

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: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 11/25/2015 11:46 am
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<b>PART I - COST REPORT STATUS</b>			
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: 11/25/2015	Time: 11:46 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 LUTHERAN HOSPITAL OF INDIANA ( 150017 ) for the cost reporting period beginning 07/01/2014 and ending 06/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-709,491	-43,625	89,982	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	-709,491	-43,625	89,982	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: 150017		Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 11/25/2015 10:35 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 7950 WEST JEFFERSON BLVD			PO Box:							1.00
2.00	City: FT WAYNE			State: IN		Zip Code: 46804		County: ALLEN			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
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		LUTHERAN HOSPITAL OF INDIANA	150017	23060	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2014	06/30/2015		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	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.			6,212	1,883	61	91	7,663	195		24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/25/2015 10:35 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
<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 Site	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	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			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	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	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	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00	
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					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	
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums 1.00	Losses 2.00	Insurance 3.00			
118.01	List amounts of malpractice premiums and paid losses:	144,145	200,882			0	118.01
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.					N	118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.					Y	121.00
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.					Y	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.					11/05/2008	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.					02/16/1990	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: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/25/2015 10:35 am									
		1.00	2.00										
140.00	All Providers Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	449008	140.00									
		1.00	2.00	3.00									
141.00	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.												
141.00	Name: COMMUNITY HEALTH SYSTEMS	Contractor's Name: WPS		Contractor's Number: 10301									
142.00	Street: 4000 MERIDIAN BLVD	PO Box:											
143.00	City: FRANKLIN	State: TN		Zip Code: 37067									
				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					
155.00	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)	N		N		N		N					
156.00	Hospital	N		N		N		N					
157.00	Subprovider - IPF	N		N		N		N					
158.00	Subprovider - IRF	N		N		N		N					
159.00	SUBPROVIDER	N		N		N		N					
159.00	SNF	N		N		N		N					
160.00	HOME HEALTH AGENCY	N		N		N		N					
161.00	CMHC	N		N		N		N					
								1.00					
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00								
		Name		County		State		Zip Code		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)											0.00	
												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								
		Beginning		Ending									
		1.00		2.00									
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	04/01/2014		06/30/2014		170.00							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/25/2015 10:35 am
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/25/2015 10:35 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		06/30/2013	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			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.			Y	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	11/03/2015	Y	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)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/25/2015 10:35 am
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	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.	1.00 N	2.00	3.00 N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?	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.	Y	12/31/2014		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		
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LISA		PARRISH	41.00
42.00	Enter the employer/company name of the cost report preparer.	CHS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(615) 465-7554		LISA_PARRISH@CHS.NET	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	11/03/2015	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)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/25/2015 10:35 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	241	87,965	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)		241	87,965	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	10	3,650	0.00	0	8.01
8.02 NEONATAL INTENSIVE CARE UNIT	31.02	24	8,760	0.00	0	8.02
8.03 CARDIO INTENSIVE CARE UNIT	31.03	84	30,660	0.00	0	8.03
9.00 CORONARY CARE UNIT	32.00	24	8,760	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		383	139,795	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						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)		383				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/25/2015 10:35 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	22,982	3,655	65,782			1.00
2.00 HMO and other (see instructions)	19,910	9,714				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)	22,982	3,655	65,782			7.00
8.00 INTENSIVE CARE UNIT	0	0	0			8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	0	93	934			8.01
8.02 NEONATAL INTENSIVE CARE UNIT	0	785	5,167			8.02
8.03 CARDIO INTENSIVE CARE UNIT	8,082	1,311	21,428			8.03
9.00 CORONARY CARE UNIT	2,838	338	7,369			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		209	2,067			13.00
14.00 Total (see instructions)	33,902	6,391	102,747	8.36	2,100.11	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF						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	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				8.36	2,100.11	27.00
28.00 Observation Bed Days		0	508			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	0	0			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: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/25/2015 10:35 am

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	6,048	2,863	20,012	1.00
2.00 HMO and other (see instructions)				3,369	0		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
8.01 PEDIATRIC INTENSIVE CARE UNIT							8.01
8.02 NEONATAL INTENSIVE CARE UNIT							8.02
8.03 CARDIO INTENSIVE CARE UNIT							8.03
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		6,048	2,863	20,012	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	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: 150017		Period: From 07/01/2014 To 06/30/2015		Worksheet S-3 Part II Date/Time Prepared: 11/25/2015 10:35 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	109,640,153	0	109,640,153	4,368,239.00	25.10	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)		2,053,903	438,975	2,492,878	97,957.00	25.45	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	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		133,794	0	133,794	594.96	224.88	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		6,797,137	0	6,797,137	110,643.00	61.43	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		22,797,493	0	22,797,493			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		538,338	0	538,338			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	672,605	0	672,605	25,263.00	26.62	26.00
27.00	Administrative & General	5.00	10,158,957	-705,632	9,453,325	432,454.00	21.86	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,668,973	0	1,668,973	67,543.00	24.71	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,658,078	0	1,658,078	134,677.00	12.31	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,757,195	-1,568,692	1,188,503	86,135.30	13.80	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,606,963	1,606,963	116,462.70	13.80	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,678,940	-3,046,626	1,632,314	43,873.00	37.21	38.00
39.00	Central Services and Supply	14.00	1,471,917	347,380	1,819,297	111,181.00	16.36	39.00
40.00	Pharmacy	15.00	6,114,018	0	6,114,018	160,048.00	38.20	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/25/2015 10:35 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,940,096	880,626	2,820,722	129,875.00	21.72	41.00
42.00	Social Service	17.00	0	2,047,006	2,047,006	65,158.00	31.42	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/25/2015 10:35 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	109,640,153	0	109,640,153	4,368,239.00	25.10	1.00
2.00	Excluded area salaries (see instructions)	2,053,903	438,975	2,492,878	97,957.00	25.45	2.00
3.00	Subtotal salaries (line 1 minus line 2)	107,586,250	-438,975	107,147,275	4,270,282.00	25.09	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,930,931	0	6,930,931	111,237.96	62.31	4.00
5.00	Subtotal wage-related costs (see inst.)	22,797,493	0	22,797,493	0.00	21.28	5.00
6.00	Total (sum of lines 3 thru 5)	137,314,674	-438,975	136,875,699	4,381,519.96	31.24	6.00
7.00	Total overhead cost (see instructions)	31,120,779	-438,975	30,681,804	1,372,670.00	22.35	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 11/25/2015 10:35 am
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		2,160,792	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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		11,275,806	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		160,211	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		89,011	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		-738	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		27,776	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,029,245	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		6,369,575	17.00
18.00	Medicare Taxes - Employers Portion Only		1,489,659	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		1,057,987	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		23,659,324	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER EMPLOYEE BENEFITS		-323,492	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet S-3  
Part V  
Date/Time Prepared:  
11/25/2015 10:35 am

