

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/24/2016 10:20 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/24/2016 Time: 10:20 pm
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 IU HEALTH WEST HOSPITAL ( 150158 ) 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	22,844	81,376	-3,143	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
200.00 Total	0	22,844	81,376	-3,143	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: 150158		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 10:19 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1111 N. RONALD REAGAN PARKWAY	PO Box:	Zip Code: 46123-7085		County: HENDRICKS				1.00	
2.00	City: AVON	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	IU HEALTH WEST HOSPITAL	150158	26900	1	12/01/2004	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 - FOHC									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)					4			21.00	
<u>Inpatient PPS Information</u>										
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.	1,943	432	10	39	2,602	173		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 10:19 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00
		V	XVIII	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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000 64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 65.00

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

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		V		XIX				
		1.00		2.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00	
<b>Rural Providers</b>								
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00	
		Physical	Occupational	Speech	Respiratory			
		1.00	2.00	3.00	4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
						1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00	
						1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00	
		Premiums	Losses	Insurance				
		1.00	2.00	3.00				
118.01	List amounts of malpractice premiums and paid losses:	274,339	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: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 10:19 pm									
		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, INC.	Contractor's Name: WPS		Contractor's Number: 08101									
142.00	Street: 340 WEST 10TH ST	PO Box:											
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202									
				1.00									
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00								
				1.00									
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N			145.00								
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00								
				1.00									
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00								
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00								
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00								
		Part A		Part B		Title V		Title XIX					
		1.00		2.00		3.00		4.00					
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)	N		N		N		N					
156.00	Hospital	N		N		N		N					
157.00	Subprovider - IPF	N		N		N		N					
158.00	Subprovider - IRF	N		N		N		N					
159.00	SUBPROVIDER	N		N		N		N					
159.00	SNF	N		N		N		N					
160.00	HOME HEALTH AGENCY	N		N		N		N					
161.00	CMHC	N		N		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										166.00	
												1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act													
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y										167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0										168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)											168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.25										169.00	
												1.00	
												1.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/03/2015		12/31/2015								170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 10:19 pm
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		Y 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 10:19 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Description	Y/N	Date
			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	04/12/2016	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: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 10:19 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	2.00	3.00
			N		N
					21.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				N
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N
<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
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
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N
<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
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N
<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.				N
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
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				Y
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				Y
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
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				Y
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				N
			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.	STEVE		HOWELL	
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.962.1035		SHOWELL7@IUHEALTH.ORG	

		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)	04/12/2016		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	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: 150158

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2016 10:19 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps		
					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	111	40,515	0.00	0	0	1.00
2.00 HMO and other (see instructions)							2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		111	40,515	0.00	0	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	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)		127	46,355	0.00	0	0	14.00
15.00 CAH visits					0		15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)	30.00						24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)		127					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: 150158

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2016 10:19 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,276	588	23,146			1.00
2.00 HMO and other (see instructions)	5,385	2,973				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)	10,276	588	23,146			7.00
8.00 INTENSIVE CARE UNIT	2,151	27	4,470			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		1,438	3,301			13.00
14.00 Total (see instructions)	12,427	2,053	30,917	0.00	667.38	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	106			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	667.38	27.00
28.00 Observation Bed Days		240	2,186			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	173	1,512			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: 150158

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2016 10:19 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
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	2,388	139	7,871	1.00
2.00 HMO and other (see instructions)			971	935		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	2,388	139	7,871	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150158

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/24/2016 10:19 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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	42,390,801	-237,989	42,152,812	1,388,156.85	30.37
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
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)		260,854	0	260,854	13,547.55	19.25
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		150,837	0	150,837	2,198.02	68.62
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		891,798	0	891,798	15,597.23	57.18
14.00	Home office salaries & wage-related costs		9,368,417	0	9,368,417	226,120.67	41.43
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)		10,208,789	0	10,208,789		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		84,624	0	84,624		
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		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
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	204,334	279,400	483,734	9,038.57	53.52
27.00	Administrative & General	5.00	3,337,426	-282,042	3,055,384	74,127.54	41.22
28.00	Administrative & General under contract (see inst.)		314,433	0	314,433	4,083.65	77.00
29.00	Maintenance & Repairs	6.00	621,841	-1,354	620,487	27,107.61	22.89
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	818,028	-3,168	814,860	65,349.65	12.47
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	892,998	-582,739	310,259	22,689.83	13.67
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	578,602	578,602	38,506.44	15.03
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,190,267	-2,037	2,188,230	50,521.01	43.31

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150158

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/24/2016 10:19 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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	
39.00	Central Services and Supply	14.00 234,627	-438	234,189	11,885.76	19.70	39.00
40.00	Pharmacy	15.00 2,011,474	-10,156	2,001,318	52,430.04	38.17	40.00
41.00	Medical Records & Medical Records Library	16.00 0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00 230,764	-7,330	223,434	8,132.70	27.47	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150158

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/24/2016 10:19 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n 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)	42,705,234	-237,989	42,467,245	1,392,240.50	30.50	1.00
2.00	Excluded area salaries (see instructions)	260,854	0	260,854	13,547.55	19.25	2.00
3.00	Subtotal salaries (line 1 minus line 2)	42,444,380	-237,989	42,206,391	1,378,692.95	30.61	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,411,052	0	10,411,052	243,915.92	42.68	4.00
5.00	Subtotal wage-related costs (see inst.)	10,208,789	0	10,208,789	0.00	24.19	5.00
6.00	Total (sum of lines 3 thru 5)	63,064,221	-237,989	62,826,232	1,622,608.87	38.72	6.00
7.00	Total overhead cost (see instructions)	10,856,192	-31,262	10,824,930	363,872.80	29.75	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2016 10:19 pm
			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)		1,758,459	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		5,131,493	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		165,477	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		27,023	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)		63,120	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		220,336	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		2,927,150	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		356	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,293,414	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: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/24/2016 10:19 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	150,837	10,293,413	1.00
2.00	Hospital	150,837	10,293,413	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/24/2016 10:19 pm	
				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)			0.172185	1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid			3,119,239	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			54,332,525	6.00
7.00	Medicaid cost (line 1 times line 6)			9,355,246	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			6,236,007	8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			5,371,806	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			49,182,872	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			8,468,553	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)			3,096,747	16.00
<b>Uncompensated care (see instructions for each line)</b>					
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)			9,332,754	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	33,090,638	10,687,415	43,778,053	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,697,712	1,840,213	7,537,925	21.00
22.00	Partial payment by patients approved for charity care	4	4,519	4,523	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,697,708	1,835,694	7,533,402	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)			13,781,677	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			295,816	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			13,485,861	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,322,063	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,855,465	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			19,188,219	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150158

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

Worksheet A  
Date/Time Prepared:  
5/24/2016 10:19 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	4,367,717	4,367,717	1.00
1.01	00101	MOB	502,187	502,187	295,983	798,170	1.01
1.02	00102	INTEREST	0	0	6,090,673	6,090,673	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2,509,286	2,509,286	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	204,334	214,239	418,573	7,366,873	4.00
5.01	00540	NONPATIENT TELEPHONES	0	110,526	110,526	-40,787	5.01
5.02	00550	DATA PROCESSING	0	36,023	36,023	-14,458	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	6,179	21,292	27,471	-1,720	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	3,331,247	33,756,141	37,087,388	-7,780,302	5.04
6.00	00600	MAINTENANCE & REPAIRS	621,841	5,396,888	6,018,729	-4,065,892	6.00
7.00	00700	OPERATION OF PLANT	0	1,014,713	1,014,713	570,550	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	148,069	148,069	-584	8.00
9.00	00900	HOUSEKEEPING	818,028	3,080,025	3,898,053	-292,425	9.00
10.00	01000	DIETARY	892,998	1,314,349	2,207,347	-1,499,851	10.00
11.00	01100	CAFETERIA	0	0	0	1,274,603	11.00
13.00	01300	NURSING ADMINISTRATION	2,190,267	899,461	3,089,728	-287,089	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	234,627	310,302	544,929	4,730,884	14.00
15.00	01500	PHARMACY	2,011,474	3,754,588	5,766,062	-3,393,829	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	230,764	63,490	294,254	-43,708	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	12,047,959	5,345,853	17,393,812	-5,640,375	30.00
31.00	03100	INTENSIVE CARE UNIT	2,452,534	1,096,046	3,548,580	-546,499	31.00
43.00	04300	NURSERY	880,596	237,827	1,118,423	357,878	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,263,098	10,375,502	12,638,600	-9,596,312	50.00
51.00	05100	RECOVERY ROOM	1,780,320	534,941	2,315,261	-426,193	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	972,916	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,416,502	3,261,353	6,677,855	-2,276,698	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	684,858	560,930	1,245,788	-158,709	55.00
59.00	05900	CARDIAC CATHETERIZATION	568,869	2,068,575	2,637,444	-1,975,027	59.00
60.00	06000	LABORATORY	0	5,172,260	5,172,260	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	408,423	408,423	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,202,153	434,527	1,636,680	-340,219	65.00
66.00	06600	PHYSICAL THERAPY	1,185,082	437,344	1,622,426	-298,206	66.00
67.00	06700	OCCUPATIONAL THERAPY	373,652	88,656	462,308	-60,605	67.00
68.00	06800	SPEECH PATHOLOGY	128,169	38,205	166,374	-27,476	68.00
69.00	06900	ELECTROCARDIOLOGY	510,324	714,980	1,225,304	-154,653	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,128,270	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,470,910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,437,615	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	180,372	106,809	287,181	-70,914	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	677,599	677,599	-23,590	90.02
91.00	09100	EMERGENCY	3,913,700	3,071,851	6,985,551	-1,236,955	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,748,596	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	42,129,947	85,253,974	127,383,921	321,082	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	77,714	229,398	307,112	-37,990	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	12,831	12,831	-9,937	192.01
192.02	19202	MARKETING	165	463,334	463,499	5,720	192.02
192.03	19203	BACK AND NECK	182,975	412,821	595,796	-278,875	192.03
200.00		TOTAL (SUM OF LINES 118-199)	42,390,801	86,372,358	128,763,159	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150158

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

Worksheet A  
Date/Time Prepared:  
5/24/2016 10:19 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	949,346	5,317,063	1.00
1.01	00101 MOB	-851,764	-53,594	1.01
1.02	00102 INTEREST	6,010,462	12,101,135	1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	0	2,509,286	2.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-637,630	7,147,816	4.00
5.01	00540 NONPATIENT TELEPHONES	0	69,739	5.01
5.02	00550 DATA PROCESSING	4,610,796	4,632,361	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	231,402	257,153	5.03
5.04	00590 OTHER ADMINISTRATIVE AND GENERAL	-16,710,890	12,596,196	5.04
6.00	00600 MAINTENANCE & REPAIRS	-335,290	1,617,547	6.00
7.00	00700 OPERATION OF PLANT	0	1,585,263	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	147,485	8.00
9.00	00900 HOUSEKEEPING	0	3,605,628	9.00
10.00	01000 DIETARY	-744,684	-37,188	10.00
11.00	01100 CAFETERIA	-744,684	529,919	11.00
13.00	01300 NURSING ADMINISTRATION	-75,082	2,727,557	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	5,275,813	14.00
15.00	01500 PHARMACY	-17,544	2,354,689	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	250,546	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	-40,983	11,712,454	30.00
31.00	03100 INTENSIVE CARE UNIT	-3,140	2,998,941	31.00
43.00	04300 NURSERY	0	1,476,301	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	-132,475	2,909,813	50.00
51.00	05100 RECOVERY ROOM	0	1,889,068	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	972,916	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-5,223	4,395,934	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	-8,095	1,078,984	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	662,417	59.00
60.00	06000 LABORATORY	0	5,172,260	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	408,423	63.00
65.00	06500 RESPIRATORY THERAPY	-929	1,295,532	65.00
66.00	06600 PHYSICAL THERAPY	-1,650	1,322,570	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	401,703	67.00
68.00	06800 SPEECH PATHOLOGY	0	138,898	68.00
69.00	06900 ELECTROCARDIOLOGY	-333,638	737,013	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,128,270	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	6,470,910	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,437,615	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	216,267	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.02	09002 SLEEP LAB	0	654,009	90.02
91.00	09100 EMERGENCY	-1,150,000	4,598,596	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-9,991,695	117,713,308	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	269,122	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 RETAIL PHARMACY	0	2,894	192.01
192.02	19202 MARKETING	0	469,219	192.02
192.03	19203 BACK AND NECK	-236,750	80,171	192.03
200.00	TOTAL (SUM OF LINES 118-199)	-10,228,445	118,534,714	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,957,595	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,385,355	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
0			0	6,342,950	
<b>B - LEASE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	410,122	1.00
2.00	MOB	1.01	0	295,983	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	123,931	3.00
4.00	PHARMACY	15.00	0	867	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
0			0	830,903	
<b>C - INTEREST</b>					
1.00	INTEREST	1.02		6,090,673	1.00
0			0	6,090,673	
<b>D - BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,087,473	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00

