.00
8.00	Revenues from telephone and other miscellaneous communication services	31,624	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	903,627	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	367,331	17.00
18.00	Revenue from sale of medical records and abstracts	389,820	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	138,159	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	2,198,047	24.00
25.00	Total other income (sum of lines 6-24)	2,526,801	25.00
26.00	Total (line 5 plus line 25)	4,203,033	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,203,033	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150006	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/26/2016 9:02 am
		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		1,424,084	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		120,252	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)		48.60	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.19	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.78	8.00
9.00	Sum of lines 7 and 8		24.97	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.19	10.00
11.00	Disproportionate share adjustment (see instructions)		73,910	11.00
12.00	Total prospective capital payments (see instructions)		1,618,246	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