

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/26/2016 7:04 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/26/2016	Time: 7:04 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH ARNETT HOSPITAL (150173) 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)

 CHIEF FINANCIAL OFFICER
 Title

 05/26/2016
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	364,327	272,017	-14,940	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	364,327	272,017	-14,940	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150173		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 4:31 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 6165 MCCARTY LANE		PO Box:							
2.00	City: LAFAYETTE		State: IN		Zip Code: 47905		County: TIPPECANOE			
		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 ARNETT HOSPITAL	150173	29140	1	11/10/2008	N	P	P
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
						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	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,903	1,062	48	15	3,919	177			
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				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 4:31 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	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	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		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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

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		V 1.00	XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00	
				1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00	
				1.00	2.00	
				3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	331,637	0	0	118.01	
			1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 4:31 pm						
		1.00	2.00							
All Providers										
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00						
		1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101						
142.00	Street: 340 WEST 10TH STREET	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 2.00						
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00					
				1.00						
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00					
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00					
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00					
		Part A		Part B		Title V		Title XIX		
		1.00		2.00		3.00		4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N		N		N		N		155.00
156.00	Subprovider - IPF	N		N		N		N		156.00
157.00	Subprovider - IRF	N		N		N		N		157.00
158.00	SUBPROVIDER	N		N		N		N		158.00
159.00	SNF	N		N		N		N		159.00
160.00	HOME HEALTH AGENCY	N		N		N		N		160.00
161.00	CMHC	N		N		N		N		161.00
								1.00		
Multi campus										
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00					
Name County State Zip Code CBSA FTE/Campus										
0 1.00 2.00 3.00 4.00 5.00										
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00 166.00	
								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	
				Beginni ng		Endi ng				
				1.00		2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/03/2015		12/31/2015		170.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 4:31 pm
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		Y 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/25/2016 4:31 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	R		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	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/20/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/20/2015		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER COST REPORTING		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: 150173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 4:31 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	154	56,210	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		154	56,210	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	12	4,380	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		180	65,700	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		180				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)		11	4,015			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: 150173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 4:31 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,374	1,025	31,780			1.00
2.00 HMO and other (see instructions)	4,321	5,238				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	14,374	1,025	31,780			7.00
8.00 INTENSIVE CARE UNIT	1,521	7	2,604			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 BURN INTENSIVE CARE UNIT	0	0	0			10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	386	2,522			12.00
13.00 NURSERY		1,291	2,765			13.00
14.00 Total (see instructions)	15,895	2,709	39,671	0.00	1,661.00	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	117			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	1,661.00	27.00
28.00 Observation Bed Days		205	6,933			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	177	909			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: 150173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 4:31 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	3,682	284	12,445	1.00
2.00 HMO and other (see instructions)				925	1,244		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
10.01 BURN INTENSIVE CARE UNIT							10.01
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 NEONATAL INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	3,682	284		12,445	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: 150173		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/25/2016 4:31 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	152,977,017	-747,472	152,229,545	2,224,365.00	68.44	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		89,488,670	-138,269	89,350,401	1,231,158.00	72.57	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		411,944	0	411,944	10,332.00	39.87	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		104,424	0	104,424	717.00	145.64	13.00
14.00	Home office salaries & wage-related costs		22,763,438	0	22,763,438	525,999.00	43.28	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		12,366,746	0	12,366,746			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		18,048,096	0	18,048,096			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	990,272	0	990,272	3,583.00	276.38	26.00
27.00	Administrative & General	5.00	9,749,389	-59,082	9,690,307	315,623.00	30.70	27.00
28.00	Administrative & General under contract (see inst.)		3,324	0	3,324	10.00	332.40	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,245,815	0	1,245,815	41,149.00	30.28	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,324,518	-32,252	2,292,266	166,515.00	13.77	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	808,333	-627,210	181,123	14,980.00	12.09	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	614,642	614,642	49,783.00	12.35	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,153,588	-39,864	3,113,724	82,963.00	37.53	38.00
39.00	Central Services and Supply	14.00	315,876	0	315,876	16,096.00	19.62	39.00
40.00	Pharmacy	15.00	2,620,242	-13,114	2,607,128	69,641.00	37.44	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150173

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2016 4:31 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	289,206	-7,244	281,962	10,789.00	26.13
43.00	Other General Service	18.00	382,757	-672	382,085	31,155.00	12.26

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150173

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2016 4:31 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	152,980,341	-747,472	152,232,869	2,224,375.00	68.44	1.00
2.00	Excluded area salaries (see instructions)	89,488,670	-138,269	89,350,401	1,231,158.00	72.57	2.00
3.00	Subtotal salaries (line 1 minus line 2)	63,491,671	-609,203	62,882,468	993,217.00	63.31	3.00
4.00	Subtotal other wages & related costs (see inst.)	23,279,806	0	23,279,806	537,048.00	43.35	4.00
5.00	Subtotal wage-related costs (see inst.)	12,366,746	0	12,366,746	0.00	19.67	5.00
6.00	Total (sum of lines 3 thru 5)	99,138,223	-609,203	98,529,020	1,530,265.00	64.39	6.00
7.00	Total overhead cost (see instructions)	21,883,320	-164,796	21,718,524	802,287.00	27.07	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2016 4:31 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		7,491,701	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)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		13,180,760	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		407,213	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		98,971	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)		754,105	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		8,305,340	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		176,752	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		30,414,842	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/25/2016 4:31 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,812,877	30,414,842	1.00
2.00	Hospital	411,944	12,366,746	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	1,400,933	18,048,096	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/25/2016 4:31 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.182754		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		6,943,175		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		84,149,876		6.00
7.00	Medicaid cost (line 1 times line 6)		15,378,726		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)		8,435,551		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		6,186,223		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		56,817,495		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		10,383,624		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)		4,197,401		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		12,632,952		19.00
				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	Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	51,815,523	9,959,851	61,775,374	20.00
22.00	Partial payment by patients approved for charity care	9,469,494	1,820,203	11,289,697	21.00
23.00	Cost of charity care (line 21 minus line 22)	8,467	20,451	28,918	22.00
				11,260,779	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)		18,671,496		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		636,071		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		18,035,425		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,296,046		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		14,556,825		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		27,189,777		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150173

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

Worksheet A
Date/Time Prepared:
5/25/2016 4:31 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		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT		0	0	5,700,672	5,700,672	1.00	
1.01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP		0	0	2,191,023	2,191,023	1.01	
1.02 00102 CAP REL COSTS INTEREST EXPENSE		0	0	12,463,804	12,463,804	1.02	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	5,948,838	5,948,838	2.00	
2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP		0	0	1,531,721	1,531,721	2.01	
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	990,272	1,079,224	2,069,496	21,386,596	23,456,092	4.00	
5.01 00570 ADMIN TTING	3,930,080	2,060,829	5,990,909	-1,149,451	4,841,458	5.01	
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	5,819,309	46,050,938	51,870,247	-14,922,048	36,948,199	5.06	
7.00 00700 OPERATION OF PLANT	946,562	11,211,143	12,157,705	-6,242,947	5,914,758	7.00	
7.01 00701 OPERATION OF PLANT - NONHOSPITAL	299,253	6,199,450	6,498,703	-2,575,183	3,923,520	7.01	
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	31,759	31,759	8.00	
9.00 00900 HOUSEKEEPING	2,324,518	1,758,955	4,083,473	-752,136	3,331,337	9.00	
10.00 01000 DIETARY	808,333	1,505,333	2,313,666	-1,833,246	480,420	10.00	
11.00 01100 CAFETERIA	0	0	0	1,597,015	1,597,015	11.00	
13.00 01300 NURSING ADMINISTRATION	3,153,588	1,398,386	4,551,974	-907,397	3,644,577	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	315,876	1,119,123	1,434,999	10,139,214	11,574,213	14.00	
15.00 01500 PHARMACY	2,620,242	7,115,795	9,736,037	-6,678,960	3,057,077	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00	
17.00 01700 SOCIAL SERVICE	289,206	69,196	358,402	-46,323	312,079	17.00	
18.00 01850 PATIENT TRANSPORT SERVICES	382,757	307,984	690,741	-109,620	581,121	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	15,616,686	10,076,400	25,693,086	-8,250,613	17,442,473	30.00	
31.00 03100 INTENSIVE CARE UNIT	2,138,730	1,617,953	3,756,683	-727,538	3,029,145	31.00	
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	1,643,577	1,343,688	2,987,265	-420,990	2,566,275	35.00	
43.00 04300 NURSERY	0	0	0	638,343	638,343	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	3,729,010	14,679,243	18,408,253	-13,619,300	4,788,953	50.00	
51.00 05100 RECOVERY ROOM	543,029	158,867	701,896	-116,042	585,854	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,065,214	944,765	3,009,979	-1,398,235	1,611,744	52.00	
53.00 05300 ANESTHESIOLOGY	79,685	4,343,978	4,423,663	-422,388	4,001,275	53.00	
53.01 05301 ASC ANESTHESIOLOGY	10,966	118,958	129,924	-56,879	73,045	53.01	
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,261,194	2,236,046	4,497,240	-1,492,583	3,004,657	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00 05600 RADIO SOTOPE	229,392	647,678	877,070	-613,973	263,097	56.00	
59.00 05900 CARDIAC CATHETERIZATION	2,168,304	6,711,941	8,880,245	-6,289,172	2,591,073	59.00	
60.00 06000 LABORATORY	0	7,563,696	7,563,696	-267	7,563,429	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	616,522	616,522	0	616,522	63.00	
65.00 06500 RESPIRATORY THERAPY	1,458,176	780,339	2,238,515	-572,762	1,665,753	65.00	
66.00 06600 PHYSICAL THERAPY	838,769	215,208	1,053,977	-132,350	921,627	66.00	
69.00 06900 ELECTROCARDIOLOGY	1,171,996	651,811	1,823,807	-373,845	1,449,962	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	86,066	53,590	139,656	-32,029	107,627	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,849,768	5,849,768	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,310,763	10,310,763	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	24,275,791	24,275,791	73.00	
74.00 07400 RENAL DIALYSIS	0	366,449	366,449	-6,739	359,710	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 ASC (NON-DISTINCT PART)	2,252,276	4,152,719	6,404,995	-3,426,554	2,978,441	75.01	
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	246,622	136,425	383,047	-34,118	348,929	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 04950 SLEEP CLINIC	384,577	164,601	549,178	-111,140	438,038	90.01	
90.03 09002 ARNETT CANCER CARE CENTER	777,180	12,736,810	13,513,990	-12,287,657	1,226,333	90.03	
90.04 09003 OUTPATIENT INFUSION CENTER	32,180	13,404	45,584	-6,197	39,387	90.04	
91.00 09100 EMERGENCY	3,874,722	3,585,530	7,460,252	-1,407,006	6,053,246	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	63,488,347	153,792,977	217,281,324	15,049,619	232,330,943	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,290	124,208	163,498	-10,262	153,236	190.00	
191.00 19100 RESEARCH	14,737	2,361	17,098	-820	16,278	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	88,844,550	33,688,580	122,533,130	-14,892,497	107,640,633	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 RETAIL PHARMACY	590,093	3,975,019	4,565,112	-143,738	4,421,374	193.01	
193.02 19302 WHITE HOSPITAL	0	0	0	0	0	193.02	
193.03 19303 HOSPICE	0	729	729	0	729	193.03	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150173		Period: From 01/01/2015 To 12/31/2015		Worksheet A Date/Time Prepared: 5/25/2016 4:31 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.00	07950	MARKETING/PUBLIC RELATIONS	0	74,129	74,129	-2,302	71,827	194.00
200.00		TOTAL (SUM OF LINES 118-199)	152,977,017	191,658,003	344,635,020	0	344,635,020	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150173

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

Worksheet A
Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,329,346	7,030,018	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	2,191,023	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	0	12,463,804	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	5,948,838	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	1,531,721	2.01
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,120,105	26,576,197	4.00
5.01	00570	ADMINISTRATIVE	-259	4,841,199	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	13,071,826	50,020,025	5.06
7.00	00700	OPERATION OF PLANT	-15,802	5,898,956	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	99,097	4,022,617	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	31,759	8.00
9.00	00900	HOUSEKEEPING	-49	3,331,288	9.00
10.00	01000	DIETARY	0	480,420	10.00
11.00	01100	CAFETERIA	-770,255	826,760	11.00
13.00	01300	NURSING ADMINISTRATION	-50	3,644,527	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-7,450	11,566,763	14.00
15.00	01500	PHARMACY	-284	3,056,793	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	312,079	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	-189	580,932	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-7,403	17,435,070	30.00
31.00	03100	INTENSIVE CARE UNIT	-668,791	2,360,354	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-748,992	1,817,283	35.00
43.00	04300	NURSERY	0	638,343	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,788,953	50.00
51.00	05100	RECOVERY ROOM	0	585,854	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-8,055	1,603,689	52.00
53.00	05300	ANESTHESIOLOGY	-3,818,936	182,339	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	73,045	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,525	2,997,132	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	-59	263,038	56.00
59.00	05900	CARDIAC CATHETERIZATION	-4,608	2,586,465	59.00
60.00	06000	LABORATORY	-44,620	7,518,809	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	616,522	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,665,753	65.00
66.00	06600	PHYSICAL THERAPY	-2,160	919,467	66.00
69.00	06900	ELECTROCARDIOLOGY	-35,971	1,413,991	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	107,627	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,849,768	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,310,763	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,275,791	73.00
74.00	07400	RENAL DIALYSIS	0	359,710	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	-527	2,977,914	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	348,929	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	SLEEP CLINIC	0	438,038	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	1,226,333	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	39,387	90.04
91.00	09100	EMERGENCY	-1,308,837	4,744,409	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	93.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,169,552	242,500,495	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	153,236	190.00
191.00	19100	RESEARCH	0	16,278	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,311,632	106,329,001	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	4,421,374	193.01
193.02	19302	WHITE HOSPITAL	20,878,069	20,878,069	193.02
193.03	19303	HOSPICE	0	729	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	-120,000	-48,173	194.00
200.00		TOTAL (SUM OF LINES 118-199)	29,615,989	374,251,009	200.00

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6

Date/Time Prepared:
5/25/2016 4:31 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,813	1.00
2.00	PHARMACY	15.00	0	4,188	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,680	3.00
4.00	RADIOISOTOPE	56.00	0	7,060	4.00
5.00	RESPIRATORY THERAPY	65.00	0	884	5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,849,768	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
TOTALS			0	5,868,393	
B - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,292,508	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	956,546	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,461,600	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	1,383,667	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
TOTALS			0	13,094,321	
C - BILLABLE DRUGS					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06		77,793	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00		1,178	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00		24,275,791	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

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6

Date/Time Prepared:
5/25/2016 4:31 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
	TOTALS		0	24,354,762	
D - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,310,763	1.00
2.00	EMERGENCY	91.00	0	637	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
	TOTALS		0	10,311,400	
E - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		21,386,620	1.00
2.00	MARKETING/PUBLIC RELATIONS	194.00		199	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
	TOTALS		0	21,386,819	
F - CAFETERIA					
1.00	CAFETERIA	11.00	614,642	982,373	1.00
	TOTALS		614,642	982,373	
G - TEMPORARY HELP					
1.00	HOUSEKEEPING	9.00		18,802	1.00
2.00	DIETARY	10.00		8,792	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00		58,520	3.00
4.00	PHYSICAL THERAPY	66.00		79,181	4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00		54,492	5.00
	TOTALS		0	219,787	
H - NONBILLABLE DRUGS					
1.00	PHARMACY	15.00	0	20,361	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	20,361	
J - NONBILLABLE SUPPLIES					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06		31,670	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00		10,397,570	2.00
3.00		0.00		0	3.00