RECLASSIFICATIONS

Provider CCN: 150158

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

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
	0		0	7,087,473	
E - PTO					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	279,400	0	1.00
	0		279,400	0	
F - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	834,337	138,579	1.00
	0		834,337	138,579	
G - PACU					
1.00	ADULTS & PEDIATRICS	30.00	34,251	2,805	1.00
	0		34,251	2,805	
H - NURSERY					
1.00	NURSERY	43.00	451,708	74,597	1.00
	0		451,708	74,597	
I - DIETARY					
1.00	CAFETERIA	11.00	578,602	696,001	1.00
	0		578,602	696,001	
J - IP CARE SERVICES					
1.00	NURSING ADMINISTRATION	13.00	6,616	2,377	1.00
2.00	INTENSIVE CARE UNIT	31.00	132,320	47,536	2.00
	TOTALS		138,936	49,913	
K - STD					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	2,642	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	1,354	2.00
3.00	HOUSEKEEPING	9.00	0	3,168	3.00
4.00	DIETARY	10.00	0	4,137	4.00
5.00	NURSING ADMINISTRATION	13.00	0	8,653	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	438	6.00
7.00	PHARMACY	15.00	0	10,156	7.00
8.00	SOCIAL SERVICE	17.00	0	7,330	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	88,567	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	10,951	10.00
11.00	NURSERY	43.00	0	9,383	11.00
12.00	OPERATING ROOM	50.00	0	14,638	12.00
13.00	RECOVERY ROOM	51.00	0	7,647	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,289	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	908	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	1,426	16.00
17.00	RESPIRATORY THERAPY	65.00	0	8,888	17.00
18.00	PHYSICAL THERAPY	66.00	0	4,587	18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	10,204	19.00
20.00	SPEECH PATHOLOGY	68.00	0	2,858	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	1,130	21.00
22.00	EMERGENCY	91.00	0	28,635	22.00
	0		0	237,989	
L - UTILITIES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	3,330	1.00
2.00	OPERATION OF PLANT	7.00	0	1,311,973	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
	0		0	1,315,303	
M - MARKETING					
1.00	MARKETING	192.02	0	6,485	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		0	6,485	
N - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,437,615	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
	0		0	3,437,615	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>O - NON-BILLABLE DRUGS</b>					
1.00	PHARMACY	15.00		2,711	1.00
2.00		0.00	0	0	2.00
	0		0	2,711	
<b>P - BILLABLE IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00		6,470,910	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		0	6,470,910	
<b>Q - BILLABLE SUPPLIES</b>					
1.00	PHARMACY	15.00	0	3,307	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,128,270	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
	0		0	2,131,577	
<b>R - NON-BILLABLE SUPPLIES</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00		5,003,207	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00		743	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	0		0	5,003,950	
500.00	Grand Total: Increases		2,317,234	39,920,434	500.00

RECLASSIFICATIONS

Provider CCN: 150158

Period:  
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To 12/31/2015

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - DEPRECIATION</b>						
1.00	NONPATIENT TELEPHONES	5.01	40,787	9	1.00	
2.00	DATA PROCESSING	5.02	14,458	9	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	356,721	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	2,665,776	0	4.00	
5.00	OPERATION OF PLANT	7.00	741,370	0	5.00	
6.00	LAUNDRY & LINEN SERVICE	8.00	584	0	6.00	
7.00	HOUSEKEEPING	9.00	2,509	0	7.00	
8.00	DIETARY	10.00	5,674	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	329	0	9.00	
10.00	CENTRAL SERVICES & SUPPLY	14.00	82,831	0	10.00	
11.00	PHARMACY	15.00	96,252	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	472,844	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	6,397	0	13.00	
14.00	OPERATING ROOM	50.00	517,763	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	918,530	0	15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	26,336	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	141,254	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	49,594	0	18.00	
19.00	PHYSICAL THERAPY	66.00	19,806	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	69,877	0	20.00	
21.00	SLEEP LAB	90.02	1,131	0	21.00	
22.00	EMERGENCY	91.00	46,058	0	22.00	
23.00	BACK AND NECK	192.03	66,069	0	23.00	
	<b>O</b>		<b>6,342,950</b>			
<b>B - LEASE</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	410,043	10	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	83	10	2.00	
3.00	ADULTS & PEDIATRICS	30.00	60,853	10	3.00	
4.00	INTENSIVE CARE UNIT	31.00	32,859	0	4.00	
5.00	OPERATING ROOM	50.00	29,184	0	5.00	
6.00	RESPIRATORY THERAPY	65.00	1,830	0	6.00	
7.00	PHYSICAL THERAPY	66.00	25,882	0	7.00	
8.00	CARDIAC REHABILITATION	76.97	25,882	0	8.00	
9.00	SLEEP LAB	90.02	70	0	9.00	
10.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	24,391	0	10.00	
11.00	RETAIL PHARMACY	192.01	9,937	0	11.00	
12.00	BACK AND NECK	192.03	209,889	0	12.00	
	<b>O</b>		<b>830,903</b>			
<b>C - INTEREST</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	6,090,673	11	1.00	
	<b>O</b>		<b>6,090,673</b>			
<b>D - BENEFITS</b>						
1.00	PURCHASING RECEIVING AND STORES	5.03	52	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	425,881	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	104,191	0	3.00	
4.00	OPERATION OF PLANT	7.00	39	0	4.00	
5.00	HOUSEKEEPING	9.00	269,404	0	5.00	
6.00	DIETARY	10.00	218,412	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	294,357	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	62,235	0	8.00	
9.00	PHARMACY	15.00	266,700	0	9.00	
10.00	SOCIAL SERVICE	17.00	43,708	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	2,231,323	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	387,769	0	12.00	
13.00	NURSERY	43.00	122,723	0	13.00	
14.00	OPERATING ROOM	50.00	409,154	0	14.00	
15.00	RECOVERY ROOM	51.00	289,066	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	522,301	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	120,989	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	89,786	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	206,445	0	19.00	
20.00	PHYSICAL THERAPY	66.00	169,988	0	20.00	
21.00	OCCUPATIONAL THERAPY	67.00	57,965	0	21.00	
22.00	SPEECH PATHOLOGY	68.00	27,116	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	69,409	0	23.00	
24.00	CARDIAC REHABILITATION	76.97	38,998	0	24.00	
25.00	SLEEP LAB	90.02	2,970	0	25.00	

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
26.00	EMERGENCY	91.00	0	642,248	0	26.00	
27.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	14,244	0	27.00	
	O		0	7,087,473			
E - PTO							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	279,400		0	1.00	
	O		279,400	0			
F - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	834,337	138,579	0	1.00	
	O		834,337	138,579			
G - PACU							
1.00	RECOVERY ROOM	51.00	34,251	2,805	0	1.00	
	O		34,251	2,805			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	451,708	74,597	0	1.00	
	O		451,708	74,597			
I - DIETARY							
1.00	DIETARY	10.00	578,602	696,001	0	1.00	
	O		578,602	696,001			
J - IP CARE SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	138,936	49,913	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		138,936	49,913			
K - STD							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	2,642	0	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	1,354	0	0	2.00	
3.00	HOUSEKEEPING	9.00	3,168	0	0	3.00	
4.00	DIETARY	10.00	4,137	0	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	8,653	0	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	438	0	0	6.00	
7.00	PHARMACY	15.00	10,156	0	0	7.00	
8.00	SOCIAL SERVICE	17.00	7,330	0	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	88,567	0	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	10,951	0	0	10.00	
11.00	NURSERY	43.00	9,383	0	0	11.00	
12.00	OPERATING ROOM	50.00	14,638	0	0	12.00	
13.00	RECOVERY ROOM	51.00	7,647	0	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	10,289	0	0	14.00	
15.00	RADIOLOGY-THERAPEUTIC	55.00	908	0	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	1,426	0	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	8,888	0	0	17.00	
18.00	PHYSICAL THERAPY	66.00	4,587	0	0	18.00	
19.00	OCCUPATIONAL THERAPY	67.00	10,204	0	0	19.00	
20.00	SPEECH PATHOLOGY	68.00	2,858	0	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00	1,130	0	0	21.00	
22.00	EMERGENCY	91.00	28,635	0	0	22.00	
	O		237,989	0			
L - UTILITIES							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,295,724	0	1.00	
2.00	HOUSEKEEPING	9.00	0	120	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,160	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	2,451	0	4.00	
5.00	OPERATING ROOM	50.00	0	5,670	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	48	0	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	48	0	7.00	
8.00	EMERGENCY	91.00	0	4,661	0	8.00	
9.00	BACK AND NECK	192.03	0	1,421	0	9.00	
	O		0	1,315,303			
M - MARKETING							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04		6,369	0	1.00	
2.00	RADIOLOGY-THERAPEUTIC	55.00		18	0	2.00	
3.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00		98	0	3.00	
	O		0	6,485			
N - BILLABLE DRUGS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	64,672	0	1.00	
2.00	PHARMACY	15.00	0	3,034,949	0	2.00	
3.00	OPERATING ROOM	50.00	0	22,524	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	291,563	0	4.00	
5.00	CARDIAC CATHETERIZATION	59.00	0	23,680	0	5.00	

RECLASSIFICATIONS

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Period:  
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
6.00	PHYSICAL THERAPY	66.00	0	174	0	6.00	
7.00	EMERGENCY	91.00	0	53	0	7.00	
	O		0	3,437,615			
<b>O - NON-BILLABLE DRUGS</b>							
1.00	ADULTS & PEDIATRICS	30.00		566	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00		2,145	0	2.00	
	O		0	2,711			
<b>P - BILLABLE IMPLANTS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00		120,036	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00		1,054	0	2.00	
3.00	OPERATING ROOM	50.00		5,373,984	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00		12,028	0	4.00	
5.00	CARDIAC CATHETERIZATION	59.00		963,535	0	5.00	
6.00	EMERGENCY	91.00		273	0	6.00	
	O		0	6,470,910			
<b>Q - BILLABLE SUPPLIES</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	198	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	9	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,061	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	110,013	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	9,040	0	5.00	
6.00	NURSERY	43.00	0	794	0	6.00	
7.00	OPERATING ROOM	50.00	0	1,223,530	0	7.00	
8.00	RECOVERY ROOM	51.00	0	458	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	200,771	0	9.00	
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	152	0	10.00	
11.00	CARDIAC CATHETERIZATION	59.00	0	556,383	0	11.00	
12.00	PHYSICAL THERAPY	66.00	0	5,034	0	12.00	
13.00	EMERGENCY	91.00	0	23,134	0	13.00	
	O		0	2,131,577			
<b>R - NON-BILLABLE SUPPLIES</b>							
1.00	PURCHASING RECEIVING AND STORES	5.03		1,668	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04		149,675	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00		118	0	3.00	
4.00	OPERATION OF PLANT	7.00		14	0	4.00	
5.00	HOUSEKEEPING	9.00		20,392	0	5.00	
6.00	DIETARY	10.00		1,162	0	6.00	
7.00	NURSING ADMINISTRATION	13.00		1,387	0	7.00	
8.00	PHARMACY	15.00		2,813	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00		1,110,257	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00		290,290	0	10.00	
11.00	NURSERY	43.00		44,910	0	11.00	
12.00	OPERATING ROOM	50.00		2,014,503	0	12.00	
13.00	RECOVERY ROOM	51.00		99,613	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00		329,312	0	14.00	
15.00	RADIOLOGY-THERAPEUTIC	55.00		11,214	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00		200,341	0	16.00	
17.00	RESPIRATORY THERAPY	65.00		82,350	0	17.00	
18.00	PHYSICAL THERAPY	66.00		77,322	0	18.00	
19.00	OCCUPATIONAL THERAPY	67.00		2,640	0	19.00	
20.00	SPEECH PATHOLOGY	68.00		360	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00		15,367	0	21.00	
22.00	CARDIAC REHABILITATION	76.97		6,034	0	22.00	
23.00	SLEEP LAB	90.02		19,419	0	23.00	
24.00	EMERGENCY	91.00		520,528	0	24.00	
25.00	MARKETING	192.02		765	0	25.00	
26.00	BACK AND NECK	192.03		1,496	0	26.00	
	O		0	5,003,950			
500.00	Grand Total: Decreases		2,555,223	39,682,445		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150158

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/24/2016 10:19 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	6,800,703	0	0	0	2.00
3.00	Buildings and Fixtures	74,902,101	0	0	0	3.00
4.00	Building Improvements	25,567,745	1,737,422	0	1,737,422	4.00
5.00	Fixed Equipment	14,712,223	349,188	0	349,188	5.00
6.00	Movable Equipment	52,878,899	1,191,353	0	1,191,353	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	174,861,671	3,277,963	0	3,277,963	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	174,861,671	3,277,963	0	3,277,963	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	0	0			1.00
2.00	Land Improvements	6,800,703	0			2.00
3.00	Buildings and Fixtures	74,902,101	0			3.00
4.00	Building Improvements	27,305,167	0			4.00
5.00	Fixed Equipment	15,061,411	0			5.00
6.00	Movable Equipment	54,046,046	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	178,115,428	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	178,115,428	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150158

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/24/2016 10:19 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	MOB	0	0	0	0	0	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	MOB	502,187	502,187				1.01
1.02	INTEREST	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	502,187	502,187				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150158