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet S-10 Date/Time Prepared: 11/25/2015 10:35 am
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				1.00			
<b>Uncompensated and indigent care cost computation</b>							
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.148266		1.00		
<b>Medicaid (see instructions for each line)</b>							
2.00	Net revenue from Medicaid		36,782,066		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		245,025,339		6.00		
7.00	Medicaid cost (line 1 times line 6)		36,328,927		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)		0		8.00		
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>							
9.00	Net revenue from stand-alone SCHIP		0		9.00		
10.00	Stand-alone SCHIP charges		0		10.00		
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00		
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00		
<b>Other state or local government indigent care program (see instructions for each line)</b>							
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		1,311,312		13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		13,251,392		14.00		
15.00	State or local indigent care program cost (line 1 times line 14)		1,964,731		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)		653,419		16.00		
<b>Uncompensated care (see instructions for each line)</b>							
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00		
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00		
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		653,419		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)	5,830,990	518,493	6,349,483	20.00		
22.00	Partial payment by patients approved for charity care	864,538	76,875	941,413	21.00		
23.00	Cost of charity care (line 21 minus line 22)	8,626	80,746	89,372	22.00		
				855,912	-3,871	852,041	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)		47,480,934		26.00		
27.00	Medicare bad debts for the entire hospital complex (see instructions)		506,669		27.00		
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		46,974,265		28.00		
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		6,964,686		29.00		
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,816,727		30.00		
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,470,146		31.00		

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A

Date/Time Prepared:  
11/25/2015 10:35 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		6,490,612	6,490,612	4,414,779	10,905,391	1.00
2.00	00200		15,290,349	15,290,349	5,034,488	20,324,837	2.00
4.00	00400		1,032,147	1,704,752	14,366,485	16,071,237	4.00
5.01	00540	672,605					
5.02	00560	10,158,957	103,928,140	114,087,097	-65,607,774	48,479,323	5.01
7.00	00700				42,451,037	42,451,037	5.02
8.00	00800	1,668,973	10,529,623	12,198,596	-5,683	12,192,913	7.00
9.00	00900						
10.00	01000						
11.00	01100						
13.00	01300						
14.00	01400						
15.00	01500						
16.00	01600						
17.00	01700						
21.00	02100						
22.00	02200						
23.00	02300						
23.01	02301						
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	18,459,013	8,924,473	27,383,486	-1,935,465	25,448,021	30.00
31.00	03100	14,857,732	4,135,324	18,993,056	-18,993,056	0	31.00
31.01	02080	2,275,306	546,533	2,821,839	-1,793,250	1,028,589	31.01
31.02	02060				2,821,839	2,821,839	31.02
31.03	03101				13,289,835	13,289,835	31.03
32.00	03200				4,671,742	4,671,742	32.00
40.00	04000						40.00
43.00	04300	901	63,416	64,317	288,707	353,024	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	9,105,591	13,880,602	22,986,193	-3,726,374	19,259,819	50.00
51.00	05100	2,980,428	815,937	3,796,365	-3,796,365	0	51.00
52.00	05200						
53.00	05300	82,373	3,272,246	3,354,619	-167,632	3,186,987	53.00
54.00	05400	3,575,354	2,065,991	5,641,345	47,930	5,689,275	54.00
54.01	05401	602,871	162,905	765,776	-608,140	157,636	54.01
56.00	05600	408,910	1,558,554	1,967,464	-582,685	1,384,779	56.00
57.00	05700	677,290	285,929	963,219	-10,350	952,869	57.00
58.00	05800	409,255	19,767	429,022	-429,022	0	58.00
60.00	06000	4,428,973	9,539,428	13,968,401	-224,088	13,744,313	60.00
65.00	06500	3,887,790	1,374,518	5,262,308	-675,598	4,586,710	65.00
66.00	06600	2,208,332	582,847	2,791,179	593,009	3,384,188	66.00
67.00	06700	582,613	46,269	628,882	-628,882	0	67.00
68.00	06800	237,621	25,288	262,909	-262,909	0	68.00
69.00	06900	5,202,937	2,004,261	7,207,198	-4,075,394	3,131,804	69.00
70.00	07000				1,574,798	1,574,798	70.00
71.00	07100				17,455,694	17,455,694	71.00
72.00	07200				22,094,634	22,094,634	72.00
73.00	07300				26,392,451	26,392,451	73.00
74.00	07400		1,894,535	1,894,535	0	1,894,535	74.00
76.00	03140				2,444,557	2,444,557	76.00
76.01	03050	467,745	96,800	564,545	4,089,643	4,654,188	76.01
76.02	03950				493,071	493,071	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	2,196,913	881,830	3,078,743	1,077,347	4,156,090	90.00
91.00	09100	3,817,523	2,452,443	6,269,966	-255	6,269,711	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	1,642,985	4,429,426	6,072,411	-89,328	5,983,083	95.00
96.00	09600		2,393,051	2,393,051	0	2,393,051	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500				1,780,393	1,780,393	105.00
106.00	10600				394,941	394,941	106.00
118.00		109,600,424	284,429,508	394,029,932	-2,566,003	391,463,929	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000						190.00
192.00	19200		534,464	534,464	0	534,464	192.00
194.00	07950						194.00
194.01	07951				2,424,746	2,424,746	194.01
194.02	07952	39,729	33,262	72,991	0	72,991	194.02
194.03	07953				141,257	141,257	194.03
200.00		109,640,153	284,997,234	394,637,387	0	394,637,387	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A  
Date/Time Prepared:  
11/25/2015 10:35 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,095,411	18,000,802	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,922,144	22,246,981	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-8,179	16,063,058	4.00
5.01	00540	ADMINISTRATIVE	-39,181,229	9,298,094	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	-1,588,387	40,862,650	5.02
7.00	00700	OPERATION OF PLANT	-61,358	12,131,555	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	131,148	1,695,033	8.00
9.00	00900	HOUSEKEEPING	0	3,247,189	9.00
10.00	01000	DIETARY	0	2,857,795	10.00
11.00	01100	CAFETERIA	-2,322,064	1,541,934	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,823,094	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,464,469	14.00
15.00	01500	PHARMACY	0	8,184,270	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-43,933	4,218,577	16.00
17.00	01700	SOCIAL SERVICE	0	1,976,281	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,673,434	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	288,252	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	200,711	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-4,502,135	20,945,886	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	1,028,589	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	-82,730	2,739,109	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	13,289,835	31.03
32.00	03200	CORONARY CARE UNIT	0	4,671,742	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	-4,515	348,509	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-494,438	18,765,381	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,560,676	52.00
53.00	05300	ANESTHESIOLOGY	-3,093,619	93,368	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,767	5,684,508	54.00
54.01	05401	PET SCAN	0	157,636	54.01
56.00	05600	RADIOISOTOPE	0	1,384,779	56.00
57.00	05700	CT SCAN	0	952,869	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	-201,990	13,542,323	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,586,710	65.00
66.00	06600	PHYSICAL THERAPY	0	3,384,188	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,131,804	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,574,798	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,455,694	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	22,094,634	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,392,451	73.00
74.00	07400	RENAL DIALYSIS	0	1,894,535	74.00
76.00	03140	CARDIO CATH LAB	0	2,444,557	76.00
76.01	03050	ENDOSCOPY	0	4,654,188	76.01
76.02	03950	CARDIAC REHAB	0	493,071	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-412,624	3,743,466	90.00
91.00	09100	EMERGENCY	-874,933	5,394,778	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-2,840,801	3,142,282	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-2,393,051	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION	0	1,780,393	105.00
106.00	10600	HEART ACQUISITION	0	394,941	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-48,962,050	342,501,879	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	534,464	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	194.00
194.01	07951	MARKETING	0	2,424,746	194.01
194.02	07952	SENIOR CIRCLE	0	72,991	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	141,257	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-48,962,050	345,675,337	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,370,778	1.00
	TOTALS		0	14,370,778	
<b>B - OXYGEN</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	930,833	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	930,833	
<b>C - RENTAL AND LEASE</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,962,144	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
	TOTALS		0	4,962,144	
<b>D - OTHER CAPITAL COSTS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	327,927	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,137,472	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	72,344	3.00
	TOTALS		0	4,537,743	
<b>E - MARKETING DEPARTMENT</b>					
1.00	MARKETING	194.01	311,748	2,111,152	1.00
	TOTALS		311,748	2,111,152	
<b>F - CNO RECLASS</b>					
1.00	NURSING ADMINISTRATION	13.00	304,876	0	1.00
	TOTALS		304,876	0	
<b>G - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,524,861	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	22,094,634	2.00
3.00	OPERATING ROOM	50.00	0	1,051,411	3.00
	TOTALS		0	39,670,906	
<b>H - DRUGS / IVS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	26,392,451	1.00
	TOTALS		0	26,392,451	
<b>I - A&amp;G COSTS</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	5,154,486	56,086,489	1.00
2.00	DIETARY	10.00	38,271	142,907	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	347,380	1,260,820	3.00
4.00	MARKETING	194.01	211	1,635	4.00
5.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	127,016	14,241	5.00
	TOTALS		5,667,364	57,506,092	
<b>J - RADIOLOGY COSTS</b>					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	992,030	45,132	1.00
2.00		0.00	0	0	2.00
	TOTALS		992,030	45,132	