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6

Date/Time Prepared:
5/25/2016 4:31 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
TOTALS			0	10,429,240	
K - FMLA					
1.00	ADMINISTRATIVE	5.01		47,645	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06		11,437	2.00
3.00	HOUSEKEEPING	9.00		13,450	3.00
4.00	DIETARY	10.00		3,776	4.00
5.00	NURSING ADMINISTRATION	13.00		39,864	5.00
6.00	PHARMACY	15.00		13,114	6.00
7.00	SOCIAL SERVICE	17.00		7,244	7.00
8.00	PATIENT TRANSPORT SERVICES	18.00		672	8.00
9.00	ADULTS & PEDIATRICS	30.00		99,723	9.00
10.00	INTENSIVE CARE UNIT	31.00		15,288	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00		10,830	11.00
12.00	OPERATING ROOM	50.00		15,812	12.00
13.00	RECOVERY ROOM	51.00		918	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00		12,311	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00		4,719	15.00
16.00	CARDIAC CATHETERIZATION	59.00		17,848	16.00
17.00	RESPIRATORY THERAPY	65.00		21,363	17.00
18.00	ELECTROCARDIOLOGY	69.00		626	18.00
19.00	ASC (NON-DISTINCT PART)	75.01		14,424	19.00
20.00	SLEEP CLINIC	90.01		554	20.00
21.00	ARNETT CANCER CARE CENTER	90.03		4,025	21.00
22.00	EMERGENCY	91.00		34,224	22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00		131,121	23.00
24.00	RETAIL PHARMACY	193.01		6,697	24.00
TOTALS			0	527,685	
L - PROPERTY TAXES					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	75,429	1.00
2.00	OPERATION OF PLANT	7.00	0	1,289	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	437,481	3.00
TOTALS			0	514,199	
M - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	222,740	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	34,795	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,500	3.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	11,883	4.00
	TOTALS		0	279,918	
N - LEASE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	262,142	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1,384,849	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	476,738	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	110,209	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
	TOTALS		0	2,233,938	
O - CAPITAL RELATED INTEREST					
1.00	CAP REL COSTS INTEREST EXPENSE	1.02	0	12,463,804	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	12,463,804	
P - INTEREST EXPENSE ON CAPITAL LEASE					
1.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	37,845	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,550	2.00
	TOTALS		0	41,395	
Q - HOUSEKEEPING SUPPLIES					
1.00	HOUSEKEEPING	9.00	0	93,895	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	TOTALS		0	93,895	
R - LAUNDRY SUPPLIES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	31,759	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
	TOTALS		0	31,759	

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6

Date/Time Prepared:
5/25/2016 4:31 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
S - ADVERTISING					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	2,116	1.00
	TOTALS		0	2,116	
T - ROUTINE TO NURSERY					
1.00	NURSERY	43.00	558,761	60,191	1.00
	TOTALS		558,761	60,191	
U - LABOR AND DELIVERY TO NURSERY					
1.00	NURSERY	43.00	17,818	1,573	1.00
	TOTALS		17,818	1,573	
V - HOSPITALIST SUPPORT					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	54,041	3,813,407	1.00
	TOTALS		54,041	3,813,407	
W - MEDICAL DIRECTOR FEES					
1.00	ADULTS & PEDIATRICS	30.00	0	322,742	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	29,475	2.00
3.00	ANESTHESIOLOGY	53.00	0	26,600	3.00
4.00	ASC ANESTHESIOLOGY	53.01	0	50,000	4.00
5.00	ELECTROCARDIOLOGY	69.00	0	11,700	5.00
	TOTALS		0	440,517	
500.00	Grand Total: Increases		1,245,262	107,171,853	500.00

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6
Date/Time Prepared:
5/25/2016 4:31 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - BILLABLE SUPPLIES							
1.00	NURSING ADMINISTRATION	13.00	0	42	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	26,913	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	34,587	0		3.00
4.00	OPERATING ROOM	50.00	0	2,543,957	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	129,703	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	58,363	0		6.00
7.00	ASC ANESTHESIOLOGY	53.01	0	18,108	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	58,770	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	1,802,760	0		9.00
10.00	RENAL DIALYSIS	74.00	0	1,071	0		10.00
11.00	ASC (NON-DISTINCT PART)	75.01	0	759,995	0		11.00
12.00	CARDIAC REHABILITATION	76.97	0	26	0		12.00
13.00	ARNETT CANCER CARE CENTER	90.03	0	4,208	0		13.00
14.00	OUTPATIENT INFUSION CENTER	90.04	0	148	0		14.00
15.00	EMERGENCY	91.00	0	7,122	0		15.00
16.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	422,620	0		16.00
TOTALS			0	5,868,393			
B - DEPRECIATION EXPENSE							
1.00	ADMINISTRATIVE	5.01	0	2,509	9		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,539,611	9		2.00
3.00	OPERATION OF PLANT	7.00	0	5,741,498	9		3.00
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	832,704	9		4.00
5.00	DIETARY	10.00	0	1,029	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	260,636	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	44,878	0		7.00
8.00	PHARMACY	15.00	0	566,786	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	166,351	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	27,008	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	17,526	0		11.00
12.00	OPERATING ROOM	50.00	0	493,261	0		12.00
13.00	RECOVERY ROOM	51.00	0	8,431	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	32,131	0		14.00
15.00	ASC ANESTHESIOLOGY	53.01	0	1,525	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	747,314	0		16.00
17.00	RADIOISOTOPE	56.00	0	10,117	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	924,884	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	44,411	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	99,400	0		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,734	0		21.00
22.00	RENAL DIALYSIS	74.00	0	135	0		22.00
23.00	ASC (NON-DISTINCT PART)	75.01	0	109,642	0		23.00
24.00	SLEEP CLINIC	90.01	0	16,539	0		24.00
25.00	ARNETT CANCER CARE CENTER	90.03	0	49,834	0		25.00
26.00	EMERGENCY	91.00	0	31,660	0		26.00
27.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	54	0		27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,299,694	0		28.00
29.00	RETAIL PHARMACY	193.01	0	11,650	0		29.00
30.00	MARKETING/PUBLIC RELATIONS	194.00	0	369	0		30.00
TOTALS			0	13,094,321			
C - BILLABLE DRUGS							
1.00	DIETARY	10.00		56	0		1.00
2.00	NURSING ADMINISTRATION	13.00		137	0		2.00
3.00	PHARMACY	15.00		5,418,810	0		3.00
4.00	ADULTS & PEDIATRICS	30.00		45	0		4.00
5.00	OPERATING ROOM	50.00		84,624	0		5.00
6.00	RECOVERY ROOM	51.00		1,273	0		6.00
7.00	ANESTHESIOLOGY	53.00		105,489	0		7.00
8.00	ASC ANESTHESIOLOGY	53.01		23,212	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00		123,730	0		9.00
10.00	RADIOISOTOPE	56.00		557,994	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00		75,753	0		11.00
12.00	RESPIRATORY THERAPY	65.00		43,899	0		12.00
13.00	ELECTROCARDIOLOGY	69.00		47,304	0		13.00
14.00	RENAL DIALYSIS	74.00		531	0		14.00
15.00	ASC (NON-DISTINCT PART)	75.01		41,705	0		15.00
16.00	CARDIAC REHABILITATION	76.97		240	0		16.00
17.00	SLEEP CLINIC	90.01		145	0		17.00
18.00	ARNETT CANCER CARE CENTER	90.03		12,002,118	0		18.00
19.00	EMERGENCY	91.00		529	0		19.00

RECLASSIFICATIONS

Provider CCN: 150173

Period:
From 01/01/2015
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			
20.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00		120	0	20.00	
21.00	PHYSICIANS' PRIVATE OFFICES	192.00		5,794,535	0	21.00	
22.00	RETAIL PHARMACY	193.01		32,513	0	22.00	
	TOTALS		0	24,354,762			
D - IMPLANTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,213	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	94	0	2.00	
3.00	OPERATING ROOM	50.00	0	7,074,050	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	711	0	4.00	
5.00	CARDIAC CATHETERIZATION	59.00	0	2,321,864	0	5.00	
6.00	RESPIRATORY THERAPY	65.00	0	169	0	6.00	
7.00	ELECTROCARDIOLOGY	69.00	0	37	0	7.00	
8.00	ASC (NON-DISTINCT PART)	75.01	0	897,663	0	8.00	
9.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,599	0	9.00	
	TOTALS		0	10,311,400			
E - BENEFITS							
1.00	ADMINISTRATIVE	5.01		1,142,848	0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06		919,883	0	2.00	
3.00	OPERATION OF PLANT	7.00		122,511	0	3.00	
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01		71,930	0	4.00	
5.00	HOUSEKEEPING	9.00		687,540	0	5.00	
6.00	DIETARY	10.00		234,397	0	6.00	
7.00	NURSING ADMINISTRATION	13.00		644,072	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00		51,583	0	8.00	
9.00	PHARMACY	15.00		372,612	0	9.00	
10.00	SOCIAL SERVICE	17.00		46,309	0	10.00	
11.00	PATIENT TRANSPORT SERVICES	18.00		109,480	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00		2,773,333	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00		367,606	0	13.00	
14.00	NEONATAL INTENSIVE CARE UNIT	35.00		226,986	0	14.00	
15.00	OPERATING ROOM	50.00		503,790	0	15.00	
16.00	RECOVERY ROOM	51.00		86,481	0	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00		371,937	0	17.00	
18.00	ANESTHESIOLOGY	53.00		23,968	0	18.00	
19.00	ASC ANESTHESIOLOGY	53.01		264	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00		350,219	0	20.00	
21.00	RADIOISOTOPE	56.00		40,242	0	21.00	
22.00	CARDIAC CATHETERIZATION	59.00		339,023	0	22.00	
23.00	RESPIRATORY THERAPY	65.00		243,462	0	23.00	
24.00	PHYSICAL THERAPY	66.00		130,359	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00		214,326	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00		17,829	0	26.00	
27.00	ASC (NON-DISTINCT PART)	75.01		383,175	0	27.00	
28.00	CARDIAC REHABILITATION	76.97		28,884	0	28.00	
29.00	SLEEP CLINIC	90.01		68,105	0	29.00	
30.00	ARNETT CANCER CARE CENTER	90.03		104,393	0	30.00	
31.00	OUTPATIENT INFUSION CENTER	90.04		1,023	0	31.00	
32.00	EMERGENCY	91.00		632,429	0	32.00	
33.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00		10,088	0	33.00	
34.00	RESEARCH	191.00		633	0	34.00	
35.00	PHYSICIANS' PRIVATE OFFICES	192.00		9,970,431	0	35.00	
36.00	RETAIL PHARMACY	193.01		94,668	0	36.00	
	TOTALS		0	21,386,819			
F - CAFETERIA							
1.00	DIETARY	10.00	614,642	982,373	0	1.00	
	TOTALS		614,642	982,373			
G - TEMPORARY HELP							
1.00	HOUSEKEEPING	9.00	18,802	0	0	1.00	
2.00	DIETARY	10.00	8,792	0	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	58,520	0	0	3.00	
4.00	PHYSICAL THERAPY	66.00	79,181	0	0	4.00	
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	54,492	0	0	5.00	
	TOTALS		219,787	0			
H - NONBILLABLE DRUGS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00		4,750	0	1.00	
2.00	CARDIAC CATHETERIZATION	59.00		3,000	0	2.00	
3.00	PHYSICIANS' PRIVATE OFFICES	192.00		12,611	0	3.00	
	TOTALS		0	20,361			

RECLASSIFICATIONS

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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		
J - NONBILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		24	0	1.00	
2.00	ADMINISTRATIVE	5.01		2,985	0	2.00	
3.00	OPERATION OF PLANT	7.00		118,063	0	3.00	
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01		40	0	4.00	
5.00	HOUSEKEEPING	9.00		158,491	0	5.00	
6.00	DIETARY	10.00		700	0	6.00	
7.00	NURSING ADMINISTRATION	13.00		2,510	0	7.00	
8.00	PHARMACY	15.00		345,104	0	8.00	
9.00	SOCIAL SERVICE	17.00		14	0	9.00	
10.00	PATIENT TRANSPORT SERVICES	18.00		56	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00		1,710,663	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00		281,942	0	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00		185,901	0	13.00	
14.00	OPERATING ROOM	50.00		2,643,333	0	14.00	
15.00	RECOVERY ROOM	51.00		18,426	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00		223,657	0	16.00	
17.00	ANESTHESIOLOGY	53.00		261,147	0	17.00	
18.00	ASC ANESTHESIOLOGY	53.01		63,754	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00		204,423	0	19.00	
20.00	RADIOISOTOPE	56.00		12,519	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00		820,521	0	21.00	
22.00	LABORATORY	60.00		267	0	22.00	
23.00	RESPIRATORY THERAPY	65.00		215,122	0	23.00	
24.00	PHYSICAL THERAPY	66.00		1,991	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00		24,126	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00		1,462	0	26.00	
27.00	RENAL DIALYSIS	74.00		4,969	0	27.00	
28.00	ASC (NON-DISTINCT PART)	75.01		1,112,507	0	28.00	
29.00	CARDIAC REHABILITATION	76.97		4,636	0	29.00	
30.00	SLEEP CLINIC	90.01		25,538	0	30.00	
31.00	ARNETT CANCER CARE CENTER	90.03		125,596	0	31.00	
32.00	OUTPATIENT INFUSION CENTER	90.04		5,013	0	32.00	
33.00	EMERGENCY	91.00		715,574	0	33.00	
34.00	RESEARCH	191.00		187	0	34.00	
35.00	PHYSICIANS' PRIVATE OFFICES	192.00		1,133,076	0	35.00	
36.00	RETAIL PHARMACY	193.01		4,887	0	36.00	
37.00	MARKETING/PUBLIC RELATIONS	194.00		16	0	37.00	
TOTALS			0	10,429,240			
K - FMLA							
1.00	ADMINISTRATIVE	5.01	47,645		0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	11,437		0	2.00	
3.00	HOUSEKEEPING	9.00	13,450		0	3.00	
4.00	DIETARY	10.00	3,776		0	4.00	
5.00	NURSING ADMINISTRATION	13.00	39,864		0	5.00	
6.00	PHARMACY	15.00	13,114		0	6.00	
7.00	SOCIAL SERVICE	17.00	7,244		0	7.00	
8.00	PATIENT TRANSPORT SERVICES	18.00	672		0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	99,723		0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	15,288		0	10.00	
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	10,830		0	11.00	
12.00	OPERATING ROOM	50.00	15,812		0	12.00	
13.00	RECOVERY ROOM	51.00	918		0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	12,311		0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	4,719		0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	17,848		0	16.00	
17.00	RESPIRATORY THERAPY	65.00	21,363		0	17.00	
18.00	ELECTROCARDIOLOGY	69.00	626		0	18.00	
19.00	ASC (NON-DISTINCT PART)	75.01	14,424		0	19.00	
20.00	SLEEP CLINIC	90.01	554		0	20.00	
21.00	ARNETT CANCER CARE CENTER	90.03	4,025		0	21.00	
22.00	EMERGENCY	91.00	34,224		0	22.00	
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	131,121		0	23.00	
24.00	RETAIL PHARMACY	193.01	6,697		0	24.00	
TOTALS			527,685	0			
L - PROPERTY TAXES							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	76,718	13	1.00	
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	185,167	13	2.00	
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	252,314	13	3.00	
TOTALS			0	514,199			