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/24/2016 10:19 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	124,069,383	0	124,069,383	0.696567	0	1.00
1.01	MOB	0	0	0	0.000000	0	1.01
1.02	INTEREST	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	54,046,046	0	54,046,046	0.303433	0	2.00
3.00	Total (sum of lines 1-2)	178,115,429	0	178,115,429	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,906,941	410,122	1.00
1.01	MOB	0	0	0	0	-555,781	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,385,355	123,931	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,292,296	-21,728	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	5,317,063	1.00
1.01	MOB	0	0	0	502,187	-53,594	1.01
1.02	INTEREST	12,101,135	0	0	0	12,101,135	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,509,286	2.00
3.00	Total (sum of lines 1-2)	12,101,135	0	0	502,187	19,873,890	3.00

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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0 1.00
1.01 Investment income - MOB (chapter 2)			OMOB	1.01		0 1.01
1.02 Investment income - INTEREST (chapter 2)			OINTEREST	1.02		0 1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW 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)	B	-475,325	MOB	1.01	10	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00		0 7.00
8.00 Television and radio service (chapter 21)		0		0.00		0 8.00
9.00 Parking lot (chapter 21)		0		0.00		0 9.00
10.00 Provider-based physician adjustment	A-8-2	-4,854,103				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	11,330,999				0 12.00
13.00 Laundry and linen service		0		0.00		0 13.00
14.00 Cafeteria-employees and guests	B	-744,684	CAFETERIA	11.00		0 14.00
15.00 Rental of quarters to employees and others		0		0.00		0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0 16.00
17.00 Sale of drugs to other than patients		0		0.00		0 17.00
18.00 Sale of medical records and abstracts		0		0.00		0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0 19.00
20.00 Vending machines		0		0.00		0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0 26.00
26.01 Depreciation - MOB			OMOB	1.01		0 26.01
26.02 Depreciation - INTEREST			OINTEREST	1.02		0 26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW 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

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
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 ACCRUED PTO TO HO	A	-448,928		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00
33.01 BENEFITS TO HO	A	-7,117,779		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.01
33.02 MOB LEASE EXPENSE	A	-376,439		MOB	1.01	10 33.02
33.03 CONTRIBUTIONS	A	-40,500		OTHER ADMINISTRATIVE AND GENERAL	5.04	0 33.03
33.04 HAF FEES	B	-5,713,413		OTHER ADMINISTRATIVE AND GENERAL	5.04	0 33.04
33.05 OTHER OPERATING REVENUE	B	-749		PURCHASING RECEIVING AND STORES	5.03	0 33.05
33.06 OTHER OPERATING REVENUE	B	-450,823		OTHER ADMINISTRATIVE AND GENERAL	5.04	0 33.06
33.07 OTHER OPERATING REVENUE	B	-335,290		MAINTENANCE & REPAIRS	6.00	0 33.07
33.08 OTHER OPERATING REVENUE	B	-33		ADULTS & PEDIATRICS	30.00	0 33.08
33.09 OTHER OPERATING REVENUE	B	-744,684		DIETARY	10.00	0 33.09
33.10 OTHER OPERATING REVENUE	B	-17,544		PHARMACY	15.00	0 33.10
33.11 OTHER OPERATING REVENUE	B	-2,400		RADIOLOGY-THERAPEUTIC	55.00	0 33.11
33.12 OTHER OPERATING REVENUE	B	-236,750		BACK AND NECK	192.03	0 33.12
33.13		0			0.00	0 33.13
33.14		0			0.00	0 33.14
33.15		0			0.00	0 33.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,228,445				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: 150158

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

Worksheet A-8-1

Date/Time Prepared: 5/24/2016 10:19 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	INTERCOMPANY/HO CR ALLOCATIO	949,346	0
2.00	1.02	INTEREST	INTERCOMPANY/HO CR ALLOCATIO	6,010,462	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY/HO CR ALLOCATIO	6,941,867	12,790
4.00	5.02	DATA PROCESSING	INTERCOMPANY/HO CR ALLOCATIO	4,610,796	0
4.01	5.03	PURCHASING RECEIVING AND STO	INTERCOMPANY/HO CR ALLOCATIO	232,151	0
4.02	5.04	OTHER ADMINISTRATIVE AND GEN	INTERCOMPANY/HO CR ALLOCATIO	14,110,897	21,436,648
4.03	13.00	NURSING ADMINISTRATION	INTERCOMPANY/HO CR ALLOCATIO	309,746	384,828
4.04	30.00	ADULTS & PEDIATRICS	INTERCOMPANY	46,543	46,543
4.05	31.00	INTENSIVE CARE UNIT	INTERCOMPANY	132,013	132,013
4.06	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY	553,131	553,131
4.07	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY	193,241	193,241
4.08	60.00	LABORATORY	INTERCOMPANY	5,172,260	5,172,260
4.09	65.00	RESPIRATORY THERAPY	INTERCOMPANY	2,000	2,000
4.10	66.00	PHYSICAL THERAPY	INTERCOMPANY	22,645	22,645
4.11	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	496,631	496,631
4.12	90.02	SLEEP LAB	INTERCOMPANY	638,096	638,096
4.13	91.00	EMERGENCY	INTERCOMPANY	1,150,000	1,150,000
5.00	0	0	0	41,571,825	30,240,826

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

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

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

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

6.00	B	IU HEALTH	100.00	IU HEALTH-HO	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:	FINANCIAL				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: 150158

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

Worksheet A-8-1

Date/Time Prepared:  
5/24/2016 10:19 pm

	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	949,346	9		1.00
2.00	6,010,462	11		2.00
3.00	6,929,077	0		3.00
4.00	4,610,796	0		4.00
4.01	232,151	0		4.01
4.02	-7,325,751	0		4.02
4.03	-75,082	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
5.00	11,330,999			5.00

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

Related Organization(s) and/or Home Office	Type of Business	6.00

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

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

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

6.00	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: 150158

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

Worksheet A-8-2

Date/Time Prepared:  
5/24/2016 10:19 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	3,975,730	3,180,402	795,327	171,400	13,874	1.00
2.00	31.00	INTENSIVE CARE UNIT	7,013	0	7,013	171,400	47	2.00
3.00	65.00	RESPIRATORY THERAPY	2,000	0	2,000	171,400	13	3.00
4.00	66.00	PHYSICAL THERAPY	1,650	1,650	0	171,400	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	333,638	333,638	0	171,400	0	5.00
6.00	91.00	EMERGENCY	1,150,000	1,150,000	0	171,400	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	60,450	40,950	19,500	194,500	252	7.00
8.00	50.00	OPERATING ROOM	132,475	132,475	0	200,300	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	20,000	0	20,000	231,100	133	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	21,916	0	21,916	231,100	146	10.00
200.00			5,704,872	4,839,115	865,756		14,465	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	1,143,271	57,164	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	3,873	194	0	0	0	2.00
3.00	65.00	RESPIRATORY THERAPY	1,071	54	0	0	0	3.00
4.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	0	0	0	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	23,564	1,178	0	0	0	7.00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	14,777	739	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	16,221	811	0	0	0	10.00
200.00			1,202,777	60,140	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	1,143,271	0	3,180,403		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	3,873	3,140	3,140		2.00
3.00	65.00	RESPIRATORY THERAPY	0	1,071	929	929		3.00
4.00	66.00	PHYSICAL THERAPY	0	0	0	1,650		4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	333,638		5.00
6.00	91.00	EMERGENCY	0	0	0	1,150,000		6.00
7.00	30.00	ADULTS & PEDIATRICS	0	23,564	0	40,950		7.00
8.00	50.00	OPERATING ROOM	0	0	0	132,475		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	14,777	5,223	5,223		9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	16,221	5,695	5,695		10.00
200.00			0	1,202,777	14,987	4,854,103		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP		
		0	1.00	1.01	1.02	2.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	5,317,063	5,317,063				1.00
1.01	00101	MOB	-53,594	302,868	249,274			1.01
1.02	00102	INTEREST	12,101,135	0	0	12,101,135		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2,509,286				2,509,286	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,147,816	0	19,256	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	69,739	9,735	0	23,495	15,676	5.01
5.02	00550	DATA PROCESSING	4,632,361	65,299	0	157,591	5,557	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	257,153	71,197	0	171,825	0	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	12,596,196	234,386	24,995	565,661	54,466	5.04
6.00	00600	MAINTENANCE & REPAIRS	1,617,547	1,021,995	0	2,466,457	1,034,733	6.00
7.00	00700	OPERATION OF PLANT	1,585,263	52,531	0	126,776	284,872	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	147,485	16,756	0	40,439	224	8.00
9.00	00900	HOUSEKEEPING	3,605,628	70,209	2,560	169,440	964	9.00
10.00	01000	DIETARY	-37,188	79,357	2,646	191,519	2,082	10.00
11.00	01100	CAFETERIA	529,919	134,670	0	325,008	3,831	11.00
13.00	01300	NURSING ADMINISTRATION	2,727,557	30,111	0	72,669	345	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,275,813	119,673	0	288,816	31,834	14.00
15.00	01500	PHARMACY	2,354,689	41,204	0	99,440	5,617	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	250,546	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	11,712,454	1,202,158	0	2,901,254	159,419	30.00
31.00	03100	INTENSIVE CARE UNIT	2,998,941	171,969	0	415,026	6,833	31.00
43.00	04300	NURSERY	1,476,301	104,726	0	252,744	4,836	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,909,813	491,426	0	1,185,996	306,670	50.00
51.00	05100	RECOVERY ROOM	1,889,068	41,438	0	100,006	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	972,916	101,593	0	245,182	19,669	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,395,934	294,155	0	709,907	401,853	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,078,984	164,177	0	396,222	12,895	55.00
59.00	05900	CARDIAC CATHETERIZATION	662,417	41,840	0	100,976	55,473	59.00
60.00	06000	LABORATORY	5,172,260	63,556	0	153,385	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	408,423	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,295,532	42,929	0	103,605	21,383	65.00
66.00	06600	PHYSICAL THERAPY	1,322,570	2,011	17,090	4,853	2,537	66.00
67.00	06700	OCCUPATIONAL THERAPY	401,703	2,011	17,090	4,853	2,537	67.00
68.00	06800	SPEECH PATHOLOGY	138,898	2,011	17,090	4,853	2,537	68.00
69.00	06900	ELECTROCARDIOLOGY	737,013	5,898	0	14,235	26,871	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,128,270	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,470,910	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,437,615	0	0	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	216,267	0	10,418	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	654,009	2,664	53,683	6,430	435	90.02
91.00	09100	EMERGENCY	4,598,596	332,510	0	802,472	19,745	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	117,713,308	5,317,063	164,828	12,101,135	2,483,894	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	269,122	0	9,632	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	2,894	0	6,419	0	0	192.01
192.02	19202	MARKETING	469,219	0	4,166	0	0	192.02
192.03	19203	BACK AND NECK	80,171	0	64,229	0	25,392	192.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	118,534,714	5,317,063	249,274	12,101,135	2,509,286	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

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

Worksheet B Part I Date/Time Prepared: 5/24/2016 10:19 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	Subtotal	
		4.00	5.01	5.02	5.03	5A.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,167,072				4.00
5.01	00540	NONPATIENT TELEPHONES	0	118,645			5.01
5.02	00550	DATA PROCESSING	0	426	4,861,234		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,063	851	35,004	537,093	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	524,463	14,046	577,572	0	14,591,785
6.00	00600	MAINTENANCE & REPAIRS	106,724	5,746	236,280	0	6,489,482
7.00	00700	OPERATION OF PLANT	0	4,895	201,275	0	2,255,612
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,194	209,098
9.00	00900	HOUSEKEEPING	140,156	1,170	48,131	0	4,038,258
10.00	01000	DIETARY	53,365	851	35,004	0	327,636
11.00	01100	CAFETERIA	99,520	1,490	61,258	0	1,155,696
13.00	01300	NURSING ADMINISTRATION	376,376	1,064	43,755	0	3,251,877
14.00	01400	CENTRAL SERVICES & SUPPLY	40,281	532	21,878	187,297	5,966,124
15.00	01500	PHARMACY	344,227	2,022	83,135	0	2,930,334
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	38,431	106	4,376	0	293,459
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,817,799	27,880	1,146,394	0	18,967,358
31.00	03100	INTENSIVE CARE UNIT	442,711	0	0	467	4,035,947
43.00	04300	NURSERY	227,542	958	39,380	2,240	2,108,727
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	386,735	10,428	428,804	1,582	5,721,454
51.00	05100	RECOVERY ROOM	299,009	638	26,253	0	2,356,412
52.00	05200	DELIVERY ROOM & LABOR ROOM	143,506	2,341	96,262	0	1,581,469
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	585,869	8,087	332,542	527	6,728,874
55.00	05500	RADIOLOGY-THERAPEUTIC	117,639	3,618	148,769	7	1,922,311
59.00	05900	CARDIAC CATHETERIZATION	97,600	1,170	48,131	93	1,007,700
60.00	06000	LABORATORY	0	4,256	175,022	0	5,568,479
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	15,243	423,666
65.00	06500	RESPIRATORY THERAPY	205,242	213	8,751	1	1,677,656
66.00	06600	PHYSICAL THERAPY	203,045	958	39,380	3	1,592,447
67.00	06700	OCCUPATIONAL THERAPY	62,513	958	39,380	0	531,045
68.00	06800	SPEECH PATHOLOGY	21,553	958	39,380	0	227,280
69.00	06900	ELECTROCARDIOLOGY	87,581	638	26,253	23	898,512
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	79,431	2,207,701
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	241,501	6,712,411
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,437,615
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	31,024	319	13,127	0	271,155
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	0	1,064	43,755	0	762,040
91.00	09100	EMERGENCY	668,231	14,365	590,699	4,484	7,031,102
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,122,205	112,048	4,589,950	537,093	117,280,722
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,367	532	21,878	0	314,531
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	1,703	70,009	0	81,025
192.02	19202	MARKETING	28	851	35,004	0	509,268
192.03	19203	BACK AND NECK	31,472	3,511	144,393	0	349,168
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	7,167,072	118,645	4,861,234	537,093	118,534,714