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>K - DIETARY</b>						
1.00	CAFETERIA	11.00	1,606,963	2,257,035	1.00	
	TOTALS		1,606,963	2,257,035		
<b>L - MISC DEPARTMENT</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	423,870	38,842	1.00	
2.00	MEDICAL RECORDS & LIBRARY	16.00	880,626	694,545	2.00	
3.00	SOCIAL SERVICE	17.00	2,047,006	0	3.00	
4.00	ENDOSCOPY	76.01	2,578,209	1,517,814	4.00	
5.00	CARDIAC REHAB	76.02	425,352	67,719	5.00	
6.00	PHYSICAL THERAPY	66.00	820,234	71,557	6.00	
7.00	ELECTROENCEPHALOGRAPHY	70.00	1,026,095	548,703	7.00	
8.00	CARDIO CATH LAB	76.00	1,295,073	1,149,484	8.00	
	TOTALS		9,496,465	4,088,664		
<b>M - ORGAN ACQUISITION</b>						
1.00	KIDNEY ACQUISITION	105.00	0	1,780,393	1.00	
2.00	HEART ACQUISITION	106.00	0	394,941	2.00	
3.00	CLINIC	90.00	594,686	506,314	3.00	
	TOTALS		594,686	2,681,648		
<b>N - ICU COSTS</b>						
1.00	NEONATAL INTENSIVE CARE UNIT	31.02	2,275,306	546,533	1.00	
2.00	CARDIO INTENSIVE CARE UNIT	31.03	10,225,545	3,064,290	2.00	
3.00	CORONARY CARE UNIT	32.00	3,764,261	907,481	3.00	
	TOTALS		16,265,112	4,518,304		
<b>O - LABOR AND DELIVERY</b>						
1.00	NURSERY	43.00	286,674	2,033	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,271,333	289,342	2.00	
	TOTALS		1,558,007	291,375		
<b>P - INTERNS AND RESIDENTS</b>						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	3,673,434	1.00	
	TOTALS		0	3,673,434		
500.00	Grand Total: Increases		36,797,251	168,037,691	500.00	

RECLASSIFICATIONS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-6  
Date/Time Prepared:  
11/25/2015 10:35 am

		Decreases				
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.	
6.00		7.00	8.00	9.00	10.00	
<b>A - EMPLOYEE BENEFITS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	14,370,778	0	1.00
	TOTALS		0	14,370,778		
<b>B - OXYGEN</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	95,519	0	1.00
2.00	ANESTHESIOLOGY	53.00	0	167,632	0	2.00
3.00	RESPIRATORY THERAPY	65.00	0	667,682	0	3.00
	TOTALS		0	930,833		
<b>C - RENTAL AND LEASE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	50,620	10	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,293	0	2.00
3.00	ADMINISTRATIVE	5.01	0	11,418	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	39,253	0	4.00
5.00	OPERATION OF PLANT	7.00	0	5,683	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	44	0	6.00
7.00	DIETARY	10.00	0	47,336	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	3,968	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,379,080	0	9.00
10.00	PHARMACY	15.00	0	391,944	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	29,394	0	11.00
12.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	734	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	86,083	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	2,890	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	7,916	0	15.00
16.00	OPERATING ROOM	50.00	0	643,627	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	963,951	0	17.00
18.00	RADIOISOTOPE	56.00	0	582,685	0	18.00
19.00	CT SCAN	57.00	0	10,350	0	19.00
20.00	LABORATORY	60.00	0	224,088	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	298,782	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	58,389	0	22.00
23.00	ENDOSCOPY	76.01	0	6,380	0	23.00
24.00	CLINIC	90.00	0	23,653	0	24.00
25.00	EMERGENCY	91.00	0	255	0	25.00
26.00	AMBULANCE SERVICES	95.00	0	89,328	0	26.00
	TOTALS		0	4,962,144		
<b>D - OTHER CAPITAL COSTS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	4,537,743	12	1.00
2.00		0.00	0	0	13	2.00
3.00		0.00	0	0	12	3.00
	TOTALS		0	4,537,743		
<b>E - MARKETING DEPARTMENT</b>						
1.00	ADMINISTRATIVE	5.01	311,748	2,111,152	0	1.00
	TOTALS		311,748	2,111,152		
<b>F - CNO RECLASS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	304,876	0	0	1.00
	TOTALS		304,876	0		
<b>G - MEDICAL SUPPLIES</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	39,582,881	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	25,281	0	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	62,744	0	3.00
	TOTALS		0	39,670,906		
<b>H - DRUGS / IVS</b>						
1.00	PHARMACY	15.00	0	26,392,451	0	1.00
	TOTALS		0	26,392,451		
<b>I - A&amp;G COSTS</b>						
1.00	ADMINISTRATIVE	5.01	5,667,364	57,506,092	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		5,667,364	57,506,092		
<b>J - RADIOLOGY COSTS</b>						
1.00	PET SCAN	54.01	582,775	25,365	0	1.00
2.00	MRI	58.00	409,255	19,767	0	2.00
	TOTALS		992,030	45,132		
<b>K - DIETARY</b>						
1.00	DIETARY	10.00	1,606,963	2,257,035	0	1.00
	TOTALS		1,606,963	2,257,035		