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		
M - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	279,918	12		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	12		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		0	279,918			
N - LEASE EXPENSE							
1.00	ADMINISTRATIVE	5.01	0	52	10		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	336	10		2.00
3.00	OPERATION OF PLANT	7.00	0	262,143	10		3.00
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	1,291,109	10		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	159,455	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	11,900	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	14,942	0		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	20,673	0		8.00
9.00	OPERATING ROOM	50.00	0	243,869	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	26,403	0		10.00
11.00	ASC (NON-DISTINCT PART)	75.01	0	106,861	0		11.00
12.00	SLEEP CLINIC	90.01	0	578	0		12.00
13.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	95,617	0		13.00
	TOTALS		0	2,233,938			
O - CAPITAL RELATED INTEREST							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	12,369,308	13		1.00
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	94,496	13		2.00
	TOTALS		0	12,463,804			
P - INTEREST EXPENSE ON CAPITAL LEASE							
1.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	41,395	10		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	41,395			
Q - HOUSEKEEPING SUPPLIES							
1.00	ADMINISTRATIVE	5.01		1,057	0		1.00
2.00	OPERATION OF PLANT	7.00		21	0		2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01		3,078	0		3.00
4.00	DIETARY	10.00		49	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00		199	0		5.00
6.00	PHARMACY	15.00		197	0		6.00
7.00	PATIENT TRANSPORT SERVICES	18.00		84	0		7.00
8.00	ADULTS & PEDIATRICS	30.00		16,655	0		8.00
9.00	INTENSIVE CARE UNIT	31.00		1,324	0		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00		587	0		10.00
11.00	OPERATING ROOM	50.00		6,595	0		11.00
12.00	RECOVERY ROOM	51.00		1,431	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00		704	0		13.00
14.00	ANESTHESIOLOGY	53.00		21	0		14.00
15.00	ASC ANESTHESIOLOGY	53.01		16	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00		2,647	0		16.00
17.00	RADIOISOTOPE	56.00		161	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00		1,367	0		18.00
19.00	RESPIRATORY THERAPY	65.00		180	0		19.00
20.00	ELECTROCARDIOLOGY	69.00		352	0		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00		4	0		21.00
22.00	RENAL DIALYSIS	74.00		33	0		22.00
23.00	ASC (NON-DISTINCT PART)	75.01		12,261	0		23.00
24.00	CARDIAC REHABILITATION	76.97		332	0		24.00
25.00	SLEEP CLINIC	90.01		235	0		25.00
26.00	ARNETT CANCER CARE CENTER	90.03		1,508	0		26.00
27.00	OUTPATIENT INFUSION CENTER	90.04		13	0		27.00
28.00	EMERGENCY	91.00		20,271	0		28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00		22,493	0		29.00
30.00	RETAIL PHARMACY	193.01		20	0		30.00
	TOTALS		0	93,895			
R - LAUNDRY SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00		19	0		1.00
2.00	ADULTS & PEDIATRICS	30.00		47	0		2.00
3.00	INTENSIVE CARE UNIT	31.00		35	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00		472	0		4.00
5.00	OPERATING ROOM	50.00		25,821	0		5.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
6.00	DELIVERY ROOM & LABOR ROOM	52.00	1,760		0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	19		0	7.00	
8.00	ASC (NON-DISTINCT PART)	75.01	2,745		0	8.00	
9.00	EMERGENCY	91.00	58		0	9.00	
10.00	PHYSICIANS' PRIVATE OFFICES	192.00	783		0	10.00	
	TOTALS		31,759				
S - ADVERTISING							
1.00	MARKETING/PUBLIC RELATIONS	194.00	2,116		0	1.00	
	TOTALS		2,116				
T - ROUTINE TO NURSERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	558,761	60,191	0	1.00	
	TOTALS		558,761	60,191			
U - LABOR AND DELIVERY TO NURSERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	17,818	1,573	0	1.00	
	TOTALS		17,818	1,573			
V - HOSPITALIST SUPPORT							
1.00	ADULTS & PEDIATRICS	30.00	54,041	3,813,407	0	1.00	
	TOTALS		54,041	3,813,407			
W - MEDICAL DIRECTOR FEES							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	440,517	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
	TOTALS		0	440,517			
500.00	Grand Total : Decreases		1,992,734	106,424,381		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150173

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

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2016 4:31 pm

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,121,457	0	0	0	129,653	1.00
2.00	Land Improvements	107,468	0	0	0	0	2.00
3.00	Buildings and Fixtures	176,135,121	0	0	0	326,652	3.00
4.00	Building Improvements	12,802,625	6,006,779	0	6,006,779	2,648,549	4.00
5.00	Fixed Equipment	5,359,670	349,864	0	349,864	21,398	5.00
6.00	Movable Equipment	72,362,099	14,422,702	0	14,422,702	596,556	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	270,888,440	20,779,345	0	20,779,345	3,722,808	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	270,888,440	20,779,345	0	20,779,345	3,722,808	10.00
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,991,804	0				1.00
2.00	Land Improvements	107,468	0				2.00
3.00	Buildings and Fixtures	175,808,469	0				3.00
4.00	Building Improvements	16,160,855	0				4.00
5.00	Fixed Equipment	5,688,136	0				5.00
6.00	Movable Equipment	86,188,245	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	287,944,977	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	287,944,977	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150173

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

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0				1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0				2.01
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150173

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

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	196,068,596	0	196,068,596	0.680924	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0.000000	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	91,876,381	0	91,876,381	0.319076	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	287,944,977	0	287,944,977	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,621,854	262,142	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	956,546	1,384,849	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,946,171	992,167	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	1,383,667	148,054	2.01
3.00	Total (sum of lines 1-2)	0	0	0	13,908,238	2,787,212	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	222,740	-76,718	0	7,030,018	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	34,795	-185,167	0	2,191,023	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	12,463,804	0	12,463,804	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,500	0	0	5,948,838	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	1,531,721	2.01
3.00	Total (sum of lines 1-2)	0	268,035	12,201,919	0	29,165,404	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150173

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

Worksheet A-8

Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7	Ref.
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00		0 1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT - NONHOSP (chapter 2)			0CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01		0 1.01
1.02 Investment income - CAP REL COSTS INTEREST EXPENSE (chapter 2)			0CAP REL COSTS INTEREST EXPENSE	1.02		0 1.02
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00		0 2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP - NONHOSP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01		0 2.01
3.00 Investment income - other (chapter 2)		0		0.00		0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00		0 7.00
8.00 Television and radio service (chapter 21)		0		0.00		0 8.00
9.00 Parking lot (chapter 21)		0		0.00		0 9.00
10.00 Provider-based physician adjustment	A-8-2	-6,583,746				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	47,932,964				0 12.00
13.00 Laundry and linen service		0		0.00		0 13.00
14.00 Cafeteria-employees and guests		0		0.00		0 14.00
15.00 Rental of quarters to employee and others		0		0.00		0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0 16.00
17.00 Sale of drugs to other than patients		0		0.00		0 17.00
18.00 Sale of medical records and abstracts		0		0.00		0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0 19.00
20.00 Vending machines		0		0.00		0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00		0 26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT - NONHOSP			0CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01		0 26.01
26.02 Depreciation - CAP REL COSTS INTEREST EXPENSE			0CAP REL COSTS INTEREST EXPENSE	1.02		0 26.02
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00		0 27.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150173

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

Worksheet A-8

Date/Time Prepared:
5/25/2016 4:31 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.	
				Cost Center	Line #			
				1.00	2.00			3.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP - NONHOSP			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	27.01
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	EMPLOYEE BENEFITS	A	-21,406,795		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	WHITE HOSPITAL TOTAL OPER EXPENSES	A	20,878,069		WHITE HOSPITAL	193.02	0	33.01
33.02	UNWONTED SITUATIONS	A	-4,623		ADULTS & PEDIATRICS	30.00	0	33.02
33.03	UNWONTED SITUATIONS	A	-100		INTENSIVE CARE UNIT	31.00	0	33.03
33.04	UNWONTED SITUATIONS	A	-325		RADIOLOGY-DIAGNOSTIC	54.00	0	33.04
33.05	ACCRUED PTO	A	-850,913		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.05
33.06	ACCRUED PTO	A	-1,337		ADULTS & PEDIATRICS	30.00	0	33.06
33.07	ACCRUED PTO	A	-311		NEONATAL INTENSIVE CARE UNIT	35.00	0	33.07
33.08	ACCRUED PTO	A	-5,419		EMERGENCY	91.00	0	33.08
33.09	ACCRUED PTO	A	-4,751		PHYSICIANS' PRIVATE OFFICES	192.00	0	33.09
33.10	CONTRIBUTION EXPENSE	A	-184,249		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.10
33.11	HAF OFFSET	B	-6,835,108		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.11
33.12	MISCELLANEOUS INCOME	B	-21,938		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	MISCELLANEOUS INCOME	B	-259		ADMINISTRATIVE	5.01	0	33.13
33.14	MISCELLANEOUS INCOME	B	-439,345		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.14
33.15	MISCELLANEOUS INCOME	B	-15,802		OPERATION OF PLANT	7.00	0	33.15
33.16	MISCELLANEOUS INCOME	B	99,097		OPERATION OF PLANT - NONHOSPITAL	7.01	0	33.16
33.17	MISCELLANEOUS INCOME	B	-49		HOUSEKEEPING	9.00	0	33.17
33.18	MISCELLANEOUS INCOME	B	-770,255		CAFETERIA	11.00	0	33.18
33.19	MISCELLANEOUS INCOME	B	-50		NURSING ADMINISTRATION	13.00	0	33.19
33.20	MISCELLANEOUS INCOME	B	-7,450		CENTRAL SERVICES & SUPPLY	14.00	0	33.20
33.21	MISCELLANEOUS INCOME	B	-284		PHARMACY	15.00	0	33.21
33.22	MISCELLANEOUS INCOME	B	-1,443		ADULTS & PEDIATRICS	30.00	0	33.22
33.23	MISCELLANEOUS INCOME	B	-8,055		DELIVERY ROOM & LABOR ROOM	52.00	0	33.23
33.24	MISCELLANEOUS INCOME	B	-7,200		RADIOLOGY-DIAGNOSTIC	54.00	0	33.24
33.25	MISCELLANEOUS INCOME	B	-59		RADIOISOTOPE	56.00	0	33.25
33.26	MISCELLANEOUS INCOME	B	-4,608		CARDIAC CATHETERIZATION	59.00	0	33.26
33.27	MISCELLANEOUS INCOME	B	-35,971		ELECTROCARDIOLOGY	69.00	0	33.27
33.28	MISCELLANEOUS INCOME	B	-600		EMERGENCY	91.00	0	33.28
33.29	RECRUITING EXPENSE	A	-4,940		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.29
33.30	RECRUITING EXPENSE	A	-152,336		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.30
33.31	RECRUITING EXPENSE	A	-2,160		PHYSICAL THERAPY	66.00	0	33.31
33.32	CORP ALLOCATION - PHONE EQUIPMENT	A	-634		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.32
33.33	CORP ALLOCATION - PHONE EQUIPMENT	A	-189		PATIENT TRANSPORT SERVICES	18.00	0	33.33
33.34	CORP ALLOCATION - PHONE EQUIPMENT	A	-527		ASC (NON-DISTINCT PART)	75.01	0	33.34
33.35	ARRA DEPR FROM HOME OFFICE	A	-515,429		CAP REL COSTS-MVBLE EQUIP	2.00	9	33.35
33.36	INTERCO SERVICES	B	-1,306,881		PHYSICIANS' PRIVATE OFFICES	192.00	0	33.36
33.37	INTERCO SERVICES	B	-120,000		MARKETING/PUBLIC RELATIONS	194.00	0	33.37
33.38			0			0.00	0	33.38
33.39			0			0.00	0	33.39
33.40			0			0.00	0	33.40
33.41			0			0.00	0	33.41
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		29,615,989					50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

ADJUSTMENTS TO EXPENSES

Provider CCN: 150173

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

Worksheet A-8

Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

- 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: 150173

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

Worksheet A-8-1

Date/Time Prepared: 5/25/2016 4:31 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	1,329,346	0
2.00	0.00			0	0
3.00	1.02	CAP REL COSTS INTEREST EXPEN	HOME OFFICE ALLOCATION	12,463,804	12,463,804
4.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	515,429	0
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	25,404,691	0
4.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED EMPLOYEES	111,913	111,913
4.03	5.06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION	39,380,541	18,697,043
4.04	5.06	OTHER ADMINISTRATIVE & GENER	SHARED EMPLOYEES	1,245,709	1,245,709
4.05	7.00	OPERATION OF PLANT	SHARED EMPLOYEES	393,833	393,833
4.06	7.01	OPERATION OF PLANT - NONHOSP	SHARED EMPLOYEES	257,543	257,543
4.07	13.00	NURSING ADMINISTRATION	SHARED EMPLOYEES	41,771	41,771
4.08	31.00	INTENSIVE CARE UNIT	SHARED EMPLOYEES	1,310	1,310
4.09	50.00	OPERATING ROOM	SHARED EMPLOYEES	351,106	351,106
4.10	54.00	RADIOLOGY-DIAGNOSTIC	SHARED EMPLOYEES	258,317	258,317
4.11	59.00	CARDIAC CATHETERIZATION	SHARED EMPLOYEES	66,354	66,354
4.12	60.00	LABORATORY	SHARED EMPLOYEES	7,527,837	7,527,837
4.13	91.00	EMERGENCY	SHARED EMPLOYEES	36,000	36,000
4.14	192.00	PHYSICIANS' PRIVATE OFFICES	SHARED EMPLOYEES	13,863,076	13,863,076
5.00	0			103,248,580	55,315,616

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

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

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

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

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

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

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

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

Provider CCN: 150173

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2016 4:31 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,329,346	9		1.00
2.00	0	11		2.00
3.00	0	9		3.00
4.00	515,429	10		4.00
4.01	25,404,691	0		4.01
4.02	0	0		4.02
4.03	20,683,498	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
4.14	0	0		4.14
5.00	47,932,964			5.00