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/24/2016 10:19 pm				
Cost Center	Description	OTHER ADMINISTRATIVE AND GENERAL 5.04	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	MOB				1.01		
1.02	00102	INTEREST				1.02		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00540	NONPATIENT TELEPHONES				5.01		
5.02	00550	DATA PROCESSING				5.02		
5.03	00560	PURCHASING RECEIVING AND STORES				5.03		
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	14,591,785			5.04		
6.00	00600	MAINTENANCE & REPAIRS	911,013	7,400,495		6.00		
7.00	00700	OPERATION OF PLANT	316,650	107,641	2,679,903	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	29,354	34,335	12,617	285,404	8.00	
9.00	00900	HOUSEKEEPING	566,903	143,864	52,866	0	4,801,891	9.00
10.00	01000	DIETARY	45,995	162,611	59,755	0	109,751	10.00
11.00	01100	CAFETERIA	162,240	275,952	101,404	0	186,248	11.00
13.00	01300	NURSING ADMINISTRATION	456,508	61,700	22,673	0	41,643	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	837,542	245,222	90,112	0	165,507	14.00
15.00	01500	PHARMACY	411,369	84,430	31,026	0	56,984	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	41,197	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,662,658	2,463,340	905,201	151,483	1,662,583	30.00
31.00	03100	INTENSIVE CARE UNIT	566,578	352,382	129,490	7,675	237,833	31.00
43.00	04300	NURSERY	296,029	214,595	78,857	2,195	144,836	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	803,195	1,006,981	370,035	19,962	679,641	50.00
51.00	05100	RECOVERY ROOM	330,800	84,911	31,202	0	57,309	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	222,011	208,174	76,498	3,877	140,503	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	944,620	602,754	221,494	30,435	406,816	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	269,860	336,416	123,623	3,277	227,057	55.00
59.00	05900	CARDIAC CATHETERIZATION	141,464	85,735	31,505	0	57,865	59.00
60.00	06000	LABORATORY	781,720	130,233	47,857	0	87,898	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	59,476	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	235,514	87,967	32,325	0	59,371	65.00
66.00	06600	PHYSICAL THERAPY	223,552	4,120	1,514	0	2,781	66.00
67.00	06700	OCCUPATIONAL THERAPY	74,550	4,120	1,514	0	2,781	67.00
68.00	06800	SPEECH PATHOLOGY	31,906	4,120	1,514	0	2,781	68.00
69.00	06900	ELECTROCARDIOLOGY	126,136	12,086	4,441	0	8,157	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	309,924	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	942,308	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	482,583	0	0	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	38,066	0	0	173	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	106,977	5,459	2,006	1,741	3,685	90.02
91.00	09100	EMERGENCY	987,047	681,347	250,374	64,586	459,861	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,415,745	7,400,495	2,679,903	285,404	4,801,891	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	44,155	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	11,375	0	0	0	0	192.01
192.02	19202	MARKETING	71,493	0	0	0	0	192.02
192.03	19203	BACK AND NECK	49,017	0	0	0	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	14,591,785	7,400,495	2,679,903	285,404	4,801,891	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 10:19 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	705,748				10.00
11.00	01100	CAFETERIA	0	1,881,540			11.00
13.00	01300	NURSING ADMINISTRATION	0	82,567	3,916,968		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,410	0	7,323,917	14.00
15.00	01500	PHARMACY	0	85,695	13,150	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	13,291	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	599,958	592,212	1,765,902	0	30.00
31.00	03100	INTENSIVE CARE UNIT	105,790	119,959	451,621	9,897	31.00
43.00	04300	NURSERY	0	58,909	214,074	47,466	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	109,795	241,081	33,530	50.00
51.00	05100	RECOVERY ROOM	0	86,476	324,505	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	48,813	138,003	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	185,462	64,760	11,173	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	31,341	23,613	143	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	28,146	52,741	1,969	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	323,024	63.00
65.00	06500	RESPIRATORY THERAPY	0	64,279	0	13	65.00
66.00	06600	PHYSICAL THERAPY	0	57,991	0	56	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,180	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,575	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	22,435	34,077	483	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,683,262	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,117,879	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	11,387	7,635	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	219,488	585,806	95,022	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	705,748	1,859,411	3,916,968	7,323,917	3,612,988
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,498	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	34	0	0	192.01
192.02	19202	MARKETING	0	0	0	0	192.02
192.03	19203	BACK AND NECK	0	13,597	0	0	192.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	705,748	1,881,540	3,916,968	7,323,917	3,612,988

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 10:19 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0				16.00
17.00	01700	SOCIAL SERVICE	0	347,947			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	266,281	30,083,016	0	30,083,016
31.00	03100	INTENSIVE CARE UNIT	0	46,953	6,076,452	0	6,076,452
43.00	04300	NURSERY	0	34,713	3,204,040	0	3,204,040
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	9,007,973	0	9,007,973
51.00	05100	RECOVERY ROOM	0	0	3,272,093	0	3,272,093
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,421,193	0	2,421,193
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	9,210,071	0	9,210,071
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,937,818	0	2,937,818
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,409,551	0	1,409,551
60.00	06000	LABORATORY	0	0	6,616,187	0	6,616,187
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	806,166	0	806,166
65.00	06500	RESPIRATORY THERAPY	0	0	2,157,142	0	2,157,142
66.00	06600	PHYSICAL THERAPY	0	0	1,882,531	0	1,882,531
67.00	06700	OCCUPATIONAL THERAPY	0	0	630,190	0	630,190
68.00	06800	SPEECH PATHOLOGY	0	0	273,176	0	273,176
69.00	06900	ELECTROCARDIOLOGY	0	0	1,106,929	0	1,106,929
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,200,887	0	4,200,887
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	12,772,598	0	12,772,598
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	7,311,224	0	7,311,224
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	328,416	0	328,416
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	881,908	0	881,908
91.00	09100	EMERGENCY	0	0	10,492,992	0	10,492,992
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	347,947	117,082,553	0	117,082,553
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	367,184	0	367,184
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	92,434	0	92,434
192.02	19202	MARKETING	0	0	580,761	0	580,761
192.03	19203	BACK AND NECK	0	0	411,782	0	411,782
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	347,947	118,534,714	0	118,534,714

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150158

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 10:19 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP	
			1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS		0	1.00	1.01	1.02	2.00	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 MOB						1.01
1.02	00102 INTEREST						1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	19,256	0	0	4.00
5.01	00540 NONPATIENT TELEPHONES	0	9,735	0	23,495	15,676	5.01
5.02	00550 DATA PROCESSING	0	65,299	0	157,591	5,557	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	71,197	0	171,825	0	5.03
5.04	00590 OTHER ADMINISTRATIVE AND GENERAL	0	234,386	24,995	565,661	54,466	5.04
6.00	00600 MAINTENANCE & REPAIRS	0	1,021,995	0	2,466,457	1,034,733	6.00
7.00	00700 OPERATION OF PLANT	0	52,531	0	126,776	284,872	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	16,756	0	40,439	224	8.00
9.00	00900 HOUSEKEEPING	0	70,209	2,560	169,440	964	9.00
10.00	01000 DIETARY	0	79,357	2,646	191,519	2,082	10.00
11.00	01100 CAFETERIA	0	134,670	0	325,008	3,831	11.00
13.00	01300 NURSING ADMINISTRATION	0	30,111	0	72,669	345	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	119,673	0	288,816	31,834	14.00
15.00	01500 PHARMACY	0	41,204	0	99,440	5,617	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	1,202,158	0	2,901,254	159,419	30.00
31.00	03100 INTENSIVE CARE UNIT	0	171,969	0	415,026	6,833	31.00
43.00	04300 NURSERY	0	104,726	0	252,744	4,836	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	491,426	0	1,185,996	306,670	50.00
51.00	05100 RECOVERY ROOM	0	41,438	0	100,006	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	101,593	0	245,182	19,669	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	294,155	0	709,907	401,853	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	164,177	0	396,222	12,895	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	41,840	0	100,976	55,473	59.00
60.00	06000 LABORATORY	0	63,556	0	153,385	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	42,929	0	103,605	21,383	65.00
66.00	06600 PHYSICAL THERAPY	0	2,011	17,090	4,853	2,537	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,011	17,090	4,853	2,537	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,011	17,090	4,853	2,537	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,898	0	14,235	26,871	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	10,418	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 SLEEP LAB	0	2,664	53,683	6,430	435	90.02
91.00	09100 EMERGENCY	0	332,510	0	802,472	19,745	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,014,195	164,828	12,101,135	2,483,894	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	9,632	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 RETAIL PHARMACY	0	0	6,419	0	0	192.01
192.02	19202 MARKETING	0	0	4,166	0	0	192.02
192.03	19203 BACK AND NECK	0	0	64,229	0	25,392	192.03
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	5,014,195	249,274	12,101,135	2,509,286	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150158

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 10:19 pm

Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
		2A	4.00	5.01	5.02	5.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	19,256	19,256			4.00
5.01	00540	NONPATIENT TELEPHONES	48,906	0	48,906		5.01
5.02	00550	DATA PROCESSING	228,447	0	175	228,622	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	243,022	3	351	1,646	245,022
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	879,508	1,409	5,790	27,163	0
6.00	00600	MAINTENANCE & REPAIRS	4,523,185	287	2,369	11,112	0
7.00	00700	OPERATION OF PLANT	464,179	0	2,018	9,466	0
8.00	00800	LAUNDRY & LINEN SERVICE	57,419	0	0	0	1,913
9.00	00900	HOUSEKEEPING	243,173	376	482	2,264	0
10.00	01000	DIETARY	275,604	143	351	1,646	0
11.00	01100	CAFETERIA	463,509	267	614	2,881	0
13.00	01300	NURSING ADMINISTRATION	103,125	1,011	439	2,058	0
14.00	01400	CENTRAL SERVICES & SUPPLY	440,323	108	219	1,029	85,444
15.00	01500	PHARMACY	146,261	925	833	3,910	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	103	44	206	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,262,831	4,889	11,492	53,914	0
31.00	03100	INTENSIVE CARE UNIT	593,828	1,189	0	0	213
43.00	04300	NURSERY	362,306	611	395	1,852	1,022
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,984,092	1,039	4,298	20,166	722
51.00	05100	RECOVERY ROOM	141,444	803	263	1,235	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	366,444	385	965	4,527	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,405,915	1,574	3,334	15,639	241
55.00	05500	RADIOLOGY-THERAPEUTIC	573,294	316	1,491	6,997	3
59.00	05900	CARDIAC CATHETERIZATION	198,289	262	482	2,264	42
60.00	06000	LABORATORY	216,941	0	1,754	8,231	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	6,954
65.00	06500	RESPIRATORY THERAPY	167,917	551	88	412	0
66.00	06600	PHYSICAL THERAPY	26,491	545	395	1,852	1
67.00	06700	OCCUPATIONAL THERAPY	26,491	168	395	1,852	0
68.00	06800	SPEECH PATHOLOGY	26,491	58	395	1,852	0
69.00	06900	ELECTROCARDIOLOGY	47,004	235	263	1,235	10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	36,236
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	110,175
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	10,418	83	132	617	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	63,212	0	439	2,058	0
91.00	09100	EMERGENCY	1,154,727	1,795	5,921	27,780	2,046
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,764,052	19,135	46,187	215,864	245,022
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,632	36	219	1,029	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	6,419	0	702	3,292	0
192.02	19202	MARKETING	4,166	0	351	1,646	0
192.03	19203	BACK AND NECK	89,621	85	1,447	6,791	0
200.00		Cross Foot Adjustments	0				
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	19,873,890	19,256	48,906	228,622	245,022