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>L - MISC DEPARTMENT</b>						
1.00	RECOVERY ROOM	51.00	2,980,428	815,937	0	1.00
2.00	ELECTROCARDIOLOGY	69.00	2,278,775	1,675,486	0	2.00
3.00	OCCUPATIONAL THERAPY	67.00	582,613	46,269	0	3.00
4.00	SPEECH PATHOLOGY	68.00	237,621	25,288	0	4.00
5.00	NURSING ADMINISTRATION	13.00	3,351,502	662,661	0	5.00
6.00	OPERATING ROOM	50.00	65,526	792,298	0	6.00
7.00	SOCIAL SERVICE	17.00	0	70,725	0	7.00
8.00		0.00	0	0	0	8.00
	<b>TOTALS</b>		<b>9,496,465</b>	<b>4,088,664</b>		
<b>M - ORGAN ACQUISITION</b>						
1.00	OPERATING ROOM	50.00	594,686	2,681,648	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	<b>TOTALS</b>		<b>594,686</b>	<b>2,681,648</b>		
<b>N - ICU COSTS</b>						
1.00	INTENSIVE CARE UNIT	31.00	14,857,732	4,132,434	0	1.00
2.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	1,407,380	385,870	0	2.00
3.00		0.00	0	0	0	3.00
	<b>TOTALS</b>		<b>16,265,112</b>	<b>4,518,304</b>		
<b>O - LABOR AND DELIVERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,558,007	291,375	0	1.00
2.00		0.00	0	0	0	2.00
	<b>TOTALS</b>		<b>1,558,007</b>	<b>291,375</b>		
<b>P - INTERNS AND RESIDENTS</b>						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	3,673,434	0	1.00
	<b>TOTALS</b>		<b>0</b>	<b>3,673,434</b>		
500.00	<b>Grand Total: Decreases</b>		<b>36,797,251</b>	<b>168,037,691</b>		<b>500.00</b>

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/25/2015 10:35 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	9,573,476	0	0	0	1,714
2.00	Land Improvements	11,081,121	0	0	0	515,719
3.00	Buildings and Fixtures	152,743,378	536,179	0	536,179	54,481
4.00	Building Improvements	19,869,823	0	0	0	7,045,301
5.00	Fixed Equipment	46,097,078	0	0	0	892,470
6.00	Movable Equipment	133,989,526	0	0	0	30,650,163
7.00	HIT designated Assets	1,503,650	0	0	0	1,496,086
8.00	Subtotal (sum of lines 1-7)	374,858,052	536,179	0	536,179	40,655,934
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	374,858,052	536,179	0	536,179	40,655,934
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	9,571,762	0			
2.00	Land Improvements	10,565,402	0			
3.00	Buildings and Fixtures	153,225,076	0			
4.00	Building Improvements	12,824,522	0			
5.00	Fixed Equipment	45,204,608	0			
6.00	Movable Equipment	103,339,363	0			
7.00	HIT designated Assets	7,564	0			
8.00	Subtotal (sum of lines 1-7)	334,738,297	0			
9.00	Reconciling Items	0	0			
10.00	Total (line 8 minus line 9)	334,738,297	0			

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/25/2015 10:35 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	6,490,612	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,290,349	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	21,780,961	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	6,490,612				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	15,290,349				2.00
3.00	Total (sum of lines 1-2)	0	21,780,961				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/25/2015 10:35 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	186,186,762	0	186,186,762	0.556216	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	148,551,534	0	148,551,534	0.443784	0	2.00
3.00	Total (sum of lines 1-2)	334,738,296	0	334,738,296	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,167,919	-50,620	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	16,720,499	4,962,144	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,888,418	4,911,524	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	8,418,104	327,927	4,137,472	0	18,000,802	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	491,994	72,344	0	0	22,246,981	2.00
3.00	Total (sum of lines 1-2)	8,910,098	400,271	4,137,472	0	40,247,783	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			3.00	4.00			
1.00	2.00	3.00	4.00	5.00			
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-1,132,927	0	CAP REL COSTS-BLDG & FIXT	1.00	9	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	-15,564,033				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-4,767	0	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	9,545,134				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-2,322,064	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-40,144	0	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	-260,890	0	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	1,916,171	0	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 NON ALLOWABLE BAD DEBTS	A	-38,652,399	0	ADMINISTRATIVE	5.01	0	33.00

Provider CCN: 150017

Period:  
 From 07/01/2014  
 To 06/30/2015

Worksheet A-8

Date/Time Prepared:  
 11/25/2015 10:35 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01		0			0.00	0 33.01
33.02 OTHER MISC REVENUES	B	-1,944,778	OTHER ADMINSTRATIVE AND GENERAL		5.02	0 33.02
33.03 PATIENT PHONES WAGE COST	A	-38,426	OTHER ADMINSTRATIVE AND GENERAL		5.02	0 33.03
33.04 PATIENT PHONES BENEFITS COST	A	-8,179	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.04
33.05 PATIENT PHONES EXPENSE	A	-12,814	ADMINSTRATIVE		5.01	0 33.05
33.06 PATIENT PHONES DEPRECIATION COST	A	-3,031	CAP REL COSTS-MVBLE EQUIP		2.00	9 33.06
33.07 PATIENT TV - CABLE EXPENSE	A	-61,358	OPERATION OF PLANT		7.00	0 33.07
33.08 PATIENT TV DEPRECIATION	A	-3,580	CAP REL COSTS-MVBLE EQUIP		2.00	9 33.08
33.09 MARKETING	A	-65,301	OTHER ADMINSTRATIVE AND GENERAL		5.02	0 33.09
33.10 LEGAL FEES DOJ SETTLEMENT	A	-1,485,867	OTHER ADMINSTRATIVE AND GENERAL		5.02	0 33.10
33.11 PHYSICIAN RECRUITING	A	-507,386	OTHER ADMINSTRATIVE AND GENERAL		5.02	0 33.11
33.12 LOBBYING IN ASSOCIATION DUES	A	-31,066	OTHER ADMINSTRATIVE AND GENERAL		5.02	0 33.12
33.13 CHARITABLE CONTRIBUTIONS	A	-237,552	OTHER ADMINSTRATIVE AND GENERAL		5.02	0 33.13
33.14 PENALTIES	A	-41,812	OTHER ADMINSTRATIVE AND GENERAL		5.02	0 33.14
33.15 EQUITY IN AFFILIATES	A	-1	OTHER ADMINSTRATIVE AND GENERAL		5.02	0 33.15
33.16		0			0.00	0 33.16
33.17 VALET SERVICE	A	-388,956	OTHER ADMINSTRATIVE AND GENERAL		5.02	0 33.17
33.18 INTERCOMPANY LEASE RECEIPTS	A	2,383,976	OTHER ADMINSTRATIVE AND GENERAL		5.02	0 33.18
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-48,962,050				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.  
 (2) Basis for adjustment (see instructions).  
 A. Costs - if cost, including applicable overhead, can be determined.  
 B. Amount Received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.  
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 150017