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

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

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

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

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

6.00	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: 150173

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2016 4:31 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	0.00		0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	668,691	668,691	0	0	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	748,681	748,681	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	3,818,936	3,818,936	0	0	0	4.00
5.00	60.00	LABORATORY	35,345	35,345	0	0	0	5.00
6.00	60.00	LABORATORY	9,275	9,275	0	0	0	6.00
7.00	91.00	EMERGENCY	273,750	273,750	0	0	0	7.00
8.00	91.00	EMERGENCY	335,589	43,589	292,000	150,200	8,760	8.00
9.00	91.00	EMERGENCY	985,479	985,479	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			6,875,746	6,583,746	292,000		8,760	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	0.00		0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	632,573	31,629	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			632,573	31,629	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	0.00		0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	668,691	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	748,681	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	3,818,936	4.00
5.00	60.00	LABORATORY	0	0	0	35,345	5.00
6.00	60.00	LABORATORY	0	0	0	9,275	6.00
7.00	91.00	EMERGENCY	0	0	0	273,750	7.00
8.00	91.00	EMERGENCY	0	632,573	0	43,589	8.00
9.00	91.00	EMERGENCY	0	0	0	985,479	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	632,573	0	6,583,746	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,030,018	7,030,018			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	2,191,023	0	2,191,023		1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE	12,463,804	0	0	12,463,804	1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,948,838				2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	1,531,721				2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	26,576,197	0	0	0	4.00
5.01 00570	ADMINISTRATIVE	4,841,199	61,178	25,755	108,464	5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	50,020,025	213,050	1,677	377,726	5.06
7.00 00700	OPERATION OF PLANT	5,898,956	1,333,141	0	2,363,579	7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	4,022,617	0	24,300	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	31,759	0	0	0	8.00
9.00 00900	HOUSEKEEPING	3,331,288	55,100	1,241	97,689	9.00
10.00 01000	DIETARY	480,420	61,874	0	109,699	10.00
11.00 01100	CAFETERIA	826,760	205,667	0	364,635	11.00
13.00 01300	NURSING ADMINISTRATION	3,644,527	177,089	0	313,969	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	11,566,763	321,787	633	570,510	14.00
15.00 01500	PHARMACY	3,056,793	79,585	452	141,099	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	312,079	3,674	0	6,515	17.00
18.00 01850	PATIENT TRANSPORT SERVICES	580,932	22,935	0	40,662	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	17,435,070	1,992,543	0	3,532,662	30.00
31.00 03100	INTENSIVE CARE UNIT	2,360,354	196,158	0	347,777	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	1,817,283	165,596	0	293,591	35.00
43.00 04300	NURSERY	638,343	71,957	0	127,576	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,788,953	542,483	1,677	961,789	50.00
51.00 05100	RECOVERY ROOM	585,854	70,965	0	125,816	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,603,689	254,027	0	450,375	52.00
53.00 05300	ANESTHESIOLOGY	182,339	10,832	0	19,204	53.00
53.01 05301	ASC ANESTHESIOLOGY	73,045	0	24,300	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,997,132	110,583	0	196,057	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	263,038	31,050	0	55,050	56.00
59.00 05900	CARDIAC CATHETERIZATION	2,586,465	208,261	0	369,235	59.00
60.00 06000	LABORATORY	7,518,809	207,408	0	367,722	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	616,522	10,780	0	19,112	63.00
65.00 06500	RESPIRATORY THERAPY	1,665,753	17,920	1,241	31,770	65.00
66.00 06600	PHYSICAL THERAPY	919,467	25,774	0	45,695	66.00
69.00 06900	ELECTROCARDIOLOGY	1,413,991	39,218	0	69,531	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	107,627	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,849,768	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,310,763	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	24,275,791	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	359,710	27,515	0	48,783	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	2,977,914	0	633	0	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	348,929	0	11,698	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	SLEEP CLINIC	438,038	0	50,836	0	90.01
90.03 09002	ARNETT CANCER CARE CENTER	1,226,333	0	66,726	0	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	39,387	65,305	0	115,782	90.04
91.00 09100	EMERGENCY	4,744,409	396,426	0	702,840	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	242,500,495	6,979,881	211,169	12,374,914	5,906,412
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	153,236	37,964	0	67,308	190.00
191.00 19100	RESEARCH	16,278	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	106,329,001	12,173	1,974,050	21,582	10,301
193.00 19300	NONPAID WORKERS	0	0	0	0	0
193.01 19301	RETAIL PHARMACY	4,421,374	0	5,804	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
193.02 19302 WHITE HOSPITAL	20,878,069	0	0	0	0	193.02
193.03 19303 HOSPICE	729	0	0	0	0	193.03
194.00 07950 MARKETING/PUBLIC RELATIONS	-48,173	0	0	0	0	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	7,030,018	2,191,023	12,463,804	5,948,838	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B Part I Date/Time Prepared: 5/25/2016 4:31 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP -	NONHOSP					
	2.01	4.00					
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	1,531,721					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	26,576,197				4.00
5.01 00570	ADMITTING	18,005	682,233	5,788,603			5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	1,172	1,020,577	0	51,814,511	51,814,511	5.06
7.00 00700	OPERATION OF PLANT	0	166,333	0	10,890,120	1,749,748	7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	16,988	52,586	0	4,116,491	661,409	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	31,759	5,103	8.00
9.00 00900	HOUSEKEEPING	868	402,804	0	3,935,616	632,347	9.00
10.00 01000	DIETARY	0	31,827	0	736,178	118,284	10.00
11.00 01100	CAFETERIA	0	108,007	0	1,679,105	269,787	11.00
13.00 01300	NURSING ADMINISTRATION	0	547,153	0	4,832,592	776,467	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	443	55,507	0	12,787,941	2,054,677	14.00
15.00 01500	PHARMACY	316	458,132	0	3,803,722	611,155	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	49,547	0	374,924	60,240	17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	67,141	0	731,078	117,464	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	2,717,191	269,022	27,632,588	4,439,811	30.00
31.00 03100	INTENSIVE CARE UNIT	0	373,138	36,192	3,479,609	559,079	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	286,911	34,744	2,738,253	439,963	35.00
43.00 04300	NURSERY	0	101,318	12,323	1,012,408	162,667	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	1,172	652,494	432,558	7,840,178	1,259,705	50.00
51.00 05100	RECOVERY ROOM	0	95,261	49,298	987,245	158,624	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	259,424	71,212	2,853,686	458,510	52.00
53.00 05300	ANESTHESIOLOGY	0	14,002	26,281	261,824	42,068	53.00
53.01 05301	ASC ANESTHESIOLOGY	16,988	1,927	11,239	127,499	20,486	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	386,231	300,976	4,084,555	656,278	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	40,309	44,605	460,327	73,962	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	377,885	248,707	3,966,785	637,355	59.00
60.00 06000	LABORATORY	0	0	326,716	8,596,165	1,381,172	60.00
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	11,748	667,284	107,215	63.00
65.00 06500	RESPIRATORY THERAPY	868	252,481	43,159	2,028,356	325,902	65.00
66.00 06600	PHYSICAL THERAPY	0	133,477	22,750	1,168,973	187,822	66.00
69.00 06900	ELECTROCARDIOLOGY	0	205,837	98,801	1,860,564	298,942	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	15,124	3,815	126,566	20,336	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	100,189	5,949,957	955,997	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	244,294	10,555,057	1,695,913	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	420,528	24,696,319	3,968,032	73.00
74.00 07400	RENAL DIALYSIS	0	0	4,579	463,870	74,531	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	443	393,242	300,332	3,672,564	590,082	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	8,178	43,337	374	412,516	66,280	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 04950	SLEEP CLINIC	35,539	67,482	24,717	616,612	99,073	90.01
90.03 09002	ARNETT CANCER CARE CENTER	46,647	135,861	56,976	1,532,543	246,238	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	5,655	3,105	284,495	45,711	90.04
91.00 09100	EMERGENCY	0	674,864	509,133	7,363,130	1,183,056	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	147,627	10,875,298	3,708,373	221,173,965	27,211,491	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,904	0	297,537	47,806	190.00
191.00 19100	RESEARCH	0	2,590	0	18,868	3,032	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,380,037	15,588,889	2,064,045	127,380,078	20,466,471	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301	RETAIL PHARMACY	4,057	102,516	16,185	4,549,936	731,052	193.01
193.02 19302	WHITE HOSPITAL	0	0	0	20,878,069	3,354,542	193.02
193.03 19303	HOSPICE	0	0	0	729	117	193.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description			CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	ADMI TTING	Subtotal	OTHER ADMI NI STRATI VE & GENERAL	
			MVBLE EQUI P - NONHOSP					
			2. 01	4. 00	5. 01	5A. 01	5. 06	
194.00	07950	MARKETING/PUBLI C RELATIONS	0	0	0	-48,173	0	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,531,721	26,576,197	5,788,603	374,251,009	51,814,511	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150173		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/25/2016 4:31 pm	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT	12,639,868					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	4,777,900				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	36,862			8.00
9.00	00900	HOUSEKEEPING	128,434	2,772	0	4,699,169		9.00
10.00	01000	DIETARY	144,225	0	0	29,379	1,028,066	10.00
11.00	01100	CAFETERIA	479,396	0	0	97,654	0	11.00
13.00	01300	NURSING ADMINISTRATION	412,784	0	0	84,085	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	750,067	1,414	13	153,426	0	14.00
15.00	01500	PHARMACY	185,507	1,010	0	38,235	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	8,565	0	0	1,745	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	53,460	0	0	10,890	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,644,503	0	17,954	946,090	926,073	30.00
31.00	03100	INTENSIVE CARE UNIT	457,233	0	2,276	93,139	75,602	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	385,993	0	486	78,627	0	35.00
43.00	04300	NURSERY	167,728	0	0	34,166	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,264,494	3,745	2,754	259,266	0	50.00
51.00	05100	RECOVERY ROOM	165,414	0	124	33,695	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	592,121	0	2,985	120,616	26,391	52.00
53.00	05300	ANESTHESIOLOGY	25,248	0	0	5,143	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	54,271	0	24,442	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	257,762	0	2,060	52,506	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	72,376	0	0	14,743	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	485,445	0	1,500	98,886	0	59.00
60.00	06000	LABORATORY	483,456	0	0	98,480	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	25,127	0	0	5,118	0	63.00
65.00	06500	RESPIRATORY THERAPY	41,770	2,772	0	9,757	0	65.00
66.00	06600	PHYSICAL THERAPY	60,077	0	0	12,238	0	66.00
69.00	06900	ELECTROCARDIOLOGY	91,414	0	0	18,621	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	64,136	0	0	13,065	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	1,414	0	637	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	26,126	0	11,766	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	113,537	0	51,134	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	149,026	0	67,117	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	152,222	0	301	31,008	0	90.04
91.00	09100	EMERGENCY	924,046	0	6,409	188,229	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,523,003	356,087	36,862	2,683,903	1,028,066	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	88,491	0	0	18,026	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,374	4,408,851	0	1,991,402	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	12,962	0	5,838	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	12,639,868	4,777,900	36,862	4,699,169	1,028,066	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,525,942					11.00
13.00	01300	136,835	6,242,763				13.00
14.00	01400	26,551	0	15,774,089			14.00
15.00	01500	114,847	0	229,852	4,984,328		15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	17,803	1,824	9	0	0	17.00
18.00	01850	51,386	0	37	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	650,728	3,121,657	1,071,884	17,519	0	30.00
31.00	03100	112,686	489,206	182,627	8,697	0	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	77,388	358,423	121,334	2,006	0	35.00
43.00	04300	303,068	116,556	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	184,173	501,427	780,513	10,071	0	50.00
51.00	05100	24,630	128,047	12,249	277	0	51.00
52.00	05200	110,387	388,520	79,527	323	0	52.00
53.00	05300	7,238	2,918	126,598	9,091	0	53.00
53.01	05301	0	0	21,254	1,313	0	53.01
54.00	05400	119,135	12,221	125,292	966	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	11,594	0	7,623	0	0	56.00
59.00	05900	99,993	233,294	574,235	3,766	0	59.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	88,742	18,423	142,020	0	0	65.00
66.00	06600	35,401	0	1,329	0	0	66.00
69.00	06900	75,398	73,873	14,204	499	0	69.00
70.00	07000	4,665	0	865	0	0	70.00
71.00	07100	0	0	3,874,177	0	0	71.00
72.00	07200	0	0	6,883,087	0	0	72.00
73.00	07300	0	0	0	4,895,729	0	73.00
74.00	07400	0	0	3,143	306	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	276,998	10,066	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	3,095	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	17,048	0	0	90.01
90.03	09002	39,449	111,631	82,502	16,570	0	90.03
90.04	09003	1,304	6,931	3,342	220	0	90.04
91.00	09100	228,733	651,181	452,359	4,975	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		2,522,134	6,216,132	15,087,203	4,982,394	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	2,916	0	0	0	0	190.00
191.00	19100	892	0	125	0	0	191.00
192.00	19200	0	26,631	683,537	1,858	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	3,213	76	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
194.00	07950	0	0	11	0	0	194.00
200.00							200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,525,942	6,242,763	15,774,089	4,984,328	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PATIENT TRANSPORT SERVICES				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 00102 CAP REL COSTS INTEREST EXPENSE						1.02
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00570 ADMITTING						5.01
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - NONHOSPITAL						7.01
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	465,110					17.00
18.00 01850 PATIENT TRANSPORT SERVICES	0	964,315				18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	418,966	469,857	44,357,630	0	44,357,630	30.00
31.00 03100 INTENSIVE CARE UNIT	34,204	59,555	5,553,913	0	5,553,913	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	12,723	4,215,196	0	4,215,196	35.00
43.00 04300 NURSERY	0	0	1,796,593	0	1,796,593	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	72,079	12,178,405	0	12,178,405	50.00
51.00 05100 RECOVERY ROOM	0	3,235	1,513,540	0	1,513,540	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	11,940	78,122	4,723,128	0	4,723,128	52.00
53.00 05300 ANESTHESIOLOGY	0	0	480,128	0	480,128	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	249,265	0	249,265	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	53,909	5,364,684	0	5,364,684	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	640,625	0	640,625	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	39,246	6,140,505	0	6,140,505	59.00
60.00 06000 LABORATORY	0	0	10,559,273	0	10,559,273	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	804,744	0	804,744	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	2,657,742	0	2,657,742	65.00