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150158		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 10:19 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	913,870				5.04
6.00	00600	MAINTENANCE & REPAIRS	57,056	4,594,009			6.00
7.00	00700	OPERATION OF PLANT	19,831	66,820	562,314		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,838	21,314	2,647	85,131	8.00
9.00	00900	HOUSEKEEPING	35,504	89,307	11,093	0	382,199
10.00	01000	DIETARY	2,881	100,944	12,538	0	8,735
11.00	01100	CAFETERIA	10,161	171,303	21,277	0	14,824
13.00	01300	NURSING ADMINISTRATION	28,591	38,302	4,757	0	3,315
14.00	01400	CENTRAL SERVICES & SUPPLY	52,454	152,226	18,908	0	13,173
15.00	01500	PHARMACY	25,763	52,412	6,510	0	4,536
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	2,580	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	166,765	1,529,168	189,935	45,185	132,332
31.00	03100	INTENSIVE CARE UNIT	35,484	218,748	27,170	2,289	18,930
43.00	04300	NURSERY	18,540	133,214	16,546	655	11,528
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	50,303	625,104	77,643	5,954	54,095
51.00	05100	RECOVERY ROOM	20,718	52,710	6,547	0	4,561
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,904	129,228	16,051	1,156	11,183
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,160	374,172	46,475	9,078	32,380
55.00	05500	RADIOLOGY-THERAPEUTIC	16,901	208,837	25,939	978	18,072
59.00	05900	CARDIAC CATHETERIZATION	8,860	53,222	6,611	0	4,606
60.00	06000	LABORATORY	48,958	80,845	10,042	0	6,996
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,725	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	14,750	54,607	6,783	0	4,726
66.00	06600	PHYSICAL THERAPY	14,001	2,558	318	0	221
67.00	06700	OCCUPATIONAL THERAPY	4,669	2,558	318	0	221
68.00	06800	SPEECH PATHOLOGY	1,998	2,558	318	0	221
69.00	06900	ELECTROCARDIOLOGY	7,900	7,503	932	0	649
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,410	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	59,016	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	30,224	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	2,384	0	0	52	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	6,700	3,389	421	519	293
91.00	09100	EMERGENCY	61,817	422,960	52,535	19,265	36,602
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	902,846	4,594,009	562,314	85,131	382,199
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,765	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	712	0	0	0	0
192.02	19202	MARKETING	4,477	0	0	0	0
192.03	19203	BACK AND NECK	3,070	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	913,870	4,594,009	562,314	85,131	382,199

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150158

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

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Part II  
Date/Time Prepared:  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	382,678				10.00
11.00	01100	CAFETERIA	0	684,836			11.00
13.00	01300	NURSING ADMINISTRATION	0	30,053	211,651		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,065	0	770,949	14.00
15.00	01500	PHARMACY	0	31,191	711	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	273,052	16.00
17.00	01700	SOCIAL SERVICE	0	4,838	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	325,315	215,552	95,419	0	3,479
31.00	03100	INTENSIVE CARE UNIT	57,363	43,662	24,403	1,042	932
43.00	04300	NURSERY	0	21,441	11,567	4,996	275
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	39,963	13,027	3,529	1,685
51.00	05100	RECOVERY ROOM	0	31,475	17,534	0	36
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,767	7,457	0	139
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	67,504	3,499	1,176	1,034
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,407	1,276	15	13
59.00	05900	CARDIAC CATHETERIZATION	0	10,244	2,850	207	183
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	34,003	0
65.00	06500	RESPIRATORY THERAPY	0	23,396	0	1	1
66.00	06600	PHYSICAL THERAPY	0	21,107	0	6	5
67.00	06700	OCCUPATIONAL THERAPY	0	5,889	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	2,029	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	8,166	1,841	51	45
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	177,187	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	538,734	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	256,280
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	4,145	413	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	0	0	0	0	0
91.00	09100	EMERGENCY	0	79,888	31,654	10,002	8,945
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	382,678	676,782	211,651	770,949	273,052
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,093	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	12	0	0	0
192.02	19202	MARKETING	0	0	0	0	0
192.03	19203	BACK AND NECK	0	4,949	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	20,164	0	0	0	0
202.00		TOTAL (sum lines 118-201)	402,842	684,836	211,651	770,949	273,052

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150158

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0				16.00
17.00	01700	SOCIAL SERVICE	0	7,771			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	5,947	7,042,223	0	7,042,223
31.00	03100	INTENSIVE CARE UNIT	0	1,049	1,026,302	0	1,026,302
43.00	04300	NURSERY	0	775	585,723	0	585,723
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	2,881,620	0	2,881,620
51.00	05100	RECOVERY ROOM	0	0	277,326	0	277,326
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	569,206	0	569,206
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,021,181	0	2,021,181
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	865,539	0	865,539
59.00	05900	CARDIAC CATHETERIZATION	0	0	288,122	0	288,122
60.00	06000	LABORATORY	0	0	373,767	0	373,767
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	44,682	0	44,682
65.00	06500	RESPIRATORY THERAPY	0	0	273,232	0	273,232
66.00	06600	PHYSICAL THERAPY	0	0	67,500	0	67,500
67.00	06700	OCCUPATIONAL THERAPY	0	0	42,561	0	42,561
68.00	06800	SPEECH PATHOLOGY	0	0	35,920	0	35,920
69.00	06900	ELECTROCARDIOLOGY	0	0	75,834	0	75,834
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	232,833	0	232,833
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	707,925	0	707,925
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	286,504	0	286,504
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	18,244	0	18,244
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	77,031	0	77,031
91.00	09100	EMERGENCY	0	0	1,915,937	0	1,915,937
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,771	19,709,212	0	19,709,212
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	16,774	0	16,774
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	11,137	0	11,137
192.02	19202	MARKETING	0	0	10,640	0	10,640
192.03	19203	BACK AND NECK	0	0	105,963	0	105,963
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	20,164	0	20,164
202.00		TOTAL (sum lines 118-201)	0	7,771	19,873,890	0	19,873,890

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	317,319				1.00
1.01	00101	MOB	18,075	37,398			1.01
1.02	00102	INTEREST	0	0	299,244		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				6,529,000	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	2,889	0	0	41,669,077
5.01	00540	NONPATIENT TELEPHONES	581	0	581	40,787	0
5.02	00550	DATA PROCESSING	3,897	0	3,897	14,458	0
5.03	00560	PURCHASING RECEIVING AND STORES	4,249	0	4,249	0	6,179
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	13,988	3,750	13,988	141,718	3,049,205
6.00	00600	MAINTENANCE & REPAIRS	60,992	0	60,992	2,692,305	620,487
7.00	00700	OPERATION OF PLANT	3,135	0	3,135	741,220	0
8.00	00800	LAUNDRY & LINEN SERVICE	1,000	0	1,000	584	0
9.00	00900	HOUSEKEEPING	4,190	384	4,190	2,509	814,860
10.00	01000	DIETARY	4,736	397	4,736	5,417	310,260
11.00	01100	CAFETERIA	8,037	0	8,037	9,968	578,602
13.00	01300	NURSING ADMINISTRATION	1,797	0	1,797	898	2,188,230
14.00	01400	CENTRAL SERVICES & SUPPLY	7,142	0	7,142	82,831	234,189
15.00	01500	PHARMACY	2,459	0	2,459	14,615	2,001,318
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	223,434
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	71,744	0	71,744	414,798	10,568,661
31.00	03100	INTENSIVE CARE UNIT	10,263	0	10,263	17,778	2,573,902
43.00	04300	NURSERY	6,250	0	6,250	12,582	1,322,921
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	29,328	0	29,328	797,937	2,248,460
51.00	05100	RECOVERY ROOM	2,473	0	2,473	0	1,738,422
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,063	0	6,063	51,177	834,337
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,555	0	17,555	1,045,596	3,406,213
55.00	05500	RADIOLOGY-THERAPEUTIC	9,798	0	9,798	33,551	683,950
59.00	05900	CARDIAC CATHETERIZATION	2,497	0	2,497	144,338	567,443
60.00	06000	LABORATORY	3,793	0	3,793	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,562	0	2,562	55,637	1,193,265
66.00	06600	PHYSICAL THERAPY	120	2,564	120	6,602	1,180,495
67.00	06700	OCCUPATIONAL THERAPY	120	2,564	120	6,602	363,448
68.00	06800	SPEECH PATHOLOGY	120	2,564	120	6,602	125,311
69.00	06900	ELECTROCARDIOLOGY	352	0	352	69,916	509,194
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	1,563	0	0	180,372
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	159	8,054	159	1,131	0
91.00	09100	EMERGENCY	19,844	0	19,844	51,374	3,885,065
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	317,319	24,729	299,244	6,462,931	41,408,223
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,445	0	0	77,714
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	963	0	0	0
192.02	19202	MARKETING	0	625	0	0	165
192.03	19203	BACK AND NECK	0	9,636	0	66,069	182,975
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	5,317,063	249,274	12,101,135	2,509,286	7,167,072
203.00		Unit cost multiplier (Wkst. B, Part I)	16.756207	6.665437	40.439023	0.384329	0.172000
204.00		Cost to be allocated (per Wkst. B, Part II)					19,256
205.00		Unit cost multiplier (Wkst. B, Part II)					0.000462

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PHONES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	1,115					5.01
5.02	00550	4	1,111				5.02
5.03	00560	8	8	14,390,960			5.03
5.04	00590	132	132	0	-14,591,785	103,942,929	5.04
6.00	00600	54	54	0	0	6,489,482	6.00
7.00	00700	46	46	0	0	2,255,612	7.00
8.00	00800	0	0	112,377	0	209,098	8.00
9.00	00900	11	11	0	0	4,038,258	9.00
10.00	01000	8	8	0	0	327,636	10.00
11.00	01100	14	14	0	0	1,155,696	11.00
13.00	01300	10	10	0	0	3,251,877	13.00
14.00	01400	5	5	5,018,418	0	5,966,124	14.00
15.00	01500	19	19	0	0	2,930,334	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	1	1	0	0	293,459	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	262	262	0	0	18,967,358	30.00
31.00	03100	0	0	12,514	0	4,035,947	31.00
43.00	04300	9	9	60,015	0	2,108,727	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	98	98	42,394	0	5,721,454	50.00
51.00	05100	6	6	0	0	2,356,412	51.00
52.00	05200	22	22	0	0	1,581,469	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	76	76	14,127	0	6,728,874	54.00
55.00	05500	34	34	181	0	1,922,311	55.00
59.00	05900	11	11	2,490	0	1,007,700	59.00
60.00	06000	40	40	0	0	5,568,479	60.00
63.00	06300	0	0	408,423	0	423,666	63.00
65.00	06500	2	2	16	0	1,677,656	65.00
66.00	06600	9	9	71	0	1,592,447	66.00
67.00	06700	9	9	0	0	531,045	67.00
68.00	06800	9	9	0	0	227,280	68.00
69.00	06900	6	6	611	0	898,512	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	2,128,270	0	2,207,701	71.00
72.00	07200	0	0	6,470,910	0	6,712,411	72.00
73.00	07300	0	0	0	0	3,437,615	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	3	3	0	0	271,155	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	10	10	0	0	762,040	90.02
91.00	09100	135	135	120,143	0	7,031,102	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		1,053	1,049	14,390,960	-14,591,785	102,688,937	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	5	5	0	0	314,531	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	16	16	0	0	81,025	192.01
192.02	19202	8	8	0	0	509,268	192.02
192.03	19203	33	33	0	0	349,168	192.03
200.00							200.00
201.00							201.00
202.00		118,645	4,861,234	537,093		14,591,785	202.00
203.00		106.408072	4,375.548155	0.037322		0.140383	203.00
204.00		48,906	228,622	245,022		913,870	204.00
205.00		43.861883	205.780378	0.017026		0.008792	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 150158		Period: From 01/01/2015 To 12/31/2015		Worksheet B-1	
Date/Time Prepared: 5/24/2016 10:19 pm							
Cost Center	Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS	215,537				6.00
7.00	00700	OPERATION OF PLANT	3,135	212,402			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,000	1,000	835,801		8.00
9.00	00900	HOUSEKEEPING	4,190	4,190	0	207,212	9.00
10.00	01000	DIETARY	4,736	4,736	0	4,736	29,787
11.00	01100	CAFETERIA	8,037	8,037	0	8,037	0
13.00	01300	NURSING ADMINISTRATION	1,797	1,797	0	1,797	0
14.00	01400	CENTRAL SERVICES & SUPPLY	7,142	7,142	0	7,142	0
15.00	01500	PHARMACY	2,459	2,459	0	2,459	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	71,744	71,744	443,612	71,744	25,322
31.00	03100	INTENSIVE CARE UNIT	10,263	10,263	22,477	10,263	4,465
43.00	04300	NURSERY	6,250	6,250	6,428	6,250	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	29,328	29,328	58,459	29,328	0
51.00	05100	RECOVERY ROOM	2,473	2,473	0	2,473	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,063	6,063	11,353	6,063	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,555	17,555	89,127	17,555	0
55.00	05500	RADIOLOGY-THERAPEUTIC	9,798	9,798	9,598	9,798	0
59.00	05900	CARDIAC CATHETERIZATION	2,497	2,497	0	2,497	0
60.00	06000	LABORATORY	3,793	3,793	0	3,793	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,562	2,562	0	2,562	0
66.00	06600	PHYSICAL THERAPY	120	120	0	120	0
67.00	06700	OCCUPATIONAL THERAPY	120	120	0	120	0
68.00	06800	SPEECH PATHOLOGY	120	120	0	120	0
69.00	06900	ELECTROCARDIOLOGY	352	352	0	352	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	508	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	159	159	5,099	159	0
91.00	09100	EMERGENCY	19,844	19,844	189,140	19,844	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	215,537	212,402	835,801	207,212	29,787
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	0	0	0	0
192.02	19202	MARKETING	0	0	0	0	0
192.03	19203	BACK AND NECK	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	7,400,495	2,679,903	285,404	4,801,891	705,748
203.00		Unit cost multiplier (Wkst. B, Part I)	34.335149	12.617127	0.341474	23.173808	23.693155
204.00		Cost to be allocated (per Wkst. B, Part II)	4,594,009	562,314	85,131	382,199	402,842
205.00		Unit cost multiplier (Wkst. B, Part II)	21.314248	2.647404	0.101856	1.844483	12.847148