Period: From 07/01/2014 To 06/30/2015

Worksheet A-8-1

Date/Time Prepared: 11/25/2015 10:35 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT CAPITAL INTEREST	8,343,996	0
2.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL - BLDG	53,670	0
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	PASI CAPITAL - EQUIP	7,839	0
3.01	5.02	OTHER ADMINISTRATIVE AND GEN	FRANCHISE TAXES	0	516
3.02	5.02	OTHER ADMINISTRATIVE AND GEN	CORPORATE OVERHEAD ALLOCATIO	0	1,166,973
3.03	2.00	CAP REL COSTS-MVBLE EQUIP	PRE ACQUISITION LEGACY COSTS	103,503	0
3.04	5.02	OTHER ADMINISTRATIVE AND GEN	PRE ACQUISITION LEGACY COSTS	1,071,458	0
4.00	5.01	ADMITTING	PASI OPERATING	839,981	0
4.01	1.00	CAP REL COSTS-BLDG & FIXT	POOLED CAPITAL - BLDG	74,108	0
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	POOLED CAPITAL - EQUIP	491,994	0
4.03	5.02	OTHER ADMINISTRATIVE AND GEN	POOLED HOME OFFICE COSTS	7,098,040	0
4.04	5.02	OTHER ADMINISTRATIVE AND GEN	MALPRACTICE	1,464,618	910,715
4.05	2.00	CAP REL COSTS-MVBLE EQUIP	CIG ASSETS	737,600	1,328,352
4.06	8.00	LAUNDRY & LINEN SERVICE	HLS - CAPITAL	162,044	0
4.07	8.00	LAUNDRY & LINEN SERVICE	HLS - OPERATING	1,480,990	1,511,886
4.08	5.02	OTHER ADMINISTRATIVE AND GEN	MANAGEMENT FEES	0	3,420,890
4.09	5.02	OTHER ADMINISTRATIVE AND GEN	401K FEES	0	6,150
4.10	5.02	OTHER ADMINISTRATIVE AND GEN	AUDIT FEES	0	101,527
4.11	5.02	OTHER ADMINISTRATIVE AND GEN	MIS FEES	0	571,027
4.12	5.02	OTHER ADMINISTRATIVE AND GEN	MANAGED CARE	0	135,989
4.13	5.02	OTHER ADMINISTRATIVE AND GEN	CASE MANAGEMENT	0	174,086
4.14	5.02	OTHER ADMINISTRATIVE AND GEN	PURCHASE & ANCILLARY	0	10,011
4.15	5.02	OTHER ADMINISTRATIVE AND GEN	EMERGENCY ROOM	0	104,139
4.16	5.02	OTHER ADMINISTRATIVE AND GEN	PPSI FEES	0	34,620
4.17	5.02	OTHER ADMINISTRATIVE AND GEN	COMPLIANCE/HIM/CCA FEES	0	46,338
4.18	5.02	OTHER ADMINISTRATIVE AND GEN	SENIOR CIRCLE	0	30,300
4.19	5.01	ADMITTING	PASI COLLECTION FEES	0	1,068,278
4.20	1.00	CAP REL COSTS-BLDG & FIXT	PRE ACQUISITION LEGACY COSTS	17,454	0
4.21	5.01	ADMITTING	EBOS FEES	0	27,949
4.22	5.01	ADMITTING	PASI LIEN UNIT COLLECTION FE	0	259,770
4.23	5.02	OTHER ADMINISTRATIVE AND GEN	INTEREST EXPENSE	0	1,492,645
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			21,947,295	12,402,161

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

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

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

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

6.00	B	0.00	COMMUNITY HEALTH	100.00	6.00
7.00	B	0.00	PASI	100.00	7.00
8.00	E	0.00	HOSPITAL LAUNDR	100.00	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

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

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-8-1

Date/Time Prepared:  
11/25/2015 10:35 am

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

(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: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-8-1

Date/Time Prepared:  
11/25/2015 10:35 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	8,343,996	11		1.00
2.00	53,670	9		2.00
3.00	7,839	9		3.00
3.01	-516	0		3.01
3.02	-1,166,973	0		3.02
3.03	103,503	9		3.03
3.04	1,071,458	0		3.04
4.00	839,981	0		4.00
4.01	74,108	11		4.01
4.02	491,994	11		4.02
4.03	7,098,040	0		4.03
4.04	553,903	0		4.04
4.05	-590,752	9		4.05
4.06	162,044	9		4.06
4.07	-30,896	0		4.07
4.08	-3,420,890	0		4.08
4.09	-6,150	0		4.09
4.10	-101,527	0		4.10
4.11	-571,027	0		4.11
4.12	-135,989	0		4.12
4.13	-174,086	0		4.13
4.14	-10,011	0		4.14
4.15	-104,139	0		4.15
4.16	-34,620	0		4.16
4.17	-46,338	0		4.17
4.18	-30,300	0		4.18
4.19	-1,068,278	0		4.19
4.20	17,454	9		4.20
4.21	-27,949	0		4.21
4.22	-259,770	0		4.22
4.23	-1,492,645	0		4.23
5.00	9,545,134			5.00

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

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

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

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

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

6.00	HOSP COMPANY		6.00
7.00	COLLECTIONS		7.00
8.00	LAUNDRY		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: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-8-2