66.00 06600 PHYSICAL THERAPY	0	0	1,465,840	0	1,465,840	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	2,433,515	0	2,433,515	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	152,432	0	152,432	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	10,780,131	0	10,780,131	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	19,134,057	0	19,134,057	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	33,560,080	0	33,560,080	73.00
74.00 07400 RENAL DIALYSIS	0	0	619,051	0	619,051	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	4,551,761	0	4,551,761	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	519,783	0	519,783	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	0	0	897,404	0	897,404	90.01
90.03 09002 ARNETT CANCER CARE CENTER	0	0	2,245,076	0	2,245,076	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	7,865	533,399	0	533,399	90.04
91.00 09100 EMERGENCY	0	167,724	11,169,842	0	11,169,842	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	465,110	964,315	189,297,742	0	189,297,742	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	454,776	0	454,776	190.00
191.00 19100 RESEARCH	0	0	22,917	0	22,917	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	154,987,202	0	154,987,202	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 RETAIL PHARMACY	0	0	5,303,077	0	5,303,077	193.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PATIENT TRANSPORT SERVICES				
	17.00	18.00	24.00	25.00	26.00	
193.02 19302 WHITE HOSPITAL	0	0	24,232,611	0	24,232,611	193.02
193.03 19303 HOSPICE	0	0	846	0	846	193.03
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	-48,162	0	-48,162	194.00
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	465,110	964,315	374,251,009	0	374,251,009	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 4:31 pm
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP		
			0	1.00	1.01	1.02		2.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01	
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00	
5.01	00570	ADMITTING	0	61,178	25,755	108,464	51,769	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	213,050	1,677	377,726	180,284	5.06
7.00	00700	OPERATION OF PLANT	0	1,333,141	0	2,363,579	1,128,111	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	0	24,300	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	55,100	1,241	97,689	46,626	9.00
10.00	01000	DIETARY	0	61,874	0	109,699	52,358	10.00
11.00	01100	CAFETERIA	0	205,667	0	364,635	174,036	11.00
13.00	01300	NURSING ADMINISTRATION	0	177,089	0	313,969	149,854	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	321,787	633	570,510	272,298	14.00
15.00	01500	PHARMACY	0	79,585	452	141,099	67,345	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,674	0	6,515	3,109	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	22,935	0	40,662	19,408	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,992,543	0	3,532,662	1,686,100	30.00
31.00	03100	INTENSIVE CARE UNIT	0	196,158	0	347,777	165,990	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	165,596	0	293,591	140,128	35.00
43.00	04300	NURSERY	0	71,957	0	127,576	60,891	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	542,483	1,677	961,789	459,052	50.00
51.00	05100	RECOVERY ROOM	0	70,965	0	125,816	60,051	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	254,027	0	450,375	214,959	52.00
53.00	05300	ANESTHESIOLOGY	0	10,832	0	19,204	9,166	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	24,300	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	110,583	0	196,057	93,576	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	31,050	0	55,050	26,275	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	208,261	0	369,235	176,232	59.00
60.00	06000	LABORATORY	0	207,408	0	367,722	175,510	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,780	0	19,112	9,122	63.00
65.00	06500	RESPIRATORY THERAPY	0	17,920	1,241	31,770	15,164	65.00
66.00	06600	PHYSICAL THERAPY	0	25,774	0	45,695	21,810	66.00
69.00	06900	ELECTROCARDIOLOGY	0	39,218	0	69,531	33,186	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	27,515	0	48,783	23,283	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	633	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	11,698	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	50,836	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	0	66,726	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	65,305	0	115,782	55,261	90.04
91.00	09100	EMERGENCY	0	396,426	0	702,840	335,458	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	6,979,881	211,169	12,374,914	5,906,412	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37,964	0	67,308	32,125	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,173	1,974,050	21,582	10,301	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	5,804	0	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
193.03 19303 HOSPICE	0	0	0	0	0	193.03
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	0	7,030,018	2,191,023	12,463,804	5,948,838	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B Part II Date/Time Prepared: 5/25/2016 4:31 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	OTHER ADMINISTRATIVE & GENERAL		
	MVBLE EQUIP - NONHOSP							
	2.01	2A						
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01	
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0			4.00	
5.01	00570	ADMITTING	18,005	265,171	0	265,171	5.01	
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	1,172	773,909	0	773,909	5.06	
7.00	00700	OPERATION OF PLANT	0	4,824,831	0	0	7.00	
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	16,988	41,288	0	9,880	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	76	8.00	
9.00	00900	HOUSEKEEPING	868	201,524	0	9,445	9.00	
10.00	01000	DIETARY	0	223,931	0	1,767	10.00	
11.00	01100	CAFETERIA	0	744,338	0	4,030	11.00	
13.00	01300	NURSING ADMINISTRATION	0	640,912	0	11,598	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	443	1,165,671	0	30,691	14.00	
15.00	01500	PHARMACY	316	288,797	0	9,129	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	13,298	0	900	17.00	
18.00	01850	PATIENT TRANSPORT SERVICES	0	83,005	0	1,755	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	7,211,305	0	12,316	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	709,925	0	1,657	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	599,315	0	1,591	35.00	
43.00	04300	NURSERY	0	260,424	0	564	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,172	1,966,173	0	19,803	50.00	
51.00	05100	RECOVERY ROOM	0	256,832	0	2,257	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	919,361	0	3,260	52.00	
53.00	05300	ANESTHESIOLOGY	0	39,202	0	1,203	53.00	
53.01	05301	ASC ANESTHESIOLOGY	16,988	41,288	0	515	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	400,216	0	13,779	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	112,375	0	2,042	56.00	
59.00	05900	CARDIAC CATHETERIZATION	0	753,728	0	11,386	59.00	
60.00	06000	LABORATORY	0	750,640	0	14,957	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	39,014	0	538	63.00	
65.00	06500	RESPIRATORY THERAPY	868	66,963	0	1,976	65.00	
66.00	06600	PHYSICAL THERAPY	0	93,279	0	1,041	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	141,935	0	4,523	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	175	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,587	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,184	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	19,252	73.00	
74.00	07400	RENAL DIALYSIS	0	99,581	0	210	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
75.01	07501	ASC (NON-DISTINCT PART)	443	1,076	0	13,749	75.01	
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	8,178	19,876	0	17	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	04950	SLEEP CLINIC	35,539	86,375	0	1,132	90.01	
90.03	09002	ARNETT CANCER CARE CENTER	46,647	113,373	0	2,608	90.03	
90.04	09003	OUTPATIENT INFUSION CENTER	0	236,348	0	142	90.04	
91.00	09100	EMERGENCY	0	1,434,724	0	23,308	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01	
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	147,627	25,620,003	0	169,772	406,462	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	137,397	0	0	714	190.00
191.00	19100	RESEARCH	0	0	0	0	45	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,380,037	3,398,143	0	94,658	305,659	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	4,057	9,861	0	741	10,920	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	50,107	193.02
193.03	19303	HOSPICE	0	0	0	0	2	193.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADM I TTING	OTHER ADM I N I STRATI VE & GENERAL		
			MVBLE EQUI P - NONHOSP						
			2.01	2A	4.00	5.01	5.06		
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments		0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,531,721	29,165,404	0	265,171	773,909		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150173		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 4:31 pm	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT	4,850,967					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	51,168				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	76			8.00
9.00	00900	HOUSEKEEPING	49,291	30	0	260,290		9.00
10.00	01000	DIETARY	55,351	0	0	1,627	282,676	10.00
11.00	01100	CAFETERIA	183,984	0	0	5,409	0	11.00
13.00	01300	NURSING ADMINISTRATION	158,420	0	0	4,657	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	287,863	15	0	8,498	0	14.00
15.00	01500	PHARMACY	71,195	11	0	2,118	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,287	0	0	97	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	20,517	0	0	603	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,782,483	0	37	52,404	254,632	30.00
31.00	03100	INTENSIVE CARE UNIT	175,478	0	5	5,159	20,788	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	148,138	0	1	4,355	0	35.00
43.00	04300	NURSERY	64,371	0	0	1,892	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	485,291	40	6	14,361	0	50.00
51.00	05100	RECOVERY ROOM	63,483	0	0	1,866	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	227,246	0	6	6,681	7,256	52.00
53.00	05300	ANESTHESIOLOGY	9,690	0	0	285	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	581	0	1,354	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	98,925	0	4	2,908	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	27,777	0	0	817	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	186,305	0	3	5,477	0	59.00
60.00	06000	LABORATORY	185,542	0	0	5,455	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,643	0	0	284	0	63.00
65.00	06500	RESPIRATORY THERAPY	16,030	30	0	540	0	65.00
66.00	06600	PHYSICAL THERAPY	23,056	0	0	678	0	66.00
69.00	06900	ELECTROCARDIOLOGY	35,083	0	0	1,031	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	24,614	0	0	724	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	15	0	35	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	280	0	652	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	1,216	0	2,832	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	1,596	0	3,718	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	58,420	0	1	1,718	0	90.04
91.00	09100	EMERGENCY	354,633	0	13	10,426	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,806,116	3,814	76	148,661	282,676	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,962	0	0	998	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,889	47,215	0	110,308	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	139	0	323	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150173			Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 4:31 pm	
Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		7.00	7.01	8.00	9.00	10.00		
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	4,850,967	51,168	76	260,290	282,676		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150173		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 4:31 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	937,761					11.00
13.00	01300	NURSING ADMINISTRATION	50,800	866,387				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,857	0	1,502,595			14.00
15.00	01500	PHARMACY	42,637	0	21,895	435,782		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	6,610	253	1	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	19,077	0	4	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	241,583	433,232	102,104	1,532	0	30.00
31.00	03100	INTENSIVE CARE UNIT	41,835	67,893	17,397	760	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	28,730	49,743	11,558	175	0	35.00
43.00	04300	NURSERY	112,515	16,176	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	68,375	69,589	74,349	880	0	50.00
51.00	05100	RECOVERY ROOM	9,144	17,771	1,167	24	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,982	53,920	7,576	28	0	52.00
53.00	05300	ANESTHESIOLOGY	2,687	405	12,059	795	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	2,025	115	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,229	1,696	11,935	84	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	4,304	0	726	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	37,123	32,377	54,700	329	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	32,946	2,557	13,528	0	0	65.00
66.00	06600	PHYSICAL THERAPY	13,143	0	127	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	27,992	10,252	1,353	44	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,732	0	82	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	369,043	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	655,664	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	428,037	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	299	27	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	26,386	880	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	295	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	1,624	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	14,645	15,492	7,859	1,449	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	484	962	318	19	0	90.04
91.00	09100	EMERGENCY	84,918	90,373	43,090	435	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	936,348	862,691	1,437,164	435,613	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,082	0	0	0	0	190.00
191.00	19100	RESEARCH	331	0	12	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,696	65,112	162	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	306	7	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	1	0	0	194.00
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150173			Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 4:31 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	937,761	866,387	1,502,595	435,782		0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PATIENT TRANSPORT SERVICES				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00570	ADMINISTRATIVE					5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL					7.01
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	24,446				17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	124,961			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	22,020	60,887	10,240,853	0	10,240,853
31.00 03100	INTENSIVE CARE UNIT	1,798	7,717	1,058,763	0	1,058,763
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	1,649	851,827	0	851,827
43.00 04300	NURSERY	0	0	458,372	0	458,372
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	9,340	2,727,023	0	2,727,023
51.00 05100	RECOVERY ROOM	0	419	355,332	0	355,332
52.00 05200	DELIVERY ROOM & LABOR ROOM	628	10,123	1,283,916	0	1,283,916
53.00 05300	ANESTHESIOLOGY	0	0	66,954	0	66,954
53.01 05301	ASC ANESTHESIOLOGY	0	0	46,184	0	46,184
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	6,986	590,565	0	590,565
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	149,146	0	149,146
59.00 05900	CARDIAC CATHETERIZATION	0	5,086	1,096,034	0	1,096,034
60.00 06000	LABORATORY	0	0	977,225	0	977,225
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	51,080	0	51,080
65.00 06500	RESPIRATORY THERAPY	0	0	139,438	0	139,438
66.00 06600	PHYSICAL THERAPY	0	0	134,130	0	134,130
69.00 06900	ELECTROCARDIOLOGY	0	0	226,678	0	226,678
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	2,293	0	2,293
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	387,910	0	387,910
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	692,180	0	692,180
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	506,560	0	506,560
74.00 07400	RENAL DIALYSIS	0	0	126,568	0	126,568
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	0	0	50,955	0	50,955
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	22,110	0	22,110
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	SLEEP CLINIC	0	0	94,659	0	94,659
90.03 09002	ARNETT CANCER CARE CENTER	0	0	164,418	0	164,418
90.04 09003	OUTPATIENT INFUSION CENTER	0	1,019	300,114	0	300,114
91.00 09100	EMERGENCY	0	21,735	2,081,327	0	2,081,327
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	24,446	124,961	24,882,614	0	24,882,614
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	174,153	0	174,153
191.00 19100	RESEARCH	0	0	388	0	388
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,035,842	0	4,035,842
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
193.01 19301	RETAIL PHARMACY	0	0	22,297	0	22,297