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 10:19 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	55,352					11.00
13.00	01300	2,429	27,702				13.00
14.00	01400	571	0	9,260,165			14.00
15.00	01500	2,521	93	0	3,667,443		15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	391	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	17,422	12,489	0	46,734	0	30.00
31.00	03100	3,529	3,194	12,514	12,513	0	31.00
43.00	04300	1,733	1,514	60,015	3,694	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	3,230	1,705	42,394	22,635	0	50.00
51.00	05100	2,544	2,295	0	485	0	51.00
52.00	05200	1,436	976	0	1,873	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	5,456	458	14,127	13,889	0	54.00
55.00	05500	922	167	181	180	0	55.00
59.00	05900	828	373	2,490	2,463	0	59.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	408,423	0	0	63.00
65.00	06500	1,891	0	16	17	0	65.00
66.00	06600	1,706	0	71	71	0	66.00
67.00	06700	476	0	0	0	0	67.00
68.00	06800	164	0	0	0	0	68.00
69.00	06900	660	241	611	611	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	2,128,270	0	0	71.00
72.00	07200	0	0	6,470,910	0	0	72.00
73.00	07300	0	0	0	3,442,135	0	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	335	54	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	0	0	0	0	0	90.02
91.00	09100	6,457	4,143	120,143	120,143	0	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		54,701	27,702	9,260,165	3,667,443	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	250	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	1	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	400	0	0	0	0	192.03
200.00							200.00
201.00							201.00
202.00		1,881,540	3,916,968	7,323,917	3,612,988	0	202.00
203.00		33.992268	141.396578	0.790906	0.985152	0.000000	203.00
204.00		684,836	211,651	770,949	273,052	0	204.00
205.00		12.372380	7.640279	0.083254	0.074453	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2016 10:19 pm

Cost Center Description		SOCIAL SERVICE (PATIENT DAYS)	
		17.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 MOB		1.01
1.02	00102 INTEREST		1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00590 OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE	33,088	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	25,322	30.00
31.00	03100 INTENSIVE CARE UNIT	4,465	31.00
43.00	04300 NURSERY	3,301	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	65.00
66.00	06600 PHYSICAL THERAPY	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	0	90.00
90.02	09002 SLEEP LAB	0	90.02
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	33,088	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 RETAIL PHARMACY	0	192.01
192.02	19202 MARKETING	0	192.02
192.03	19203 BACK AND NECK	0	192.03
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	347,947	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.515806	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,771	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.234859	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150158

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2016 10:19 pm

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	30,083,016		30,083,016	0	30,083,016	30.00
31.00	03100 INTENSIVE CARE UNIT	6,076,452		6,076,452	3,140	6,079,592	31.00
43.00	04300 NURSERY	3,204,040		3,204,040	0	3,204,040	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	9,007,973		9,007,973	0	9,007,973	50.00
51.00	05100 RECOVERY ROOM	3,272,093		3,272,093	0	3,272,093	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,421,193		2,421,193	0	2,421,193	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,210,071		9,210,071	5,223	9,215,294	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,937,818		2,937,818	5,695	2,943,513	55.00
59.00	05900 CARDIAC CATHETERIZATION	1,409,551		1,409,551	0	1,409,551	59.00
60.00	06000 LABORATORY	6,616,187		6,616,187	0	6,616,187	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	806,166		806,166	0	806,166	63.00
65.00	06500 RESPIRATORY THERAPY	2,157,142	0	2,157,142	929	2,158,071	65.00
66.00	06600 PHYSICAL THERAPY	1,882,531	0	1,882,531	0	1,882,531	66.00
67.00	06700 OCCUPATIONAL THERAPY	630,190	0	630,190	0	630,190	67.00
68.00	06800 SPEECH PATHOLOGY	273,176	0	273,176	0	273,176	68.00
69.00	06900 ELECTROCARDIOLOGY	1,106,929		1,106,929	0	1,106,929	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,200,887		4,200,887	0	4,200,887	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	12,772,598		12,772,598	0	12,772,598	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,311,224		7,311,224	0	7,311,224	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	328,416		328,416	0	328,416	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0		0	0	0	90.00
90.02	09002 SLEEP LAB	881,908		881,908	0	881,908	90.02
91.00	09100 EMERGENCY	10,492,992		10,492,992	0	10,492,992	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,595,984		2,595,984	0	2,595,984	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	119,678,537	0	119,678,537	14,987	119,693,524	200.00
201.00	Less Observation Beds	2,595,984		2,595,984		2,595,984	201.00
202.00	Total (see instructions)	117,082,553	0	117,082,553	14,987	117,097,540	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 10:19 pm
		Title XVII	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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	44,903,052		44,903,052			30.00
31.00 03100 INTENSIVE CARE UNIT	13,826,502		13,826,502			31.00
43.00 04300 NURSERY	6,149,277		6,149,277			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	35,421,414	54,805,657	90,227,071	0.099837	0.000000	50.00
51.00 05100 RECOVERY ROOM	3,635,834	15,367,138	19,002,972	0.172188	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,579,767	2,157,472	8,737,239	0.277112	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	19,358,856	69,964,550	89,323,406	0.103109	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	300,157	25,772,998	26,073,155	0.112676	0.000000	55.00
59.00 05900 CARDIAC CATHETERIZATION	10,897,773	19,403,152	30,300,925	0.046518	0.000000	59.00
60.00 06000 LABORATORY	30,885,798	35,374,200	66,259,998	0.099852	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	1,255,337	702,610	1,957,947	0.411740	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	4,208,174	3,468,348	7,676,522	0.281005	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	3,500,834	3,384,785	6,885,619	0.273400	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,300,743	473,916	1,774,659	0.355105	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	616,004	271,083	887,087	0.307947	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	8,866,649	11,483,101	20,349,750	0.054395	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,805,894	5,880,963	10,686,857	0.393089	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	24,861,023	17,890,912	42,751,935	0.298761	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	29,593,608	13,461,634	43,055,242	0.169810	0.000000	73.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	15,697	3,104,947	3,120,644	0.105240	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0.000000	0.000000	90.00
90.02 09002 SLEEP LAB	9,642	7,501,346	7,510,988	0.117416	0.000000	90.02
91.00 09100 EMERGENCY	22,494,723	111,915,266	134,409,989	0.078067	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	429,211	3,681,669	4,110,880	0.631491	0.000000	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	273,915,969	406,065,747	679,981,716		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	273,915,969	406,065,747	679,981,716		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 10:19 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.099837		50.00
51.00	05100 RECOVERY ROOM	0.172188		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.277112		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.103168		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.112894		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.046518		59.00
60.00	06000 LABORATORY	0.099852		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.411740		63.00
65.00	06500 RESPIRATORY THERAPY	0.281126		65.00
66.00	06600 PHYSICAL THERAPY	0.273400		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.355105		67.00
68.00	06800 SPEECH PATHOLOGY	0.307947		68.00
69.00	06900 ELECTROCARDIOLOGY	0.054395		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393089		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.298761		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.169810		73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.105240		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.02	09002 SLEEP LAB	0.117416		90.02
91.00	09100 EMERGENCY	0.078067		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.631491		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150158

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2016 10:19 pm

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	30,083,016		30,083,016	0	30,083,016	30.00
31.00	03100 INTENSIVE CARE UNIT	6,076,452		6,076,452	3,140	6,079,592	31.00
43.00	04300 NURSERY	3,204,040		3,204,040	0	3,204,040	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	9,007,973		9,007,973	0	9,007,973	50.00
51.00	05100 RECOVERY ROOM	3,272,093		3,272,093	0	3,272,093	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,421,193		2,421,193	0	2,421,193	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,210,071		9,210,071	5,223	9,215,294	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,937,818		2,937,818	5,695	2,943,513	55.00
59.00	05900 CARDIAC CATHETERIZATION	1,409,551		1,409,551	0	1,409,551	59.00
60.00	06000 LABORATORY	6,616,187		6,616,187	0	6,616,187	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	806,166		806,166	0	806,166	63.00
65.00	06500 RESPIRATORY THERAPY	2,157,142	0	2,157,142	929	2,158,071	65.00
66.00	06600 PHYSICAL THERAPY	1,882,531	0	1,882,531	0	1,882,531	66.00
67.00	06700 OCCUPATIONAL THERAPY	630,190	0	630,190	0	630,190	67.00
68.00	06800 SPEECH PATHOLOGY	273,176	0	273,176	0	273,176	68.00
69.00	06900 ELECTROCARDIOLOGY	1,106,929		1,106,929	0	1,106,929	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,200,887		4,200,887	0	4,200,887	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	12,772,598		12,772,598	0	12,772,598	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,311,224		7,311,224	0	7,311,224	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	328,416		328,416	0	328,416	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0		0	0	0	90.00
90.02	09002 SLEEP LAB	881,908		881,908	0	881,908	90.02
91.00	09100 EMERGENCY	10,492,992		10,492,992	0	10,492,992	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,595,984		2,595,984	0	2,595,984	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	119,678,537	0	119,678,537	14,987	119,693,524	200.00
201.00	Less Observation Beds	2,595,984		2,595,984		2,595,984	201.00
202.00	Total (see instructions)	117,082,553	0	117,082,553	14,987	117,097,540	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150158

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2016 10:19 pm

		Title XIX			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	44,903,052		44,903,052		30.00
31.00	03100	INTENSIVE CARE UNIT	13,826,502		13,826,502		31.00
43.00	04300	NURSERY	6,149,277		6,149,277		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	35,421,414	54,805,657	90,227,071	0.099837	50.00
51.00	05100	RECOVERY ROOM	3,635,834	15,367,138	19,002,972	0.172188	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,579,767	2,157,472	8,737,239	0.277112	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,358,856	69,964,550	89,323,406	0.103109	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	300,157	25,772,998	26,073,155	0.112676	55.00
59.00	05900	CARDIAC CATHETERIZATION	10,897,773	19,403,152	30,300,925	0.046518	59.00
60.00	06000	LABORATORY	30,885,798	35,374,200	66,259,998	0.099852	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,255,337	702,610	1,957,947	0.411740	63.00
65.00	06500	RESPIRATORY THERAPY	4,208,174	3,468,348	7,676,522	0.281005	65.00
66.00	06600	PHYSICAL THERAPY	3,500,834	3,384,785	6,885,619	0.273400	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,300,743	473,916	1,774,659	0.355105	67.00
68.00	06800	SPEECH PATHOLOGY	616,004	271,083	887,087	0.307947	68.00
69.00	06900	ELECTROCARDIOLOGY	8,866,649	11,483,101	20,349,750	0.054395	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,805,894	5,880,963	10,686,857	0.393089	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	24,861,023	17,890,912	42,751,935	0.298761	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,593,608	13,461,634	43,055,242	0.169810	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	15,697	3,104,947	3,120,644	0.105240	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.02	09002	SLEEP LAB	9,642	7,501,346	7,510,988	0.117416	90.02
91.00	09100	EMERGENCY	22,494,723	111,915,266	134,409,989	0.078067	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	429,211	3,681,669	4,110,880	0.631491	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	273,915,969	406,065,747	679,981,716		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	273,915,969	406,065,747	679,981,716		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 10:19 pm
		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
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.099837		50.00
51.00	05100 RECOVERY ROOM	0.172188		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.277112		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.103168		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.112894		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.046518		59.00
60.00	06000 LABORATORY	0.099852		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.411740		63.00
65.00	06500 RESPIRATORY THERAPY	0.281126		65.00
66.00	06600 PHYSICAL THERAPY	0.273400		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.355105		67.00
68.00	06800 SPEECH PATHOLOGY	0.307947		68.00
69.00	06900 ELECTROCARDIOLOGY	0.054395		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393089		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.298761		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.169810		73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.105240		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.02	09002 SLEEP LAB	0.117416		90.02
91.00	09100 EMERGENCY	0.078067		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.631491		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150158

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

Worksheet C Part II Date/Time Prepared: 5/24/2016 10:19 pm

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	9,007,973	2,881,620	6,126,353	0	0	50.00
51.00	05100 RECOVERY ROOM	3,272,093	277,326	2,994,767	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,421,193	569,206	1,851,987	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,210,071	2,021,181	7,188,890	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,937,818	865,539	2,072,279	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	1,409,551	288,122	1,121,429	0	0	59.00
60.00	06000 LABORATORY	6,616,187	373,767	6,242,420	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	806,166	44,682	761,484	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	2,157,142	273,232	1,883,910	0	0	65.00
66.00	06600 PHYSICAL THERAPY	1,882,531	67,500	1,815,031	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	630,190	42,561	587,629	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	273,176	35,920	237,256	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,106,929	75,834	1,031,095	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,200,887	232,833	3,968,054	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	12,772,598	707,925	12,064,673	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,311,224	286,504	7,024,720	0	0	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	328,416	18,244	310,172	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 SLEEP LAB	881,908	77,031	804,877	0	0	90.02
91.00	09100 EMERGENCY	10,492,992	1,915,937	8,577,055	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,595,984	607,702	1,988,282	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	80,315,029	11,662,666	68,652,363	0	0	200.00
201.00	Less Observation Beds	2,595,984	607,702	1,988,282	0	0	201.00
202.00	Total (Line 200 minus Line 201)	77,719,045	11,054,964	66,664,081	0	0	202.00