Date/Time Prepared:  
11/25/2015 10:35 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	619,264	619,264	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	43,933	43,933	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	4,502,135	4,502,135	0	0	0	3.00
4.00	31.02	NEONATAL INTENSIVE CARE UNIT	82,730	82,730	0	0	0	4.00
5.00	43.00	NURSERY	4,515	4,515	0	0	0	5.00
6.00	50.00	OPERATING ROOM	494,438	494,438	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	3,093,619	3,093,619	0	0	0	7.00
8.00	60.00	LABORATORY	201,990	201,990	0	0	0	8.00
9.00	90.00	CLINIC	412,624	412,624	0	0	0	9.00
10.00	91.00	EMERGENCY	874,933	874,933	0	0	0	10.00
11.00	95.00	AMBULANCE SERVICES	2,840,801	2,840,801	0	0	0	11.00
12.00	96.00	DURABLE MEDICAL EQUIP-RENTED	2,393,051	2,393,051	0	0	0	12.00
200.00			15,564,033	15,564,033	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	11.00
12.00	96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	12.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	619,264	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	43,933	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	4,502,135	3.00
4.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	82,730	4.00
5.00	43.00	NURSERY	0	0	0	4,515	5.00
6.00	50.00	OPERATING ROOM	0	0	0	494,438	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	3,093,619	7.00
8.00	60.00	LABORATORY	0	0	0	201,990	8.00
9.00	90.00	CLINIC	0	0	0	412,624	9.00
10.00	91.00	EMERGENCY	0	0	0	874,933	10.00
11.00	95.00	AMBULANCE SERVICES	0	0	0	2,840,801	11.00
12.00	96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	2,393,051	12.00
200.00			0	0	0	15,564,033	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
11/25/2015 10:35 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	18,000,802	18,000,802			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	22,246,981		22,246,981		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	16,063,058	469,438	22,857	16,555,353	4.00
5.01 00540	ADMITTING	9,298,094	390,405	26,398	635,040	10,349,937
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	40,862,650	758,877	5,580,032	801,195	0
7.00 00700	OPERATION OF PLANT	12,131,555	3,879,433	374,900	253,565	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,695,033	22,509	0	0	0
9.00 00900	HOUSEKEEPING	3,247,189	75,574	27,715	251,910	0
10.00 01000	DIETARY	2,857,795	727,318	69,170	180,568	0
11.00 01100	CAFETERIA	1,541,934	0	0	244,144	0
13.00 01300	NURSING ADMINISTRATION	1,823,094	171,979	7,459	247,996	0
14.00 01400	CENTRAL SERVICES & SUPPLY	6,464,469	314,078	386,175	276,404	0
15.00 01500	PHARMACY	8,184,270	179,799	111,809	928,897	0
16.00 01600	MEDICAL RECORDS & LIBRARY	4,218,577	192,031	49,387	428,549	0
17.00 01700	SOCIAL SERVICE	1,976,281	129,366	0	311,000	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,673,434	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	288,252	72,491	421	30,403	0
23.01 02301	PHARMACY RESIDENCY PROGRAM	200,711	0	0	25,992	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	20,945,886	2,658,286	3,140,366	2,567,776	494,265
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	1,028,589	109,815	24,562	131,863	14,213
31.02 02060	NEONATAL INTENSIVE CARE UNIT	2,739,109	277,432	126,556	345,685	73,700
31.03 03101	CARDIO INTENSIVE CARE UNIT	13,289,835	991,315	231,181	1,553,557	314,584
32.00 03200	CORONARY CARE UNIT	4,671,742	386,018	87,269	571,900	123,397
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	348,509	13,686	1,589	43,691	8,245
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	18,765,381	2,638,985	4,716,040	1,283,098	1,890,158
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,560,676	0	0	193,152	36,448
53.00 05300	ANESTHESIOLOGY	93,368	2,005	0	12,515	219,984
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,684,508	397,223	1,618,444	693,918	467,922
54.01 05401	PET SCAN	157,636	43,239	582,672	3,053	28,754
56.00 05600	RADIOISOTOPE	1,384,779	100,716	10,749	62,125	141,446
57.00 05700	CT SCAN	952,869	49,806	51,589	102,900	397,180
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	13,542,323	423,692	764,375	672,889	818,893
65.00 06500	RESPIRATORY THERAPY	4,586,710	144,005	247,484	590,668	324,293
66.00 06600	PHYSICAL THERAPY	3,384,188	304,804	230,687	460,127	90,725
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	3,131,804	360,751	340,739	444,265	321,194
70.00 07000	ELECTROENCEPHALOGRAPHY	1,574,798	37,699	524,034	155,894	42,278
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,455,694	0	0	0	487,101
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	22,094,634	0	0	0	1,086,267
73.00 07300	DRUGS CHARGED TO PATIENTS	26,392,451	0	0	0	1,683,138
74.00 07400	RENAL DIALYSIS	1,894,535	199,025	4,132	0	42,627
76.00 03140	CARDIO CATH LAB	2,444,557	162,228	1,488,160	196,759	426,221
76.01 03050	ENDOSCOPY	4,654,188	174,360	542,104	462,769	247,822
76.02 03950	CARDIAC REHAB	493,071	0	34,236	64,623	17,679
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	3,743,466	512,151	13,238	424,125	15,993
91.00 09100	EMERGENCY	5,394,778	505,659	372,506	579,992	471,903
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	3,142,282	11,581	306,282	249,617	30,965
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	1,780,393	52,764	11,500	0	9,552
106.00 10600	HEART ACQUISITION	394,941	0	16,884	0	22,990
118.00	SUBTOTALS (SUM OF LINES 1-117)	342,501,879	17,940,543	22,143,701	16,482,624	10,349,937
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	60,259	4,812	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	534,464	0	3,160	0	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	2,424,746	0	3,261	47,396	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part I  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.02 07952 SENIOR CIRCLE	72,991	0	0	6,036	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	141,257	0	92,047	19,297	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	345,675,337	18,000,802	22,246,981	16,555,353	10,349,937	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part I Date/Time Prepared: 11/25/2015 10:35 am	
Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	5A.01	5.02	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	ADMITTING				5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	48,002,754	48,002,754		5.02
7.00 00700	OPERATION OF PLANT	16,639,453	2,683,278	19,322,731	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,717,542	276,971	34,788	2,029,301
9.00 00900	HOUSEKEEPING	3,602,388	580,921	116,799	0
10.00 01000	DIETARY	3,834,851	618,408	1,124,064	4,300,108
11.00 01100	CAFETERIA	1,786,078	288,023	0	0
13.00 01300	NURSING ADMINISTRATION	2,250,528	362,920	265,791	59,617
14.00 01400	CENTRAL SERVICES & SUPPLY	7,441,126	1,199,956	485,405	108,877
15.00 01500	PHARMACY	9,404,775	1,516,614	277,878	62,328
16.00 01600	MEDICAL RECORDS & LIBRARY	4,888,544	788,327	296,783	66,569
17.00 01700	SOCIAL SERVICE	2,416,647	389,708	199,934	44,845
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,673,434	592,378	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	391,567	63,144	112,034	4,992
23.01 02301	PHARMACY RESIDENCY PROGRAM	226,703	36,558	0	25,129
23.01 02301	PHARMACY RESIDENCY PROGRAM				0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	29,806,579	4,806,683	4,108,356	726,924
31.00 03100	INTENSIVE CARE UNIT	0	0	0	921,511
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	1,309,042	211,096	169,718	38,068
31.02 02060	NEONATAL INTENSIVE CARE UNIT	3,562,482	574,486	428,768	96,173
31.03 03101	CARDIO INTENSIVE CARE UNIT	16,380,472	2,641,515	1,532,068	243,885
32.00 03200	CORONARY CARE UNIT	5,840,326	941,811	596,587	81,892
40.00 04000	SUBPROVIDER - IPF	0	0	0	0
43.00 04300	NURSERY	415,720	67,039	21,152	4,744
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	29,293,662	4,723,896	4,078,527	402,555
51.00 05100	RECOVERY ROOM	0	0	0	914,818
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,790,276	288,700	0	0
53.00 05300	ANESTHESIOLOGY	327,872	52,873	3,099	695
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,862,015	1,429,089	613,904	97,884
54.01 05401	PET SCAN	815,354	131,484	66,826	0
56.00 05600	RADIOLOGY-SOFT	1,699,815	274,112	155,655	0
57.00 05700	CT SCAN	1,554,344	250,654	76,975	32,773
58.00 05800	MRI	0	0	0	0
60.00 06000	LABORATORY	16,222,172	2,615,987	654,813	2,648
65.00 06500	RESPIRATORY THERAPY	5,893,160	950,331	222,558	7,490
66.00 06600	PHYSICAL THERAPY	4,470,531	720,918	471,072	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	4,598,753	741,595	557,538	7,017
70.00 07000	ELECTROENCEPHALOGRAPHY	2,334,703	376,494	58,264	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,942,795	2,893,455	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	23,180,901	3,738,152	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	28,075,589	4,527,469	0	0
74.00 07400	RENAL DIALYSIS	2,140,319	345,148	307,591	0
76.00 03140	CARDIO CATH LAB	4,717,925	760,813	250,722	43,713
76.01 03050	ENDOSCOPY	6,081,243	980,661	269,472	69,551
76.02 03950	CARDIAC REHAB	609,609	98,306	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	4,708,973	759,369	791,524	31,246
91.00 09100	EMERGENCY	7,324,838	1,181,203	781,491	246,105
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	177,540
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500	AMBULANCE SERVICES	3,740,727	603,230	17,898	0
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	4,014
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00 10500	KIDNEY ACQUISITION	1,854,209	299,010	81,547	0
106.00 10600	HEART ACQUISITION	434,815	70,118	0	18,291
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	342,265,611	47,452,903	19,229,601	2,029,301
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	65,071	10,493	93,130	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	537,624	86,697	0	20,889
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0
194.01 07951	MARKETING	2,475,403	399,183	0	0
194.02 07952	SENIOR CIRCLE	79,027	12,744	0	0
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	252,601	40,734	0	0
200.00	Cross Foot Adjustments	0	0	0	0
201.00	Negative Cost Centers	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