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PATIENT TRANSPORT SERVICES				
	17.00	18.00	24.00	25.00	26.00	
193.02 19302 WHITE HOSPITAL	0	0	50,107	0	50,107	193.02
193.03 19303 HOSPICE	0	0	2	0	2	193.03
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	1	0	1	194.00
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	24,446	124,961	29,165,404	0	29,165,404	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)	
		1.00	1.01	1.02	2.00	2.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	403,685				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	266,531			1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	0	0	403,685		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				403,685	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				0	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00570	ADMITTING	3,513	3,133	3,513	3,513	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	12,234	204	12,234	12,234	5.06
7.00	00700	OPERATION OF PLANT	76,553	0	76,553	76,553	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	2,956	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,164	151	3,164	3,164	9.00
10.00	01000	DIETARY	3,553	0	3,553	3,553	10.00
11.00	01100	CAFETERIA	11,810	0	11,810	11,810	11.00
13.00	01300	NURSING ADMINISTRATION	10,169	0	10,169	10,169	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,478	77	18,478	18,478	14.00
15.00	01500	PHARMACY	4,570	55	4,570	4,570	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	211	0	211	211	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	1,317	0	1,317	1,317	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	114,418	0	114,418	114,418	30.00
31.00	03100	INTENSIVE CARE UNIT	11,264	0	11,264	11,264	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,509	0	9,509	9,509	35.00
43.00	04300	NURSERY	4,132	0	4,132	4,132	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,151	204	31,151	31,151	50.00
51.00	05100	RECOVERY ROOM	4,075	0	4,075	4,075	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,587	0	14,587	14,587	52.00
53.00	05300	ANESTHESIOLOGY	622	0	622	622	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	2,956	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,350	0	6,350	6,350	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,783	0	1,783	1,783	56.00
59.00	05900	CARDIAC CATHETERIZATION	11,959	0	11,959	11,959	59.00
60.00	06000	LABORATORY	11,910	0	11,910	11,910	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	619	0	619	619	63.00
65.00	06500	RESPIRATORY THERAPY	1,029	151	1,029	1,029	65.00
66.00	06600	PHYSICAL THERAPY	1,480	0	1,480	1,480	66.00
69.00	06900	ELECTROCARDIOLOGY	2,252	0	2,252	2,252	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,580	0	1,580	1,580	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	77	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,423	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	6,184	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	8,117	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	3,750	0	3,750	3,750	90.04
91.00	09100	EMERGENCY	22,764	0	22,764	22,764	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	400,806	25,688	400,806	400,806	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,180	0	2,180	2,180	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	699	240,137	699	699	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	706	0	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	193.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)		
		1.00	1.01	1.02	2.00	2.01		
193.03	19303	HOSPICE	0	0	0	0	0	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	7,030,018	2,191,023	12,463,804	5,948,838	1,531,721	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.414613	8.220518	30.875073	14.736336	5.746877	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			4.00	5.01	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	151,239,273					4.00
5.01	00570	ADMITTING	3,882,435	1,596,338,946				5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	5,807,872	0	-51,814,511	322,484,671		5.06
7.00	00700	OPERATION OF PLANT	946,562	0	0	10,890,120	311,385	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	299,253	0	0	4,116,491	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	31,759	0	8.00
9.00	00900	HOUSEKEEPING	2,292,266	0	0	3,935,616	3,164	9.00
10.00	01000	DIETARY	181,123	0	0	736,178	3,553	10.00
11.00	01100	CAFETERIA	614,642	0	0	1,679,105	11,810	11.00
13.00	01300	NURSING ADMINISTRATION	3,113,724	0	0	4,832,592	10,169	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	315,876	0	0	12,787,941	18,478	14.00
15.00	01500	PHARMACY	2,607,128	0	0	3,803,722	4,570	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	281,962	0	0	374,924	211	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	382,085	0	0	731,078	1,317	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,462,922	74,192,474	0	27,632,588	114,418	30.00
31.00	03100	INTENSIVE CARE UNIT	2,123,442	9,981,137	0	3,479,609	11,264	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,632,747	9,581,801	0	2,738,253	9,509	35.00
43.00	04300	NURSERY	576,579	3,398,400	0	1,012,408	4,132	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,713,198	119,293,544	0	7,840,178	31,151	50.00
51.00	05100	RECOVERY ROOM	542,111	13,595,817	0	987,245	4,075	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,476,324	19,639,331	0	2,853,686	14,587	52.00
53.00	05300	ANESTHESIOLOGY	79,685	7,248,060	0	261,824	622	53.00
53.01	05301	ASC ANESTHESIOLOGY	10,966	3,099,512	0	127,499	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,197,955	83,004,910	0	4,084,555	6,350	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	229,392	12,301,431	0	460,327	1,783	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,150,456	68,589,912	0	3,966,785	11,959	59.00
60.00	06000	LABORATORY	0	90,103,631	0	8,596,165	11,910	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,240,039	0	667,284	619	63.00
65.00	06500	RESPIRATORY THERAPY	1,436,813	11,902,570	0	2,028,356	1,029	65.00
66.00	06600	PHYSICAL THERAPY	759,588	6,274,039	0	1,168,973	1,480	66.00
69.00	06900	ELECTROCARDIOLOGY	1,171,370	27,248,062	0	1,860,564	2,252	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	86,066	1,051,991	0	126,566	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,630,647	0	5,949,957	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	67,372,996	0	10,555,057	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	115,975,599	0	24,696,319	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,262,948	0	463,870	1,580	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	2,237,852	82,827,312	0	3,672,564	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	246,622	103,235	0	412,516	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	384,023	6,816,473	0	616,612	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	773,155	15,713,127	0	1,532,543	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	32,180	856,266	0	284,495	3,750	90.04
91.00	09100	EMERGENCY	3,840,498	140,411,669	0	7,363,130	22,764	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	61,888,872	1,022,716,933	-51,814,511	169,359,454	308,506	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,290	0	0	297,537	2,180	190.00
191.00	19100	RESEARCH	14,737	0	0	18,868	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	88,712,978	569,158,430	0	127,380,078	699	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	583,396	4,463,583	0	4,549,936	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	20,878,069	0	193.02
193.03	19303	HOSPICE	0	0	0	729	0	193.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			4.00	5.01	5A.06	5.06	7.00	
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	48,173	0	0	194.00
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)	26,576,197	5,788,603		51,814,511	12,639,868	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.175723	0.003626		0.160673	40.592411	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	265,171		773,909	4,850,967	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000166		0.002400	15.578679	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800	260,238					8.00
9.00	00900	151	855,722	568,307			9.00
10.00	01000	0	0	3,553	35,410		10.00
11.00	01100	0	0	11,810	0	73,636	11.00
13.00	01300	0	0	10,169	0	3,989	13.00
14.00	01400	77	291	18,555	0	774	14.00
15.00	01500	55	0	4,624	0	3,348	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	211	0	519	17.00
18.00	01850	0	0	1,317	0	1,498	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	416,804	114,418	31,897	18,970	30.00
31.00	03100	0	52,830	11,264	2,604	3,285	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	0	11,286	9,509	0	2,256	35.00
43.00	04300	0	0	4,132	0	8,835	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	204	63,940	31,355	0	5,369	50.00
51.00	05100	0	2,870	4,075	0	718	51.00
52.00	05200	0	69,301	14,587	909	3,218	52.00
53.00	05300	0	0	622	0	211	53.00
53.01	05301	2,956	0	2,956	0	0	53.01
54.00	05400	0	47,822	6,350	0	3,473	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	1,783	0	338	56.00
59.00	05900	0	34,815	11,959	0	2,915	59.00
60.00	06000	0	0	11,910	0	0	60.00
63.00	06300	0	0	619	0	0	63.00
65.00	06500	151	0	1,180	0	2,587	65.00
66.00	06600	0	0	1,480	0	1,032	66.00
69.00	06900	0	0	2,252	0	2,198	69.00
70.00	07000	0	0	0	0	136	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	1,580	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	77	0	77	0	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	1,423	0	1,423	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	6,184	0	6,184	0	0	90.01
90.03	09002	8,117	0	8,117	0	1,150	90.03
90.04	09003	0	6,977	3,750	0	38	90.04
91.00	09100	0	148,786	22,764	0	6,668	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		19,395	855,722	324,585	35,410	73,525	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	2,180	0	85	190.00
191.00	19100	0	0	0	0	26	191.00
192.00	19200	240,137	0	240,836	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	706	0	706	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
194.00	07950	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.01	8.00	9.00	10.00	11.00	
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)	4,777,900	36,862	4,699,169	1,028,066	2,525,942	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	18.359732	0.043077	8.268716	29.033211	34.303085	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	51,168	76	260,290	282,676	937,761	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.196620	0.000089	0.458009	7.982943	12.735089	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	34,225					13.00
14.00	01400	0	23,629,383				14.00
15.00	01500	0	344,316	24,715,110			15.00
16.00	01600	0	0	0	1,596,338,946		16.00
17.00	01700	10	14	0	0	35,410	17.00
18.00	01850	0	56	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	17,114	1,605,669	86,871	74,192,474	31,897	30.00
31.00	03100	2,682	273,573	43,123	9,981,137	2,604	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	1,965	181,757	9,948	9,581,801	0	35.00
43.00	04300	639	0	0	3,398,400	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,749	1,169,200	49,936	119,293,544	0	50.00
51.00	05100	702	18,349	1,373	13,595,817	0	51.00
52.00	05200	2,130	119,131	1,604	19,639,331	909	52.00
53.00	05300	16	189,643	45,076	7,248,060	0	53.00
53.01	05301	0	31,838	6,513	3,099,512	0	53.01
54.00	05400	67	187,686	4,790	83,004,910	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	11,419	0	12,301,431	0	56.00
59.00	05900	1,279	860,198	18,673	68,589,912	0	59.00
60.00	06000	0	0	0	90,103,631	0	60.00
63.00	06300	0	0	0	3,240,039	0	63.00
65.00	06500	101	212,744	0	11,902,570	0	65.00
66.00	06600	0	1,991	0	6,274,039	0	66.00
69.00	06900	405	21,278	2,472	27,248,062	0	69.00
70.00	07000	0	1,296	0	1,051,991	0	70.00
71.00	07100	0	5,803,471	0	27,630,647	0	71.00
72.00	07200	0	10,310,763	0	67,372,996	0	72.00
73.00	07300	0	0	24,275,791	115,975,599	0	73.00
74.00	07400	0	4,708	1,516	1,262,948	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	414,939	49,915	82,827,312	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	4,636	0	103,235	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	25,538	0	6,816,473	0	90.01
90.03	09002	612	123,587	82,164	15,713,127	0	90.03
90.04	09003	38	5,007	1,089	856,266	0	90.04
91.00	09100	3,570	677,629	24,667	140,411,669	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		34,079	22,600,436	24,705,521	1,022,716,933	35,410	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	187	0	0	0	191.00
192.00	19200	146	1,023,931	9,213	569,158,430	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	4,813	376	4,463,583	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
194.00	07950	MARKETING/PUBLIC RELATIONS	0	16	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,242,763	15,774,089	4,984,328	0	465,110	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	182.403594	0.667562	0.201671	0.000000	13.134990	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	866,387	1,502,595	435,782	0	24,446	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	25.314449	0.063590	0.017632	0.000000	0.690370	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		OTHER GENERAL SERVICE	PATIENT TRANSPORT SERVICES (POUNDS)	18.00
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP		1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570	ADMITTING		5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORT SERVICES	855,431	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	416,804	30.00
31.00	03100	INTENSIVE CARE UNIT	52,830	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,286	35.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	63,940	50.00
51.00	05100	RECOVERY ROOM	2,870	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	69,301	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,822	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	34,815	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
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	04950	SLEEP CLINIC	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	6,977	90.04
91.00	09100	EMERGENCY	148,786	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	93.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	855,431	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
193.01	19301	RETAIL PHARMACY	0	193.01
193.02	19302	WHITE HOSPITAL	0	193.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description			OTHER GENERAL SERVICE	
			PATIENT TRANSPORT SERVICES (POUNDS)	
			18.00	
193.03	19303	HOSPICE	0	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	0	194.00
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)	964,315	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.127286	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	124,961	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.146080	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/25/2016 4:31 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	44,357,630		44,357,630	0	44,357,630	30.00
31.00	03100 INTENSIVE CARE UNIT	5,553,913		5,553,913	0	5,553,913	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301 BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,215,196		4,215,196	0	4,215,196	35.00
43.00	04300 NURSERY	1,796,593		1,796,593	0	1,796,593	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	12,178,405		12,178,405	0	12,178,405	50.00
51.00	05100 RECOVERY ROOM	1,513,540		1,513,540	0	1,513,540	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,723,128		4,723,128	0	4,723,128	52.00
53.00	05300 ANESTHESIOLOGY	480,128		480,128	0	480,128	53.00
53.01	05301 ASC ANESTHESIOLOGY	249,265		249,265	0	249,265	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,364,684		5,364,684	0	5,364,684	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	640,625		640,625	0	640,625	56.00
59.00	05900 CARDIAC CATHETERIZATION	6,140,505		6,140,505	0	6,140,505	59.00
60.00	06000 LABORATORY	10,559,273		10,559,273	0	10,559,273	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	804,744		804,744	0	804,744	63.00
65.00	06500 RESPIRATORY THERAPY	2,657,742	0	2,657,742	0	2,657,742	65.00
66.00	06600 PHYSICAL THERAPY	1,465,840	0	1,465,840	0	1,465,840	66.00
69.00	06900 ELECTROCARDIOLOGY	2,433,515		2,433,515	0	2,433,515	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	152,432		152,432	0	152,432	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,780,131		10,780,131	0	10,780,131	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19,134,057		19,134,057	0	19,134,057	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	33,560,080		33,560,080	0	33,560,080	73.00
74.00	07400 RENAL DIALYSIS	619,051		619,051	0	619,051	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	4,551,761		4,551,761	0	4,551,761	75.01
76.00	03950 CARDIAC CATHETERIZATION	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	519,783		519,783	0	519,783	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	04950 SLEEP CLINIC	897,404		897,404	0	897,404	90.01
90.03	09002 ARNETT CANCER CARE CENTER	2,245,076		2,245,076	0	2,245,076	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	533,399		533,399	0	533,399	90.04
91.00	09100 EMERGENCY	11,169,842		11,169,842	0	11,169,842	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,943,901		7,943,901	0	7,943,901	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0		0	0	0	93.00
200.00	Subtotal (see instructions)	197,241,643	0	197,241,643	0	197,241,643	200.00
201.00	Less Observation Beds	7,943,901		7,943,901	0	7,943,901	201.00
202.00	Total (see instructions)	189,297,742	0	189,297,742	0	189,297,742	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 4:31 pm
		Title XVIIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	74,192,474		74,192,474			30.00
31.00 03100 INTENSIVE CARE UNIT	9,981,137		9,981,137			31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0		0			33.00
33.01 03301 BURN INTENSIVE CARE UNIT	0		0			33.01
35.00 02060 NEONATAL INTENSIVE CARE UNIT	9,581,801		9,581,801			35.00
43.00 04300 NURSERY	3,398,400		3,398,400			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	68,451,993	50,841,551	119,293,544	0.102088	0.000000	50.00
51.00 05100 RECOVERY ROOM	4,241,818	9,353,999	13,595,817	0.111324	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	18,091,245	1,548,086	19,639,331	0.240493	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	3,263,783	3,984,278	7,248,061	0.066242	0.000000	53.00
53.01 05301 ASC ANESTHESIOLOGY	4,927	3,094,585	3,099,512	0.080421	0.000000	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	27,836,898	55,168,012	83,004,910	0.064631	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00 05600 RADIOISOTOPE	3,316,392	8,985,039	12,301,431	0.052077	0.000000	56.00
59.00 05900 CARDIAC CATHETERIZATION	47,633,429	20,956,483	68,589,912	0.089525	0.000000	59.00
60.00 06000 LABORATORY	37,166,892	52,936,739	90,103,631	0.117190	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,500,372	739,667	3,240,039	0.248375	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	10,414,922	1,487,648	11,902,570	0.223291	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	5,740,968	533,072	6,274,040	0.233636	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	13,119,627	14,128,435	27,248,062	0.089310	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	649,368	402,623	1,051,991	0.144899	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,804,972	15,825,675	27,630,647	0.390151	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	39,656,773	27,716,223	67,372,996	0.284002	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	47,186,998	68,788,601	115,975,599	0.289372	0.000000	73.00
74.00 07400 RENAL DIALYSIS	1,010,186	252,762	1,262,948	0.490163	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01 07501 ASC (NON-DISTINCT PART)	8,108,764	74,718,549	82,827,313	0.054955	0.000000	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	76,668	26,244	102,912	5.050752	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0.000000	0.000000	90.00
90.01 04950 SLEEP CLINIC	0	6,816,473	6,816,473	0.131652	0.000000	90.01
90.03 09002 ARNETT CANCER CARE CENTER	83,890	15,629,237	15,713,127	0.142879	0.000000	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	7,999	848,267	856,266	0.622936	0.000000	90.04
91.00 09100 EMERGENCY	26,101,579	114,310,090	140,411,669	0.079551	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,590,473	10,499,852	13,090,325	0.606853	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000	93.00
200.00	Subtotal (see instructions)	476,214,748	559,592,190	1,035,806,938		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	476,214,748	559,592,190	1,035,806,938		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 4:31 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
33.01	03301 BURN INTENSIVE CARE UNIT			33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.102088		50.00
51.00	05100 RECOVERY ROOM	0.111324		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.240493		52.00
53.00	05300 ANESTHESIOLOGY	0.066242		53.00
53.01	05301 ASC ANESTHESIOLOGY	0.080421		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.064631		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.052077		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.089525		59.00
60.00	06000 LABORATORY	0.117190		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.248375		63.00
65.00	06500 RESPIRATORY THERAPY	0.223291		65.00
66.00	06600 PHYSICAL THERAPY	0.233636		66.00
69.00	06900 ELECTROCARDIOLOGY	0.089310		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.144899		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.390151		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.284002		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.289372		73.00
74.00	07400 RENAL DIALYSIS	0.490163		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.054955		75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	5.050752		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 SLEEP CLINIC	0.131652		90.01
90.03	09002 ARNETT CANCER CARE CENTER	0.142879		90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.622936		90.04
91.00	09100 EMERGENCY	0.079551		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.606853		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000		93.00
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: 150173		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/25/2016 4:31 pm	
		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		44,357,630	0	44,357,630	30.00	
31.00	03100 INTENSIVE CARE UNIT		5,553,913	0	5,553,913	31.00	
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00	
33.01	03301 BURN INTENSIVE CARE UNIT		0	0	0	33.01	
35.00	02060 NEONATAL INTENSIVE CARE UNIT		4,215,196	0	4,215,196	35.00	
43.00	04300 NURSERY		1,796,593	0	1,796,593	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		12,178,405	0	12,178,405	50.00	
51.00	05100 RECOVERY ROOM		1,513,540	0	1,513,540	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,723,128	0	4,723,128	52.00	
53.00	05300 ANESTHESIOLOGY		480,128	0	480,128	53.00	
53.01	05301 ASC ANESTHESIOLOGY		249,265	0	249,265	53.01	
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,364,684	0	5,364,684	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIOISOTOPE		640,625	0	640,625	56.00	
59.00	05900 CARDIAC CATHETERIZATION		6,140,505	0	6,140,505	59.00	
60.00	06000 LABORATORY		10,559,273	0	10,559,273	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		804,744	0	804,744	63.00	
65.00	06500 RESPIRATORY THERAPY	0	2,657,742	0	2,657,742	65.00	
66.00	06600 PHYSICAL THERAPY	0	1,465,840	0	1,465,840	66.00	
69.00	06900 ELECTROCARDIOLOGY		2,433,515	0	2,433,515	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		152,432	0	152,432	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		10,780,131	0	10,780,131	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		19,134,057	0	19,134,057	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		33,560,080	0	33,560,080	73.00	
74.00	07400 RENAL DIALYSIS		619,051	0	619,051	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00	
75.01	07501 ASC (NON-DISTINCT PART)		4,551,761	0	4,551,761	75.01	
76.00	03950 CARDIAC CATHETERIZATION		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		519,783	0	519,783	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.01	04950 SLEEP CLINIC		897,404	0	897,404	90.01	
90.03	09002 ARNETT CANCER CARE CENTER		2,245,076	0	2,245,076	90.03	
90.04	09003 OUTPATIENT INFUSION CENTER		533,399	0	533,399	90.04	
91.00	09100 EMERGENCY		11,169,842	0	11,169,842	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		7,943,901	0	7,943,901	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01	
93.00	04951 OTHER OUTPATIENT SERVICES		0	0	0	93.00	
200.00	Subtotal (see instructions)		197,241,643	0	197,241,643	200.00	
201.00	Less Observation Beds		7,943,901	0	7,943,901	201.00	
202.00	Total (see instructions)		189,297,742	0	189,297,742	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150173		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/25/2016 4:31 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	74,192,474		74,192,474			30.00
31.00	03100	INTENSIVE CARE UNIT	9,981,137		9,981,137			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0			33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,581,801		9,581,801			35.00
43.00	04300	NURSERY	3,398,400		3,398,400			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	68,451,993	50,841,551	119,293,544	0.102088	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,241,818	9,353,999	13,595,817	0.111324	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,091,245	1,548,086	19,639,331	0.240493	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,263,783	3,984,278	7,248,061	0.066242	0.000000	53.00
53.01	05301	ASC ANESTHESIOLOGY	4,927	3,094,585	3,099,512	0.080421	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,836,898	55,168,012	83,004,910	0.064631	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	3,316,392	8,985,039	12,301,431	0.052077	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	47,633,429	20,956,483	68,589,912	0.089525	0.000000	59.00
60.00	06000	LABORATORY	37,166,892	52,936,739	90,103,631	0.117190	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,500,372	739,667	3,240,039	0.248375	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	10,414,922	1,487,648	11,902,570	0.223291	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,740,968	533,072	6,274,040	0.233636	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	13,119,627	14,128,435	27,248,062	0.089310	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	649,368	402,623	1,051,991	0.144899	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,804,972	15,825,675	27,630,647	0.390151	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,656,773	27,716,223	67,372,996	0.284002	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,186,998	68,788,601	115,975,599	0.289372	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,010,186	252,762	1,262,948	0.490163	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	8,108,764	74,718,549	82,827,313	0.054955	0.000000	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	76,668	26,244	102,912	5.050752	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	6,816,473	6,816,473	0.131652	0.000000	90.01
90.03	09002	ARNETT CANCER CARE CENTER	83,890	15,629,237	15,713,127	0.142879	0.000000	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	7,999	848,267	856,266	0.622936	0.000000	90.04
91.00	09100	EMERGENCY	26,101,579	114,310,090	140,411,669	0.079551	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,590,473	10,499,852	13,090,325	0.606853	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000	93.00
200.00		Subtotal (see instructions)	476,214,748	559,592,190	1,035,806,938			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	476,214,748	559,592,190	1,035,806,938			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 4:31 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
33.01	03301 BURN INTENSIVE CARE UNIT			33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.102088		50.00
51.00	05100 RECOVERY ROOM	0.111324		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.240493		52.00
53.00	05300 ANESTHESIOLOGY	0.066242		53.00
53.01	05301 ASC ANESTHESIOLOGY	0.080421		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.064631		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.052077		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.089525		59.00
60.00	06000 LABORATORY	0.117190		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.248375		63.00
65.00	06500 RESPIRATORY THERAPY	0.223291		65.00
66.00	06600 PHYSICAL THERAPY	0.233636		66.00
69.00	06900 ELECTROCARDIOLOGY	0.089310		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.144899		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.390151		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.284002		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.289372		73.00
74.00	07400 RENAL DIALYSIS	0.490163		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.054955		75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	5.050752		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 SLEEP CLINIC	0.131652		90.01
90.03	09002 ARNETT CANCER CARE CENTER	0.142879		90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.622936		90.04
91.00	09100 EMERGENCY	0.079551		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.606853		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000		93.00
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: 150173