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

Provider CCN: 150158

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

Worksheet C Part II Date/Time Prepared: 5/24/2016 10:19 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	9,007,973	90,227,071	0.099837	50.00
51.00	05100 RECOVERY ROOM	3,272,093	19,002,972	0.172188	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,421,193	8,737,239	0.277112	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,210,071	89,323,406	0.103109	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,937,818	26,073,155	0.112676	55.00
59.00	05900 CARDIAC CATHETERIZATION	1,409,551	30,300,925	0.046518	59.00
60.00	06000 LABORATORY	6,616,187	66,259,998	0.099852	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	806,166	1,957,947	0.411740	63.00
65.00	06500 RESPIRATORY THERAPY	2,157,142	7,676,522	0.281005	65.00
66.00	06600 PHYSICAL THERAPY	1,882,531	6,885,619	0.273400	66.00
67.00	06700 OCCUPATIONAL THERAPY	630,190	1,774,659	0.355105	67.00
68.00	06800 SPEECH PATHOLOGY	273,176	887,087	0.307947	68.00
69.00	06900 ELECTROCARDIOLOGY	1,106,929	20,349,750	0.054395	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,200,887	10,686,857	0.393089	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	12,772,598	42,751,935	0.298761	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,311,224	43,055,242	0.169810	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	328,416	3,120,644	0.105240	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0.000000	90.00
90.02	09002 SLEEP LAB	881,908	7,510,988	0.117416	90.02
91.00	09100 EMERGENCY	10,492,992	134,409,989	0.078067	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,595,984	4,110,880	0.631491	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (sum of lines 50 thru 199)	80,315,029	615,102,885		200.00
201.00	Less Observation Beds	2,595,984	0		201.00
202.00	Total (Line 200 minus Line 201)	77,719,045	615,102,885		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150158		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/24/2016 10:19 pm	
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 XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,042,223	0	7,042,223	25,332	278.00	30.00
31.00	INTENSIVE CARE UNIT	1,026,302		1,026,302	4,470	229.60	31.00
43.00	NURSERY	585,723		585,723	3,301	177.44	43.00
200.00	Total (Lines 30-199)	8,654,248		8,654,248	33,103		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	10,276	2,856,728				
31.00	INTENSIVE CARE UNIT	2,151	493,870				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	12,427	3,350,598				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 10:19 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. C, 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	2,881,620	90,227,071	0.031937	11,411,522	364,450	50.00
51.00	05100 RECOVERY ROOM	277,326	19,002,972	0.014594	1,296,320	18,918	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	569,206	8,737,239	0.065147	6,615	431	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,021,181	89,323,406	0.022628	8,784,952	198,786	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	865,539	26,073,155	0.033197	166,372	5,523	55.00
59.00	05900 CARDIAC CATHETERIZATION	288,122	30,300,925	0.009509	4,574,778	43,502	59.00
60.00	06000 LABORATORY	373,767	66,259,998	0.005641	13,588,701	76,654	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	44,682	1,957,947	0.022821	560,713	12,796	63.00
65.00	06500 RESPIRATORY THERAPY	273,232	7,676,522	0.035593	2,263,358	80,560	65.00
66.00	06600 PHYSICAL THERAPY	67,500	6,885,619	0.009803	1,839,288	18,031	66.00
67.00	06700 OCCUPATIONAL THERAPY	42,561	1,774,659	0.023983	679,688	16,301	67.00
68.00	06800 SPEECH PATHOLOGY	35,920	887,087	0.040492	377,786	15,297	68.00
69.00	06900 ELECTROCARDIOLOGY	75,834	20,349,750	0.003727	4,668,598	17,400	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	232,833	10,686,857	0.021787	1,792,653	39,057	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	707,925	42,751,935	0.016559	10,896,532	180,436	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	286,504	43,055,242	0.006654	12,344,752	82,142	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	18,244	3,120,644	0.005846	4,455	26	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.02	09002 SLEEP LAB	77,031	7,510,988	0.010256	9,642	99	90.02
91.00	09100 EMERGENCY	1,915,937	134,409,989	0.014254	10,028,550	142,947	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	607,702	4,110,880	0.147828	164,001	24,244	92.00
200.00	Total (lines 50-199)	11,662,666	615,102,885		85,459,276	1,337,600	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150158		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/24/2016 10:19 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,332	0.00	10,276	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,470	0.00	2,151	0		31.00
43.00	04300	NURSERY	3,301	0.00	0	0		43.00
200.00		Total (lines 30-199)	33,103		12,427	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150158

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2016 10:19 pm

Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 10:19 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	90,227,071	0.000000	0.000000	11,411,522	50.00
51.00	05100 RECOVERY ROOM	0	19,002,972	0.000000	0.000000	1,296,320	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,737,239	0.000000	0.000000	6,615	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	89,323,406	0.000000	0.000000	8,784,952	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	26,073,155	0.000000	0.000000	166,372	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	30,300,925	0.000000	0.000000	4,574,778	59.00
60.00	06000 LABORATORY	0	66,259,998	0.000000	0.000000	13,588,701	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	1,957,947	0.000000	0.000000	560,713	63.00
65.00	06500 RESPIRATORY THERAPY	0	7,676,522	0.000000	0.000000	2,263,358	65.00
66.00	06600 PHYSICAL THERAPY	0	6,885,619	0.000000	0.000000	1,839,288	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,774,659	0.000000	0.000000	679,688	67.00
68.00	06800 SPEECH PATHOLOGY	0	887,087	0.000000	0.000000	377,786	68.00
69.00	06900 ELECTROCARDIOLOGY	0	20,349,750	0.000000	0.000000	4,668,598	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,686,857	0.000000	0.000000	1,792,653	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	42,751,935	0.000000	0.000000	10,896,532	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	43,055,242	0.000000	0.000000	12,344,752	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	3,120,644	0.000000	0.000000	4,455	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	09002 SLEEP LAB	0	7,510,988	0.000000	0.000000	9,642	90.02
91.00	09100 EMERGENCY	0	134,409,989	0.000000	0.000000	10,028,550	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,110,880	0.000000	0.000000	164,001	92.00
200.00	Total (lines 50-199)	0	615,102,885			85,459,276	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 10:19 pm
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)	
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	
50.00	05000 OPERATING ROOM	0	9,062,299	0	50.00
51.00	05100 RECOVERY ROOM	0	2,909,433	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,326	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	15,387,217	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	8,223,890	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,364,702	0	59.00
60.00	06000 LABORATORY	0	3,227,566	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	241,240	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,209,677	0	65.00
66.00	06600 PHYSICAL THERAPY	0	70,738	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	716	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,077,277	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,363,878	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	6,001,680	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,537,687	0	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,154,080	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.02	09002 SLEEP LAB	0	1,534,878	0	90.02
91.00	09100 EMERGENCY	0	16,986,497	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,008,195	0	92.00
200.00	Total (lines 50-199)	0	81,366,976	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 10:19 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.099837	9,062,299	0	0	904,753	50.00
51.00	05100	RECOVERY ROOM	0.172188	2,909,433	0	0	500,969	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.277112	5,326	0	0	1,476	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103109	15,387,217	260	0	1,586,561	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.112676	8,223,890	0	0	926,635	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.046518	3,364,702	0	0	156,519	59.00
60.00	06000	LABORATORY	0.099852	3,227,566	22,535	0	322,279	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.411740	241,240	0	0	99,328	63.00
65.00	06500	RESPIRATORY THERAPY	0.281005	1,209,677	0	0	339,925	65.00
66.00	06600	PHYSICAL THERAPY	0.273400	70,738	0	0	19,340	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.355105	716	0	0	254	67.00
68.00	06800	SPEECH PATHOLOGY	0.307947	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054395	7,077,277	0	0	384,968	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393089	1,363,878	0	0	536,125	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.298761	6,001,680	0	0	1,793,068	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.169810	2,537,687	0	59,152	430,925	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.105240	1,154,080	0	0	121,455	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0.117416	1,534,878	0	0	180,219	90.02
91.00	09100	EMERGENCY	0.078067	16,986,497	15	0	1,326,085	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.631491	1,008,195	0	0	636,666	92.00
200.00		Subtotal (see instructions)		81,366,976	22,810	59,152	10,267,550	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		81,366,976	22,810	59,152	10,267,550	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 10:19 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	2,250	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	10,045	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	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
90.02	09002 SLEEP LAB	0	0	90.02
91.00	09100 EMERGENCY	1	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	2,278	10,045	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	2,278	10,045	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150158		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/24/2016 10:19 pm	
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)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	7,042,223	0	7,042,223	25,332	278.00	30.00
31.00	INTENSIVE CARE UNIT	1,026,302		1,026,302	4,470	229.60	31.00
43.00	NURSERY	585,723		585,723	3,301	177.44	43.00
200.00	Total (Lines 30-199)	8,654,248		8,654,248	33,103		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	588	163,464				
31.00	INTENSIVE CARE UNIT	27	6,199				
43.00	NURSERY	1,438	255,159				
200.00	Total (Lines 30-199)	2,053	424,822				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 10:19 pm
		Title XIX		Hospital
				PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,881,620	90,227,071	0.031937	601,666	19,215	50.00
51.00	05100 RECOVERY ROOM	277,326	19,002,972	0.014594	67,501	985	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	569,206	8,737,239	0.065147	143,896	9,374	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,021,181	89,323,406	0.022628	453,016	10,251	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	865,539	26,073,155	0.033197	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	288,122	30,300,925	0.009509	190,450	1,811	59.00
60.00	06000 LABORATORY	373,767	66,259,998	0.005641	777,793	4,388	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	44,682	1,957,947	0.022821	15,200	347	63.00
65.00	06500 RESPIRATORY THERAPY	273,232	7,676,522	0.035593	107,017	3,809	65.00
66.00	06600 PHYSICAL THERAPY	67,500	6,885,619	0.009803	72,780	713	66.00
67.00	06700 OCCUPATIONAL THERAPY	42,561	1,774,659	0.023983	12,636	303	67.00
68.00	06800 SPEECH PATHOLOGY	35,920	887,087	0.040492	19,305	782	68.00
69.00	06900 ELECTROCARDIOLOGY	75,834	20,349,750	0.003727	145,815	543	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	232,833	10,686,857	0.021787	122,808	2,676	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	707,925	42,751,935	0.016559	290,898	4,817	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	286,504	43,055,242	0.006654	782,298	5,205	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	18,244	3,120,644	0.005846	983	6	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.02	09002 SLEEP LAB	77,031	7,510,988	0.010256	0	0	90.02
91.00	09100 EMERGENCY	1,915,937	134,409,989	0.014254	601,172	8,569	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	607,702	4,110,880	0.147828	26,464	3,912	92.00
200.00	Total (lines 50-199)	11,662,666	615,102,885		4,431,698	77,706	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150158		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/24/2016 10:19 pm	
Title XIX			Hospital		PPS			
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	
43.00	04300	NURSERY	0	0	0	0	0	
200.00		Total (lines 30-199)	0	0	0	0	0	
INPATIENT ROUTINE SERVICE COST CENTERS								
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		
30.00	03000	ADULTS & PEDIATRICS	25,332	0.00	588	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	4,470	0.00	27	0	31.00	
43.00	04300	NURSERY	3,301	0.00	1,438	0	43.00	
200.00		Total (lines 30-199)	33,103		2,053	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150158