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Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5A.01	5.02	7.00	8.00	9.00	
202.00   TOTAL (sum lines 118-201)	345,675,337	48,002,754	19,322,731	2,029,301	4,300,108	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150017		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part I Date/Time Prepared: 11/25/2015 10:35 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	5,829,452					10.00
11.00	01100	0	2,074,101				11.00
13.00	01300	0	25,953	2,964,809			13.00
14.00	01400	0	65,776	0	9,301,140		14.00
15.00	01500	0	94,695	0	214,652	11,570,942	15.00
16.00	01600	0	76,839	0	3,417	0	16.00
17.00	01700	0	38,555	0	2,026	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	3,483	0	341	0	23.00
23.01	02301	0	3,421	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	2,435,236	411,166	826,028	338,603	0	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	02080	38,204	15,099	42,419	12,375	0	31.01
31.02	02060	321,013	44,240	111,203	37,584	0	31.02
31.03	03101	1,194,696	209,596	499,763	201,716	0	31.03
32.00	03200	240,015	72,359	183,974	86,215	0	32.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	108,266	5,710	14,055	8,611	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	195,247	412,759	1,146,866	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	25,252	62,135	0	0	52.00
53.00	05300	0	3,913	0	262	0	53.00
54.00	05400	0	102,275	223,226	86,257	0	54.00
54.01	05401	0	492	982	0	0	54.01
56.00	05600	0	7,888	19,985	5,203	0	56.00
57.00	05700	0	16,515	33,102	15,366	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	108,859	0	575,049	0	60.00
65.00	06500	0	87,422	0	57,942	0	65.00
66.00	06600	0	54,208	0	15,106	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	80,493	0	5,197	0	69.00
70.00	07000	0	22,557	0	61,942	0	70.00
71.00	07100	0	0	0	2,487,669	0	71.00
72.00	07200	0	0	0	3,326,159	0	72.00
73.00	07300	0	0	0	0	11,570,942	73.00
74.00	07400	0	0	0	6,783	0	74.00
76.00	03140	0	25,067	63,295	145,911	0	76.00
76.01	03050	0	71,818	148,868	192,100	0	76.01
76.02	03950	0	12,011	0	3,488	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	56,005	136,437	63,746	0	90.00
91.00	09100	0	86,142	186,578	179,411	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	42,000	0	20,059	0	95.00
96.00	09600	0	0	0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
118.00		4,337,430	2,065,056	2,964,809	9,300,056	11,570,942	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	1,155,790	0	0	36	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	6,448	0	792	0	194.01
194.02	07952	0	1,231	0	120	0	194.02
194.03	07953	336,232	1,366	0	136	0	194.03
200.00							200.00
201.00							201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:  
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
202.00   TOTAL (sum lines 118-201)	5,829,452	2,074,101	2,964,809	9,301,140	11,570,942	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

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Line	Code	Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Total
			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER		
					APPRV	PRGM COSTS APPRV		
			16.00	17.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,120,479					16.00
17.00	01700	SOCIAL SERVICE	0	3,091,715				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		4,265,812		22.00
23.00	02300	PARAMED PRGM-(SPECFY)	0	0			600,690	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	0				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	292,297	147,663	0	489,199	384,582	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	8,405	4,246	0	19,568	5,460	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	43,585	22,018	0	371,791	30,208	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	186,037	93,983	0	0	125,275	31.03
32.00	03200	CORONARY CARE UNIT	72,974	36,865	0	0	43,081	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
43.00	04300	NURSERY	4,876	2,463	0	0	12,084	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,117,562	564,334	0	1,154,509	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,555	10,889	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	130,093	65,721	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	276,718	139,793	0	0	0	54.00
54.01	05401	PET SCAN	17,005	8,590	0	0	0	54.01
56.00	05600	RADIOISOTOPE	83,648	42,257	0	0	0	56.00
57.00	05700	CT SCAN	234,883	118,659	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	484,274	244,646	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	191,779	96,883	0	39,136	0	65.00
66.00	06600	PHYSICAL THERAPY	53,653	27,104	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	189,947	95,957	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,003	12,631	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	288,060	145,523	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	642,393	324,525	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	995,368	502,842	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	25,209	12,735	0	0	0	74.00
76.00	03140	CARDIO CATH LAB	252,057	127,335	0	156,544	0	76.00
76.01	03050	ENDOSCOPY	146,556	74,038	0	0	0	76.01
76.02	03950	CARDIAC REHAB	10,455	5,282	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	9,458	4,778	0	1,839,386	0	90.00
91.00	09100	EMERGENCY	279,072	140,982	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	18,312	9,251	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	5,649	2,854	0	0	0	105.00
106.00	10600	HEART ACQUISITION	13,596	6,868	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,120,479	3,091,715	0	4,070,133	600,690	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	195,679	0	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
11/25/2015 10:35 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
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)	6,120,479	3,091,715	0	4,265,812	600,690	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
11/25/2015 10:35 am