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

Worksheet C Part II Date/Time Prepared: 5/25/2016 4:31 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
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,178,405	2,727,023	9,451,382	0	0
51.00	05100	RECOVERY ROOM	1,513,540	355,332	1,158,208	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,723,128	1,283,916	3,439,212	0	0
53.00	05300	ANESTHESIOLOGY	480,128	66,954	413,174	0	0
53.01	05301	ASC ANESTHESIOLOGY	249,265	46,184	203,081	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,364,684	590,565	4,774,119	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	640,625	149,146	491,479	0	0
59.00	05900	CARDIAC CATHETERIZATION	6,140,505	1,096,034	5,044,471	0	0
60.00	06000	LABORATORY	10,559,273	977,225	9,582,048	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	804,744	51,080	753,664	0	0
65.00	06500	RESPIRATORY THERAPY	2,657,742	139,438	2,518,304	0	0
66.00	06600	PHYSICAL THERAPY	1,465,840	134,130	1,331,710	0	0
69.00	06900	ELECTROCARDIOLOGY	2,433,515	226,678	2,206,837	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	152,432	2,293	150,139	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,780,131	387,910	10,392,221	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,134,057	692,180	18,441,877	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	33,560,080	506,560	33,053,520	0	0
74.00	07400	RENAL DIALYSIS	619,051	126,568	492,483	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	4,551,761	50,955	4,500,806	0	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	519,783	22,110	497,673	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	897,404	94,659	802,745	0	0
90.03	09002	ARNETT CANCER CARE CENTER	2,245,076	164,418	2,080,658	0	0
90.04	09003	OUTPATIENT INFUSION CENTER	533,399	300,114	233,285	0	0
91.00	09100	EMERGENCY	11,169,842	2,081,327	9,088,515	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,943,901	1,834,008	6,109,893	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
200.00		Subtotal (sum of lines 50 thru 199)	141,318,311	14,106,807	127,211,504	0	0
201.00		Less Observation Beds	7,943,901	1,834,008	6,109,893	0	0
202.00		Total (line 200 minus line 201)	133,374,410	12,272,799	121,101,611	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part II Date/Time Prepared: 5/25/2016 4:31 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	12,178,405	119,293,544	0.102088	50.00
51.00 05100	RECOVERY ROOM	1,513,540	13,595,817	0.111324	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,723,128	19,639,331	0.240493	52.00
53.00 05300	ANESTHESIOLOGY	480,128	7,248,061	0.066242	53.00
53.01 05301	ASC ANESTHESIOLOGY	249,265	3,099,512	0.080421	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,364,684	83,004,910	0.064631	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	55.00
56.00 05600	RADIOISOTOPE	640,625	12,301,431	0.052077	56.00
59.00 05900	CARDIAC CATHETERIZATION	6,140,505	68,589,912	0.089525	59.00
60.00 06000	LABORATORY	10,559,273	90,103,631	0.117190	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	804,744	3,240,039	0.248375	63.00
65.00 06500	RESPIRATORY THERAPY	2,657,742	11,902,570	0.223291	65.00
66.00 06600	PHYSICAL THERAPY	1,465,840	6,274,040	0.233636	66.00
69.00 06900	ELECTROCARDIOLOGY	2,433,515	27,248,062	0.089310	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	152,432	1,051,991	0.144899	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,780,131	27,630,647	0.390151	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	19,134,057	67,372,996	0.284002	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	33,560,080	115,975,599	0.289372	73.00
74.00 07400	RENAL DIALYSIS	619,051	1,262,948	0.490163	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
75.01 07501	ASC (NON-DISTINCT PART)	4,551,761	82,827,313	0.054955	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0.000000	76.00
76.97 07697	CARDIAC REHABILITATION	519,783	102,912	5.050752	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0.000000	90.00
90.01 04950	SLEEP CLINIC	897,404	6,816,473	0.131652	90.01
90.03 09002	ARNETT CANCER CARE CENTER	2,245,076	15,713,127	0.142879	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	533,399	856,266	0.622936	90.04
91.00 09100	EMERGENCY	11,169,842	140,411,669	0.079551	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,943,901	13,090,325	0.606853	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	93.00
200.00	Subtotal (sum of lines 50 thru 199)	141,318,311	938,653,126		200.00
201.00	Less Observation Beds	7,943,901	0		201.00
202.00	Total (line 200 minus line 201)	133,374,410	938,653,126		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/25/2016 4:31 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,240,853	0	10,240,853	38,713	264.53	30.00
31.00	INTENSIVE CARE UNIT	1,058,763		1,058,763	2,604	406.59	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
35.00	NEONATAL INTENSIVE CARE UNIT	851,827		851,827	2,522	337.76	35.00
43.00	NURSERY	458,372		458,372	2,765	165.78	43.00
200.00	Total (Lines 30-199)	12,609,815		12,609,815	46,604		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	14,374	3,802,354				
31.00	INTENSIVE CARE UNIT	1,521	618,423				
33.00	BURN INTENSIVE CARE UNIT	0	0				
33.01	BURN INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	15,895	4,420,777				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/25/2016 4:31 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,727,023	119,293,544	0.022860	21,403,566	489,286	50.00
51.00	05100	RECOVERY ROOM	355,332	13,595,817	0.026135	1,822,515	47,631	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,283,916	19,639,331	0.065375	127,749	8,352	52.00
53.00	05300	ANESTHESIOLOGY	66,954	7,248,061	0.009238	1,371,060	12,666	53.00
53.01	05301	ASC ANESTHESIOLOGY	46,184	3,099,512	0.014900	742	11	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	590,565	83,004,910	0.007115	12,089,780	86,019	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	149,146	12,301,431	0.012124	647,961	7,856	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,096,034	68,589,912	0.015980	13,586,864	217,118	59.00
60.00	06000	LABORATORY	977,225	90,103,631	0.010846	16,753,651	181,710	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,080	3,240,039	0.015765	1,386,434	21,857	63.00
65.00	06500	RESPIRATORY THERAPY	139,438	11,902,570	0.011715	5,005,756	58,642	65.00
66.00	06600	PHYSICAL THERAPY	134,130	6,274,040	0.021379	3,199,182	68,395	66.00
69.00	06900	ELECTROCARDIOLOGY	226,678	27,248,062	0.008319	6,959,521	57,896	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,293	1,051,991	0.002180	302,556	660	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	387,910	27,630,647	0.014039	5,196,912	72,959	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	692,180	67,372,996	0.010274	17,427,465	179,050	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	506,560	115,975,599	0.004368	21,442,243	93,660	73.00
74.00	07400	RENAL DIALYSIS	126,568	1,262,948	0.0100216	723,259	72,482	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	50,955	82,827,313	0.000615	28,845	18	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	22,110	102,912	0.0214844	29,930	6,430	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	SLEEP CLINIC	94,659	6,816,473	0.013887	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	164,418	15,713,127	0.010464	71,418	747	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	300,114	856,266	0.350492	6,048	2,120	90.04
91.00	09100	EMERGENCY	2,081,327	140,411,669	0.014823	13,189,675	195,511	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,834,008	13,090,325	0.140104	1,207,435	169,166	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00		Total (lines 50-199)	14,106,807	938,653,126		143,980,567	2,050,242	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/25/2016 4:31 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	38,713	0.00	14,374	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,604	0.00	1,521	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,522	0.00	0	0	35.00
43.00	04300	NURSERY	2,765	0.00	0	0	43.00
200.00		Total (lines 30-199)	46,604		15,895	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 4:31 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	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
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	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
90.01	04950	SLEEP CLINIC	0	0	0	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	0	0	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	0	0	0	90.04
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
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: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 4:31 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)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	119,293,544	0.000000	0.000000	21,403,566	50.00
51.00	05100	RECOVERY ROOM	0	13,595,817	0.000000	0.000000	1,822,515	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,639,331	0.000000	0.000000	127,749	52.00
53.00	05300	ANESTHESIOLOGY	0	7,248,061	0.000000	0.000000	1,371,060	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	3,099,512	0.000000	0.000000	742	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	83,004,910	0.000000	0.000000	12,089,780	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	12,301,431	0.000000	0.000000	647,961	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	68,589,912	0.000000	0.000000	13,586,864	59.00
60.00	06000	LABORATORY	0	90,103,631	0.000000	0.000000	16,753,651	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,240,039	0.000000	0.000000	1,386,434	63.00
65.00	06500	RESPIRATORY THERAPY	0	11,902,570	0.000000	0.000000	5,005,756	65.00
66.00	06600	PHYSICAL THERAPY	0	6,274,040	0.000000	0.000000	3,199,182	66.00
69.00	06900	ELECTROCARDIOLOGY	0	27,248,062	0.000000	0.000000	6,959,521	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,051,991	0.000000	0.000000	302,556	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,630,647	0.000000	0.000000	5,196,912	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	67,372,996	0.000000	0.000000	17,427,465	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	115,975,599	0.000000	0.000000	21,442,243	73.00
74.00	07400	RENAL DIALYSIS	0	1,262,948	0.000000	0.000000	723,259	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	82,827,313	0.000000	0.000000	28,845	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	102,912	0.000000	0.000000	29,930	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0	6,816,473	0.000000	0.000000	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	15,713,127	0.000000	0.000000	71,418	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	856,266	0.000000	0.000000	6,048	90.04
91.00	09100	EMERGENCY	0	140,411,669	0.000000	0.000000	13,189,675	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,090,325	0.000000	0.000000	1,207,435	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0.000000	0	93.00
200.00		Total (lines 50-199)	0	938,653,126			143,980,567	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 4:31 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 VIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	18,870,235	0	50.00
51.00	05100 RECOVERY ROOM	0	2,291,514	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	14,550	0	52.00
53.00	05300 ANESTHESIOLOGY	0	982,858	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0	689,901	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,563,225	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	4,193,178	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	12,158,759	0	59.00
60.00	06000 LABORATORY	0	7,472,421	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	290,543	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	533,609	0	65.00
66.00	06600 PHYSICAL THERAPY	0	2,073	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	7,653,257	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	80,846	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,138,344	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,445,666	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	21,392,110	0	73.00
74.00	07400 RENAL DIALYSIS	0	75,422	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0	17,023,651	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0	1,898,546	0	90.01
90.03	09002 ARNETT CANCER CARE CENTER	0	8,389,460	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0	336,905	0	90.04
91.00	09100 EMERGENCY	0	21,065,022	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,993,006	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0	93.00
200.00	Total (lines 50-199)	0	157,555,101	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 4:31 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.102088	18,870,235	0	0	1,926,425	50.00
51.00	05100 RECOVERY ROOM	0.111324	2,291,514	0	0	255,101	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.240493	14,550	0	0	3,499	52.00
53.00	05300 ANESTHESIOLOGY	0.066242	982,858	0	0	65,106	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.080421	689,901	0	0	55,483	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.064631	13,563,225	0	0	876,605	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.052077	4,193,178	0	0	218,368	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.089525	12,158,759	0	0	1,088,513	59.00
60.00	06000 LABORATORY	0.117190	7,472,421	49,796	0	875,693	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.248375	290,543	0	0	72,164	63.00
65.00	06500 RESPIRATORY THERAPY	0.223291	533,609	0	0	119,150	65.00
66.00	06600 PHYSICAL THERAPY	0.233636	2,073	0	0	484	66.00
69.00	06900 ELECTROCARDIOLOGY	0.089310	7,653,257	0	0	683,512	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.144899	80,846	0	0	11,715	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.390151	5,138,344	0	0	2,004,730	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.284002	9,445,666	0	0	2,682,588	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.289372	21,392,110	0	91,248	6,190,278	73.00
74.00	07400 RENAL DIALYSIS	0.490163	75,422	0	0	36,969	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.054955	17,023,651	0	0	935,535	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	5.050752	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.131652	1,898,546	0	0	249,947	90.01
90.03	09002 ARNETT CANCER CARE CENTER	0.142879	8,389,460	0	0	1,198,678	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.622936	336,905	0	0	209,870	90.04
91.00	09100 EMERGENCY	0.079551	21,065,022	0	0	1,675,744	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.606853	3,993,006	0	0	2,423,168	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Subtotal (see instructions)		157,555,101	49,796	91,248	23,859,325	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)		157,555,101	49,796	91,248	23,859,325	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 4:31 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	5,836	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
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	26,405		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0		75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 04950 SLEEP CLINIC	0	0		90.01
90.03 09002 ARNETT CANCER CARE CENTER	0	0		90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0		93.00
200.00 Subtotal (see instructions)	5,836	26,405		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	5,836	26,405		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/25/2016 4:31 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	10,240,853	0	10,240,853	38,713	264.53	30.00
31.00	INTENSIVE CARE UNIT	1,058,763		1,058,763	2,604	406.59	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
35.00	NEONATAL INTENSIVE CARE UNIT	851,827		851,827	2,522	337.76	35.00
43.00	NURSERY	458,372		458,372	2,765	165.78	43.00
200.00	Total (Lines 30-199)	12,609,815		12,609,815	46,604		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	1,025	271,143				
31.00	INTENSIVE CARE UNIT	7	2,846				
33.00	BURN INTENSIVE CARE UNIT	0	0				
33.01	BURN INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	386	130,375				
43.00	NURSERY	1,291	214,022				
200.00	Total (Lines 30-199)	2,709	618,386				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/25/2016 4:31 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,727,023	119,293,544	0.022860	666,810	15,243	50.00
51.00	05100	RECOVERY ROOM	355,332	13,595,817	0.026135	70,751	1,849	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,283,916	19,639,331	0.065375	430,217	28,125	52.00
53.00	05300	ANESTHESIOLOGY	66,954	7,248,061	0.009238	42,725	395	53.00
53.01	05301	ASC ANESTHESIOLOGY	46,184	3,099,512	0.014900	969	14	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	590,565	83,004,910	0.007115	587,375	4,179	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	149,146	12,301,431	0.012124	36,118	438	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,096,034	68,589,912	0.015980	636,920	10,178	59.00
60.00	06000	LABORATORY	977,225	90,103,631	0.010846	1,043,487	11,318	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,080	3,240,039	0.015765	38,999	615	63.00
65.00	06500	RESPIRATORY THERAPY	139,438	11,902,570	0.011715	360,290	4,221	65.00
66.00	06600	PHYSICAL THERAPY	134,130	6,274,040	0.021379	99,076	2,118	66.00
69.00	06900	ELECTROCARDIOLOGY	226,678	27,248,062	0.008319	300,595	2,501	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,293	1,051,991	0.002180	22,121	48	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	387,910	27,630,647	0.014039	166,741	2,341	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	692,180	67,372,996	0.010274	635,419	6,528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	506,560	115,975,599	0.004368	1,153,266	5,037	73.00
74.00	07400	RENAL DIALYSIS	126,568	1,262,948	0.100216	6,705	672	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	50,955	82,827,313	0.000615	25,869	16	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	22,110	102,912	0.214844	1,215	261	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	SLEEP CLINIC	94,659	6,816,473	0.013887	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	164,418	15,713,127	0.010464	3,281	34	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	300,114	856,266	0.350492	0	0	90.04
91.00	09100	EMERGENCY	2,081,327	140,411,669	0.014823	639,100	9,473	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,834,008	13,090,325	0.140104	77,278	10,827	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00		Total (lines 50-199)	14,106,807	938,653,126		7,045,327	116,431	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/25/2016 4:31 pm
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Cost Center Description			Title XIX				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
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	38,713	0.00	1,025	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,604	0.00	7	0		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,522	0.00	386	0		35.00
43.00	04300	NURSERY	2,765	0.00	1,291	0		43.00
200.00		Total (lines 30-199)	46,604		2,709	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150173