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2016 10:19 pm

Cost Center Description			Title XIX				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	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 10:19 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	90,227,071	0.000000	0.000000	601,666	50.00
51.00	05100 RECOVERY ROOM	0	19,002,972	0.000000	0.000000	67,501	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,737,239	0.000000	0.000000	143,896	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	89,323,406	0.000000	0.000000	453,016	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	26,073,155	0.000000	0.000000	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	30,300,925	0.000000	0.000000	190,450	59.00
60.00	06000 LABORATORY	0	66,259,998	0.000000	0.000000	777,793	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	1,957,947	0.000000	0.000000	15,200	63.00
65.00	06500 RESPIRATORY THERAPY	0	7,676,522	0.000000	0.000000	107,017	65.00
66.00	06600 PHYSICAL THERAPY	0	6,885,619	0.000000	0.000000	72,780	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,774,659	0.000000	0.000000	12,636	67.00
68.00	06800 SPEECH PATHOLOGY	0	887,087	0.000000	0.000000	19,305	68.00
69.00	06900 ELECTROCARDIOLOGY	0	20,349,750	0.000000	0.000000	145,815	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,686,857	0.000000	0.000000	122,808	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	42,751,935	0.000000	0.000000	290,898	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	43,055,242	0.000000	0.000000	782,298	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	3,120,644	0.000000	0.000000	983	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	09002 SLEEP LAB	0	7,510,988	0.000000	0.000000	0	90.02
91.00	09100 EMERGENCY	0	134,409,989	0.000000	0.000000	601,172	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,110,880	0.000000	0.000000	26,464	92.00
200.00	Total (lines 50-199)	0	615,102,885			4,431,698	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 10:19 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XIX Hospital PPS						
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	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
90.02	09002 SLEEP LAB	0	0	0		90.02
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 10:19 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.099837	0	1,162,328	0	0	50.00
51.00	05100 RECOVERY ROOM	0.172188	0	357,763	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.277112	0	83,794	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.103109	0	1,767,389	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.112676	0	252,716	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.046518	0	376,710	0	0	59.00
60.00	06000 LABORATORY	0.099852	0	1,103,014	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.411740	0	17,600	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.281005	0	70,394	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.273400	0	74,569	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.355105	0	13,307	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.307947	0	10,596	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.054395	0	207,365	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393089	0	114,373	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.298761	0	518,233	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.169810	0	376,183	0	0	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.105240	0	9,952	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.02	09002 SLEEP LAB	0.117416	0	146,017	0	0	90.02
91.00	09100 EMERGENCY	0.078067	0	5,785,418	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.631491	0	106,054	0	0	92.00
200.00	Subtotal (see instructions)		0	12,553,775	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	12,553,775	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 10:19 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	116,043	0	50.00
51.00	05100 RECOVERY ROOM	61,602	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	23,220	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	182,234	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	28,475	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	17,524	0	59.00
60.00	06000 LABORATORY	110,138	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	7,247	0	63.00
65.00	06500 RESPIRATORY THERAPY	19,781	0	65.00
66.00	06600 PHYSICAL THERAPY	20,387	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,725	0	67.00
68.00	06800 SPEECH PATHOLOGY	3,263	0	68.00
69.00	06900 ELECTROCARDIOLOGY	11,280	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	44,959	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	154,828	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	63,880	0	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,047	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.02	09002 SLEEP LAB	17,145	0	90.02
91.00	09100 EMERGENCY	451,650	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	66,972	0	92.00
200.00	Subtotal (see instructions)	1,406,400	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	1,406,400	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2016 10:19 pm
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)		25,332	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,332	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)		23,146	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		10,276	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)		30,083,016	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)		30,083,016	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)		30,083,016	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)		1,187.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,203,264	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)		12,203,264	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,079,592	4,470	1,360.09	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					12,785,236	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,988,500	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)					3,350,598	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,337,600	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,688,198	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					20,300,302	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)					2,186	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,187.55	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,595,984	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 10:19 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,042,223	30,083,016	0.234093	2,595,984	607,702	90.00
91.00	Nursing School cost	0	30,083,016	0.000000	2,595,984	0	91.00
92.00	Allied health cost	0	30,083,016	0.000000	2,595,984	0	92.00
93.00	All other Medical Education	0	30,083,016	0.000000	2,595,984	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2016 10:19 pm
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)		25,332	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,332	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)		23,146	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)		588	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)		3,301	15.00
16.00	Nursery days (title V or XIX only)		1,438	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)		30,083,016	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)		30,083,016	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)		30,083,016	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)		1,187.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		698,279	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)		698,279	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/24/2016 10:19 pm		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	3,204,040	3,301	970.63	1,438	1,395,766	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,079,592	4,470	1,360.09	27	36,722	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)				651,204		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				2,781,971		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)				424,822		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				77,706		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				502,528		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				2,279,443		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)				2,186		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,187.55		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				2,595,984		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 10:19 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,042,223	30,083,016	0.234093	2,595,984	607,702	90.00
91.00	Nursing School cost	0	30,083,016	0.000000	2,595,984	0	91.00
92.00	Allied health cost	0	30,083,016	0.000000	2,595,984	0	92.00
93.00	All other Medical Education	0	30,083,016	0.000000	2,595,984	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 10:19 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		17,521,379	30.00
31.00	03100	INTENSIVE CARE UNIT		6,962,980	31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.099837	11,411,522	50.00
51.00	05100	RECOVERY ROOM	0.172188	1,296,320	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.277112	6,615	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103168	8,784,952	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.112894	166,372	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.046518	4,574,778	59.00
60.00	06000	LABORATORY	0.099852	13,588,701	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.411740	560,713	63.00
65.00	06500	RESPIRATORY THERAPY	0.281126	2,263,358	65.00
66.00	06600	PHYSICAL THERAPY	0.273400	1,839,288	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.355105	679,688	67.00
68.00	06800	SPEECH PATHOLOGY	0.307947	377,786	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054395	4,668,598	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393089	1,792,653	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.298761	10,896,532	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.169810	12,344,752	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.105240	4,455	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	SLEEP LAB	0.117416	9,642	90.02
91.00	09100	EMERGENCY	0.078067	10,028,550	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.631491	164,001	92.00
200.00		Total (sum of lines 50-94 and 96-98)		85,459,276	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)		85,459,276	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 10:19 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		1,090,277	30.00
31.00	03100	INTENSIVE CARE UNIT		380,400	31.00
43.00	04300	NURSERY		223,743	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.099837	601,666	50.00
51.00	05100	RECOVERY ROOM	0.172188	67,501	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.277112	143,896	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103168	453,016	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.112894	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.046518	190,450	59.00
60.00	06000	LABORATORY	0.099852	777,793	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.411740	15,200	63.00
65.00	06500	RESPIRATORY THERAPY	0.281126	107,017	65.00
66.00	06600	PHYSICAL THERAPY	0.273400	72,780	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.355105	12,636	67.00
68.00	06800	SPEECH PATHOLOGY	0.307947	19,305	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054395	145,815	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393089	122,808	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.298761	290,898	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.169810	782,298	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.105240	983	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	SLEEP LAB	0.117416	0	90.02
91.00	09100	EMERGENCY	0.078067	601,172	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.631491	26,464	92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,431,698	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)		4,431,698	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 10:19 pm
		Title XVII	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)		13,843,226	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,263,806	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)		391,132	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		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		120.72	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)		1.79	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.03	31.00
32.00	Sum of lines 30 and 31		17.82	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.33	33.00
34.00	Disproportionate share adjustment (see instructions)		206,834	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 10:19 pm	
		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)		0.000139346	0.000134945	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,065,672	864,475	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		797,064	217,300	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,014,364		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)		20,719,362		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)		20,719,362		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,711,949		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		3,323		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)		22,434,634		59.00
60.00	Primary payer payments		26,397		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,408,237		61.00
62.00	Deductibles billed to program beneficiaries		2,224,704		62.00
63.00	Coinurance billed to program beneficiaries		43,785		63.00
64.00	Allowable bad debts (see instructions)		157,443		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		102,338		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		21,965		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		20,242,086		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)		25,767		70.93
70.94	HRR adjustment amount (see instructions)		-105,670		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 10:19 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		20,162,183		71.00
71.01	Sequestration adjustment (see instructions)		403,244		71.01
72.00	Interim payments		19,736,095		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)		22,844		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,461,942		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
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	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)		0		100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
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
<b>HRR Adjustment for HSP Bonus Payment</b>					
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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150158

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/24/2016 10:19 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,843,226	0	13,843,226	0	13,843,226	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,263,806	0	0	5,263,806	5,263,806	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	391,132	0	356,939	37,515	394,454	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0433	0.0433	0.0433	0.0433		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	206,834	0	149,853	56,981	206,834	11.00
11.01	Uncompensated care payments	36.00	1,014,364	0	797,064	217,300	1,014,364	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,719,362	0	15,143,760	5,575,602	20,719,362	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,719,362	0	15,143,760	5,575,602	20,719,362	15.00
16.00	Payment for inpatient program capital	50.00	1,711,949	0	1,258,897	453,052	1,711,949	16.00
17.00	Special add-on payments for new technologies	54.00	3,323	0	1,735	1,588	3,323	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150158

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/24/2016 10:19 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	16,404,392	6,030,242	22,434,634	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,529,391	0	1,107,280	422,111	1,529,391	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	126,276	0	110,870	15,407	126,277	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0368	0.0368	0.0368	0.0368		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	56,282	0	40,748	15,534	56,282	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,711,949	0	1,258,897	453,052	1,711,949	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150158		Period: From 01/01/2015 To 12/31/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2016 10:19 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,843,226	13,843,226		13,843,226	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,263,806		5,263,806	5,263,806	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	391,132	356,939	37,515	394,454	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0433	0.0433	0.0433		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	206,834	149,853	56,981	206,834	11.00
11.01	Uncompensated care payments	36.00	1,014,364	797,064	217,300	1,014,364	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,719,362	15,143,760	5,575,602	20,719,362	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,719,362	15,143,760	5,575,602	20,719,362	15.00
16.00	Payment for inpatient program capital	50.00	1,711,949	1,258,897	453,052	1,711,949	16.00
17.00	Special add-on payments for new technologies	54.00	3,323	1,735	1,588	3,323	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			16,404,392	6,030,242	22,434,634	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2016 10:19 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,529,391	1,107,280	422,111	1,529,391	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	126,276	110,869	15,407	126,276	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0368	0.0368	0.0368		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	56,282	40,748	15,534	56,282	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,711,949	1,258,897	453,052	1,711,949	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00		70.96	0	0		0	27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	25,767	-2,990	28,757	25,767	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-105,670	-98,299	-7,371	-105,670	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 10:19 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		12,323	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		10,267,550	2.00
3.00	PPS payments		11,574,336	3.00
4.00	Outlier payment (see instructions)		41,263	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)		12,323	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		81,962	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)		81,962	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)		81,962	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		69,639	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)		12,323	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		11,615,599	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		55	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,486,929	26.00
27.00	Subtotal [(Lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		9,140,938	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)		9,140,938	30.00
31.00	Primary payer payments		8,683	31.00
32.00	Subtotal (line 30 minus line 31)		9,132,255	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)		297,658	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		193,478	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		208,239	36.00
37.00	Subtotal (see instructions)		9,325,733	37.00
38.00	MSP-LCC reconciliation amount from PS&R		168	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,325,565	40.00
40.01	Sequestration adjustment (see instructions)		186,511	40.01
41.00	Interim payments		9,057,678	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		81,376	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150158

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/24/2016 10:19 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		19,736,095		9,057,678	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)		19,736,095		9,057,678	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		22,844		81,376	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		19,758,939		9,139,054	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: 150158

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/24/2016 10:19 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	7,871	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	12,427	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	5,385	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	27,616	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	679,981,716	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	43,778,053	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)	576,407	8.00
9.00	Sequestration adjustment amount (see instructions)	11,528	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	564,879	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>			
30.00	Initial/interim HIT payment adjustment (see instructions)	568,022	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)	-3,143	32.00

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

Provider CCN: 150158

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

Worksheet G  
Date/Time Prepared:  
5/24/2016 10:19 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	232,434,704	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	1,021,917	0	0	0	3.00
4.00	Accounts receivable	23,329,038	0	0	0	4.00
5.00	Other receivable	68,271	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,455,121	0	0	0	7.00
8.00	Prepaid expenses	541,290	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)	258,850,341	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	6,800,703	0	0	0	13.00
14.00	Accumulated depreciation	-3,947,397	0	0	0	14.00
15.00	Buildings	103,167,609	0	0	0	15.00
16.00	Accumulated depreciation	-28,342,107	0	0	0	16.00
17.00	Leasehold improvements	102,960	0	0	0	17.00
18.00	Accumulated depreciation	-64,636	0	0	0	18.00
19.00	Fixed equipment	15,061,411	0	0	0	19.00
20.00	Accumulated depreciation	-11,113,550	0	0	0	20.00
21.00	Automobiles and trucks	30,327	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	54,011,387	0	0	0	23.00
24.00	Accumulated depreciation	-43,901,145	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)	91,805,562	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	4,295	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,295	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	350,660,198	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	10,175,941	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,589,658	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	100,810,500	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	2,878,036	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	117,454,135	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,832,420	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,832,420	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	121,286,555	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	229,373,643				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)	229,373,643	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	350,660,198	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150158

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

Worksheet G-1

Date/Time Prepared:  
5/24/2016 10:19 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		163,494,475		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		65,879,168				2.00
3.00	Total (sum of line 1 and line 2)		229,373,643		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		229,373,643		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		229,373,643		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: 150158

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/24/2016 10:19 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	51,052,329		51,052,329	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	51,052,329		51,052,329	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	13,826,502		13,826,502	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)	13,826,502		13,826,502	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	64,878,831		64,878,831	17.00
18.00	Ancillary services	209,037,138	406,065,747	615,102,885	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	273,915,969	406,065,747	679,981,716	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		128,763,159		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)		128,763,159		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150158

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

Worksheet G-3

Date/Time Prepared:  
5/24/2016 10:19 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	679,981,716	1.00
2.00	Less contractual allowances and discounts on patients' accounts	488,500,420	2.00
3.00	Net patient revenues (line 1 minus line 2)	191,481,296	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	128,763,159	4.00
5.00	Net income from service to patients (line 3 minus line 4)	62,718,137	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	3,161,031	24.00
25.00	Total other income (sum of lines 6-24)	3,161,031	25.00
26.00	Total (line 5 plus line 25)	65,879,168	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)	65,879,168	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150158	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/24/2016 10:19 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,529,391	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		126,276	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)		79.80	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)		1.79	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.03	8.00
9.00	Sum of lines 7 and 8		17.82	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.68	10.00
11.00	Disproportionate share adjustment (see instructions)		56,282	11.00
12.00	Total prospective capital payments (see instructions)		1,711,949	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