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description		Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	0	0	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	0	0	0	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 4:31 pm
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Cost Center Description		Title XIX			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	119,293,544	0.000000	0.000000	666,810	50.00
51.00	05100	RECOVERY ROOM	0	13,595,817	0.000000	0.000000	70,751	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,639,331	0.000000	0.000000	430,217	52.00
53.00	05300	ANESTHESIOLOGY	0	7,248,061	0.000000	0.000000	42,725	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	3,099,512	0.000000	0.000000	969	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	83,004,910	0.000000	0.000000	587,375	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	12,301,431	0.000000	0.000000	36,118	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	68,589,912	0.000000	0.000000	636,920	59.00
60.00	06000	LABORATORY	0	90,103,631	0.000000	0.000000	1,043,487	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,240,039	0.000000	0.000000	38,999	63.00
65.00	06500	RESPIRATORY THERAPY	0	11,902,570	0.000000	0.000000	360,290	65.00
66.00	06600	PHYSICAL THERAPY	0	6,274,040	0.000000	0.000000	99,076	66.00
69.00	06900	ELECTROCARDIOLOGY	0	27,248,062	0.000000	0.000000	300,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,051,991	0.000000	0.000000	22,121	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,630,647	0.000000	0.000000	166,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	67,372,996	0.000000	0.000000	635,419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	115,975,599	0.000000	0.000000	1,153,266	73.00
74.00	07400	RENAL DIALYSIS	0	1,262,948	0.000000	0.000000	6,705	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	82,827,313	0.000000	0.000000	25,869	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	102,912	0.000000	0.000000	1,215	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0	6,816,473	0.000000	0.000000	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	15,713,127	0.000000	0.000000	3,281	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	856,266	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	140,411,669	0.000000	0.000000	639,100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,090,325	0.000000	0.000000	77,278	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0.000000	0	93.00
200.00		Total (lines 50-199)	0	938,653,126			7,045,327	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 4:31 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)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
53.01	05301 ASC ANESTHESIOLOGY	0	0	0		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
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
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	07501 ASC (NON-DISTINCT PART)	0	0	0		75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 SLEEP CLINIC	0	0	0		90.01
90.03	09002 ARNETT CANCER CARE CENTER	0	0	0		90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0	0	0		90.04
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0		93.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 4:31 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.102088	0	1,190,825	0	0	50.00
51.00	05100	RECOVERY ROOM	0.111324	0	184,427	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.240493	0	69,273	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.066242	0	63,129	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.080421	0	47,698	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.064631	0	1,668,075	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.052077	0	193,628	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.089525	0	489,884	0	0	59.00
60.00	06000	LABORATORY	0.117190	0	1,624,941	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.248375	0	12,427	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.223291	0	35,245	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.233636	0	14,119	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.089310	0	249,393	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.144899	0	13,323	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.390151	0	267,297	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.284002	0	485,970	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289372	0	1,194,852	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.490163	0	2,415	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.054955	0	1,094,691	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5.050752	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0.131652	0	172,984	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.142879	0	458,834	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.622936	0	8,922	0	0	90.04
91.00	09100	EMERGENCY	0.079551	0	4,343,333	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.606853	0	325,767	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00		Subtotal (see instructions)		0	14,211,452	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	14,211,452	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 4:31 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	121,569	0	50.00
51.00	05100 RECOVERY ROOM	20,531	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	16,660	0	52.00
53.00	05300 ANESTHESIOLOGY	4,182	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	3,836	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	107,809	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	10,084	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	43,857	0	59.00
60.00	06000 LABORATORY	190,427	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,087	0	63.00
65.00	06500 RESPIRATORY THERAPY	7,870	0	65.00
66.00	06600 PHYSICAL THERAPY	3,299	0	66.00
69.00	06900 ELECTROCARDIOLOGY	22,273	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,930	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	104,286	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	138,016	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	345,757	0	73.00
74.00	07400 RENAL DIALYSIS	1,184	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	60,159	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 SLEEP CLINIC	22,774	0	90.01
90.03	09002 ARNETT CANCER CARE CENTER	65,558	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	5,558	0	90.04
91.00	09100 EMERGENCY	345,516	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	197,693	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	93.00
200.00	Subtotal (see instructions)	1,843,915	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)	1,843,915	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2016 4:31 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,713	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,713	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)		31,780	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)		14,374	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		44,357,630	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)		44,357,630	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		44,357,630	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,145.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,469,873	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)		16,469,873	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173		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	5,553,913	2,604	2,132.84	1,521	3,244,050	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,215,196	2,522	1,671.37	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,864,349	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					44,578,272	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)					4,420,777	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,050,242	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,471,019	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					38,107,253	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)					6,933	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,145.81	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,943,901	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 4:31 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	10,240,853	44,357,630	0.230870	7,943,901	1,834,008	90.00
91.00	Nursing School cost	0	44,357,630	0.000000	7,943,901	0	91.00
92.00	Allied health cost	0	44,357,630	0.000000	7,943,901	0	92.00
93.00	All other Medical Education	0	44,357,630	0.000000	7,943,901	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/25/2016 4:31 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,713	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,713	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)		31,780	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,025	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)		2,765	15.00
16.00	Nursery days (title V or XIX only)		1,291	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		44,357,630	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)		44,357,630	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		44,357,630	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,145.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,174,455	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,174,455	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,796,593	2,765	649.76	1,291	838,840	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,553,913	2,604	2,132.84	7	14,930	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,215,196	2,522	1,671.37	386	645,149	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,233,095	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,906,469	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)					618,386	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					116,431	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					734,817	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,171,652	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)					6,933	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,145.81	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,943,901	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150173

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

Worksheet D-1
Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Title XIX Hospital PPS		
				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	10,240,853	44,357,630	0.230870	7,943,901	1,834,008	90.00
91.00 Nursing School cost	0	44,357,630	0.000000	7,943,901	0	91.00
92.00 Allied health cost	0	44,357,630	0.000000	7,943,901	0	92.00
93.00 All other Medical Education	0	44,357,630	0.000000	7,943,901	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 4:31 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		34,951,770	30.00
31.00	03100	INTENSIVE CARE UNIT		4,255,995	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.102088	21,403,566	50.00
51.00	05100	RECOVERY ROOM	0.111324	1,822,515	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.240493	127,749	52.00
53.00	05300	ANESTHESIOLOGY	0.066242	1,371,060	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.080421	742	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.064631	12,089,780	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.052077	647,961	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.089525	13,586,864	59.00
60.00	06000	LABORATORY	0.117190	16,753,651	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.248375	1,386,434	63.00
65.00	06500	RESPIRATORY THERAPY	0.223291	5,005,756	65.00
66.00	06600	PHYSICAL THERAPY	0.233636	3,199,182	66.00
69.00	06900	ELECTROCARDIOLOGY	0.089310	6,959,521	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.144899	302,556	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.390151	5,196,912	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.284002	17,427,465	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289372	21,442,243	73.00
74.00	07400	RENAL DIALYSIS	0.490163	723,259	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.054955	28,845	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	5.050752	29,930	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0.131652	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.142879	71,418	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.622936	6,048	90.04
91.00	09100	EMERGENCY	0.079551	13,189,675	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.606853	1,207,435	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		143,980,567	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)		143,980,567	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 4:31 pm	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,287,714	30.00
31.00	03100	INTENSIVE CARE UNIT		143,000	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,244,167	35.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.102088	666,810	50.00
51.00	05100	RECOVERY ROOM	0.111324	70,751	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.240493	430,217	52.00
53.00	05300	ANESTHESIOLOGY	0.066242	42,725	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.080421	969	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.064631	587,375	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.052077	36,118	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.089525	636,920	59.00
60.00	06000	LABORATORY	0.117190	1,043,487	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.248375	38,999	63.00
65.00	06500	RESPIRATORY THERAPY	0.223291	360,290	65.00
66.00	06600	PHYSICAL THERAPY	0.233636	99,076	66.00
69.00	06900	ELECTROCARDIOLOGY	0.089310	300,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.144899	22,121	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.390151	166,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.284002	635,419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289372	1,153,266	73.00
74.00	07400	RENAL DIALYSIS	0.490163	6,705	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.054955	25,869	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	5.050752	1,215	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0.131652	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.142879	3,281	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.622936	0	90.04
91.00	09100	EMERGENCY	0.079551	639,100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.606853	77,278	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		7,045,327	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)		7,045,327	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 4:31 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		23,732,052	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,306,289	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,134,168	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)		171.68	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.96	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.02	31.00
32.00	Sum of lines 30 and 31		22.98	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.17	33.00
34.00	Disproportionate share adjustment (see instructions)		633,958	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 4:31 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000191697	0.000193520	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,466,032	1,239,720	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,096,511	311,623	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,408,134		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		34,214,601		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)		34,214,601		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,100,506		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		10,232		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)		37,325,339		59.00
60.00	Primary payer payments		37,625		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		37,287,714		61.00
62.00	Deductibles billed to program beneficiaries		3,286,400		62.00
63.00	Coinurance billed to program beneficiaries		103,950		63.00
64.00	Allowable bad debts (see instructions)		282,792		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		183,815		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		57,537		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		34,081,179		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)		-151,718		70.93
70.94	HRR adjustment amount (see instructions)		-7,122		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 4:31 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)		33,922,339		71.00
71.01	Sequestration adjustment (see instructions)		678,447		71.01
72.00	Interim payments		32,879,565		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)		364,327		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		5,560,125		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2016 4:31 pm
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		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 (col s. 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	23,732,052	23,732,052			23,732,052	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,306,289		7,306,289		7,306,289	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	1,134,168	790,109	344,060		1,134,169	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
Indirect Medical Education Adjustment								
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
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
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
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0817	0.0817	0.0817			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	633,958	484,727	149,231		633,958	11.00
11.01	Uncompensated care payments	36.00	1,408,134	1,096,511	311,623		1,408,134	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0		0	12.00
13.00	Subtotal (see instructions)	47.00	34,214,601	26,103,398	8,111,203		34,214,601	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	34,214,601	26,103,398	8,111,203		34,214,601	15.00
16.00	Payment for inpatient program capital	50.00	3,100,506	2,486,892	613,614		3,100,506	16.00
17.00	Special add-on payments for new technologies	54.00	10,232	8,915	1,317		10,232	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			28,599,205	8,726,134		37,325,339	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2016 4:31 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	2,477,356	1,891,623	585,733	2,477,356	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	505,228	505,228	0	505,228	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	0.0476	0.0476	0.0476		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	117,922	90,041	27,881	117,922	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,100,506	2,486,892	613,614	3,100,506	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							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	-151,718	-128,833	-22,885	-151,718	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	-7,122	-7,122	0	-7,122	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: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/25/2016 4:31 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		32,241	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		23,859,325	2.00
3.00	PPS payments		24,191,000	3.00
4.00	Outlier payment (see instructions)		421,902	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)		32,241	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		141,044	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)		141,044	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		141,044	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		108,803	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)		32,241	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)		24,612,902	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,770,800	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)		19,874,343	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)		19,874,343	30.00
31.00	Primary payer payments		12,687	31.00
32.00	Subtotal (line 30 minus line 31)		19,861,656	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		695,778	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		452,256	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		531,735	36.00
37.00	Subtotal (see instructions)		20,313,912	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-8	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)		20,313,920	40.00
40.01	Sequestration adjustment (see instructions)		406,278	40.01
41.00	Interim payments		19,635,625	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		272,017	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150173

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2016 4:31 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		32,879,565		19,635,625	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)		32,879,565		19,635,625	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		364,327		272,017	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		33,243,892		19,907,642	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: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/25/2016 4:31 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		12,445	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		15,895	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		4,321	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		36,906	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,035,806,938	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		61,775,374	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)		620,246	8.00
9.00	Sequestration adjustment amount (see instructions)		12,405	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		607,841	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		622,781	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)		-14,940	32.00

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

Provider CCN: 150173

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

Worksheet G

Date/Time Prepared:
5/25/2016 4:31 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	109,410,534	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	414,741	0	0	0	3.00
4.00	Accounts receivable	49,885,949	0	0	0	4.00
5.00	Other receivable	-8,352,980	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,498,873	0	0	0	7.00
8.00	Prepaid expenses	2,432,897	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)	158,290,014	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,991,804	0	0	0	12.00
13.00	Land improvements	107,468	0	0	0	13.00
14.00	Accumulated depreciation	-22,259	0	0	0	14.00
15.00	Buildings	191,885,341	0	0	0	15.00
16.00	Accumulated depreciation	-31,592,204	0	0	0	16.00
17.00	Leasehold improvements	83,982	0	0	0	17.00
18.00	Accumulated depreciation	-71,597	0	0	0	18.00
19.00	Fixed equipment	5,688,136	0	0	0	19.00
20.00	Accumulated depreciation	-3,418,286	0	0	0	20.00
21.00	Automobiles and trucks	103,274	0	0	0	21.00
22.00	Accumulated depreciation	-87,100	0	0	0	22.00
23.00	Major movable equipment	71,494,055	0	0	0	23.00
24.00	Accumulated depreciation	-60,617,212	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)	177,545,402	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,630,474	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	17,051,784	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	18,682,258	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	354,517,674	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,442,385	0	0	0	37.00
38.00	Salaries, wages, and fees payable	19,433,988	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,013,203	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	39,889,576	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	331,515	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	213,374,981	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	213,706,496	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	253,596,072	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	100,921,602				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)	100,921,602	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	354,517,674	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150173

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

Worksheet G-1

Date/Time Prepared:
5/25/2016 4:31 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		36,422,940		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		64,490,901			2.00
3.00	Total (sum of line 1 and line 2)		100,913,841		0	3.00
4.00	INTERCO ADDITIONS	7,761		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		7,761		0	10.00
11.00	Subtotal (line 3 plus line 10)		100,921,602		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		100,921,602		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	INTERCO ADDITIONS		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: 150173

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2016 4:31 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	77,590,874		77,590,874	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)	77,590,874		77,590,874	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,981,137		9,981,137	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	9,581,804		9,581,804	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	19,562,941		19,562,941	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	97,153,815		97,153,815	17.00
18.00	Ancillary services	376,378,574	532,614,832	908,993,406	18.00
19.00	Outpatient services	2,682,362	26,977,356	29,659,718	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	PHYSICIAN	4,520,866	284,683,666	289,204,532	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	480,735,617	844,275,854	1,325,011,471	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		344,635,020		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)		344,635,020		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150173

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

Worksheet G-3

Date/Time Prepared:
5/25/2016 4:31 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,325,011,471	1.00
2.00	Less contractual allowances and discounts on patients' accounts	922,394,629	2.00
3.00	Net patient revenues (line 1 minus line 2)	402,616,842	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	344,635,020	4.00
5.00	Net income from service to patients (line 3 minus line 4)	57,981,822	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	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	MISCELL INCOME	6,509,079	24.00
25.00	Total other income (sum of lines 6-24)	6,509,079	25.00
26.00	Total (line 5 plus line 25)	64,490,901	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	64,490,901	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150173	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/25/2016 4:31 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,477,356	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		505,228	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)		103.60	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.96	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.02	8.00
9.00	Sum of lines 7 and 8		22.98	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.76	10.00
11.00	Disproportionate share adjustment (see instructions)		117,922	11.00
12.00	Total prospective capital payments (see instructions)		3,100,506	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00