Cost Center Description			PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	266,682				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	45,694,827	-489,199	45,205,628	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	1,886,327	-19,568	1,866,759	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	5,661,550	-371,791	5,289,759	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	23,652,650	0	23,652,650	31.03
32.00	03200	CORONARY CARE UNIT	0	8,329,914	0	8,329,914	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
43.00	04300	NURSERY	0	664,720	0	664,720	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	44,004,735	-1,154,509	42,850,226	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,198,807	0	2,198,807	52.00
53.00	05300	ANESTHESIOLOGY	0	584,528	0	584,528	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,968,860	0	11,968,860	54.00
54.01	05401	PET SCAN	0	1,055,722	0	1,055,722	54.01
56.00	05600	RADIOISOTOPE	0	2,323,477	0	2,323,477	56.00
57.00	05700	CT SCAN	0	2,350,537	0	2,350,537	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	21,055,323	0	21,055,323	60.00
65.00	06500	RESPIRATORY THERAPY	0	7,596,621	-39,136	7,557,485	65.00
66.00	06600	PHYSICAL THERAPY	0	5,918,254	0	5,918,254	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,401,553	0	6,401,553	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,904,663	0	2,904,663	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,757,502	0	23,757,502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	31,212,130	0	31,212,130	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	266,682	45,938,892	0	45,938,892	73.00
74.00	07400	RENAL DIALYSIS	0	2,906,778	0	2,906,778	74.00
76.00	03140	CARDIO CATH LAB	0	6,599,619	-156,544	6,443,075	76.00
76.01	03050	ENDOSCOPY	0	8,094,750	0	8,094,750	76.01
76.02	03950	CARDIAC REHAB	0	739,151	0	739,151	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	8,578,462	-1,839,386	6,739,076	90.00
91.00	09100	EMERGENCY	0	10,581,111	0	10,581,111	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	4,455,491	0	4,455,491	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	2,261,560	0	2,261,560	105.00
106.00	10600	HEART ACQUISITION	0	525,397	0	525,397	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	266,682	339,903,911	-4,070,133	335,833,778	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	189,583	0	189,583	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,975,826	-195,679	1,780,147	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	194.00
194.01	07951	MARKETING	0	2,881,826	0	2,881,826	194.01
194.02	07952	SENIOR CIRCLE	0	93,122	0	93,122	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	631,069	0	631,069	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
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Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	266,682	345,675,337	-4,265,812	341,409,525		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part II  
Date/Time Prepared:  
11/25/2015 10:35 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	469,438	22,857	492,295	492,295 4.00
5.01 00540	ADMITTING	0	390,405	26,398	416,803	18,885 5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	0	758,877	5,580,032	6,338,909	23,826 5.02
7.00 00700	OPERATION OF PLANT	0	3,879,433	374,900	4,254,333	7,540 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	22,509	0	22,509	0 8.00
9.00 00900	HOUSEKEEPING	0	75,574	27,715	103,289	7,491 9.00
10.00 01000	DIETARY	0	727,318	69,170	796,488	5,370 10.00
11.00 01100	CAFETERIA	0	0	0	0	7,260 11.00
13.00 01300	NURSING ADMINISTRATION	0	171,979	7,459	179,438	7,375 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	314,078	386,175	700,253	8,220 14.00
15.00 01500	PHARMACY	0	179,799	111,809	291,608	27,623 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	192,031	49,387	241,418	12,744 16.00
17.00 01700	SOCIAL SERVICE	0	129,366	0	129,366	9,248 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	72,491	421	72,912	904 23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0	0	0	773 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	2,658,286	3,140,366	5,798,652	76,340 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	109,815	24,562	134,377	3,921 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	0	277,432	126,556	403,988	10,280 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	0	991,315	231,181	1,222,496	46,199 31.03
32.00 03200	CORONARY CARE UNIT	0	386,018	87,269	473,287	17,007 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	0	13,686	1,589	15,275	1,299 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	2,638,985	4,716,040	7,355,025	38,156 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	5,744 52.00
53.00 05300	ANESTHESIOLOGY	0	2,005	0	2,005	372 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	397,223	1,618,444	2,015,667	20,635 54.00
54.01 05401	PET SCAN	0	43,239	582,672	625,911	91 54.01
56.00 05600	RADIO SOTOPE	0	100,716	10,749	111,465	1,847 56.00
57.00 05700	CT SCAN	0	49,806	51,589	101,395	3,060 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	0	423,692	764,375	1,188,067	20,010 60.00
65.00 06500	RESPIRATORY THERAPY	0	144,005	247,484	391,489	17,565 65.00
66.00 06600	PHYSICAL THERAPY	0	304,804	230,687	535,491	13,683 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	360,751	340,739	701,490	13,211 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	37,699	524,034	561,733	4,636 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	199,025	4,132	203,157	0 74.00
76.00 03140	CARDIO CATH LAB	0	162,228	1,488,160	1,650,388	5,851 76.00
76.01 03050	ENDOSCOPY	0	174,360	542,104	716,464	13,762 76.01
76.02 03950	CARDIAC REHAB	0	0	34,236	34,236	1,922 76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	512,151	13,238	525,389	12,612 90.00
91.00 09100	EMERGENCY	0	505,659	372,506	878,165	17,248 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	11,581	306,282	317,863	7,423 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	52,764	11,500	64,264	0 105.00
106.00 10600	HEART ACQUISITION	0	0	16,884	16,884	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	17,940,543	22,143,701	40,084,244	490,133 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	60,259	4,812	65,071	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,160	3,160	0 192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	0	3,261	3,261	1,409 194.01
194.02 07952	SENIOR CIRCLE	0	0	0	0	179 194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.03 07953  OTHER NONREIMBURSABLE COST CENTERS	0	0	92,047	92,047	574	194.03
200.00  Cross Foot Adjustments				0		200.00
201.00  Negative Cost Centers		0	0	0		201.00
202.00  TOTAL (sum lines 118-201)	0	18,000,802	22,246,981	40,247,783	492,295	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/25/2015 10:35 am		
Cost Center Description			ADMINISTRATIVE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.01	5.02	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMINISTRATIVE	435,688				5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	6,362,735			5.02
7.00	00700	OPERATION OF PLANT	0	355,668	4,617,541		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	36,712	8,313	67,534	8.00
9.00	00900	HOUSEKEEPING	0	77,001	27,911	0	215,692
10.00	01000	DIETARY	0	81,970	268,617	0	12,647
11.00	01100	CAFETERIA	0	38,177	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	48,105	63,516	0	2,990
14.00	01400	CENTRAL SERVICES & SUPPLY	0	159,054	115,997	0	5,461
15.00	01500	PHARMACY	0	201,027	66,404	0	3,126
16.00	01600	MEDICAL RECORDS & LIBRARY	0	104,493	70,922	0	3,339
17.00	01700	SOCIAL SERVICE	0	51,656	47,778	0	2,249
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	78,520	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	8,370	26,773	166	1,260
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	4,846	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	20,770	637,099	981,773	24,192	46,225
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	597	27,981	40,557	420	1,909
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,097	76,148	102,462	599	4,824
31.03	03101	CARDIO INTENSIVE CARE UNIT	13,220	350,133	366,117	8,116	17,237
32.00	03200	CORONARY CARE UNIT	5,185	124,837	142,566	2,725	6,712
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
43.00	04300	NURSERY	346	8,886	5,055	0	238
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	80,192	626,152	974,643	13,397	45,887
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,532	38,267	0	0	0
53.00	05300	ANESTHESIOLOGY	9,244	7,008	741	0	35
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,663	189,426	146,704	3,257	6,907
54.01	05401	PET SCAN	1,208	17,428	15,969	0	752
56.00	05600	RADIOLOGY-SOFT	5,944	36,334	37,197	0	1,751
57.00	05700	CT SCAN	16,690	33,224	18,395	1,091	866
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	34,412	346,749	156,480	88	7,367
65.00	06500	RESPIRATORY THERAPY	13,628	125,966	53,185	249	2,504
66.00	06600	PHYSICAL THERAPY	3,812	95,558	112,572	0	5,300
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	13,497	98,298	133,235	234	6,273
70.00	07000	ELECTROENCEPHALOGRAPHY	1,777	49,904	13,923	0	656
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,469	383,527	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,647	495,492	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	70,729	600,116	0	0	0
74.00	07400	RENAL DIALYSIS	1,791	45,749	73,505	0	3,461
76.00	03140	CARDIO CATH LAB	17,911	100,846	59,915	1,455	2,821
76.01	03050	ENDOSCOPY	10,414	129,987	64,395	2,315	3,032
76.02	03950	CARDIAC REHAB	743	13,030	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	672	100,654	189,150	1,040	8,905
91.00	09100	EMERGENCY	19,830	156,568	186,752	8,190	8,792
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	1,301	79,958	4,277	0	201
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	401	39,634	19,487	0	917
106.00	10600	HEART ACQUISITION	966	9,294	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	435,688	6,289,852	4,595,286	67,534	214,644
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,391	22,255	0	1,048
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,492	0	0	0
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01	07951	MARKETING	0	52,912	0	0	0
194.02	07952	SENIOR CIRCLE	0	1,689	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	5,399	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150017		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/25/2015 10:35 am	
Cost Center Description		ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.01	5.02	7.00	8.00	9.00	
202.00	TOTAL (sum lines 118-201)	435,688	6,362,735	4,617,541	67,534	215,692	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150017		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/25/2015 10:35 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,165,092					10.00
11.00	01100	CAFETERIA	0	45,437				11.00
13.00	01300	NURSING ADMINISTRATION	0	569	301,993			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,441	0	990,426		14.00
15.00	01500	PHARMACY	0	2,074	0	22,857	614,719	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,683	0	364	0	16.00
17.00	01700	SOCIAL SERVICE	0	845	0	216	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	76	0	36	0	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	75	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	486,713	9,007	84,148	36,055	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,636	331	4,321	1,318	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	64,159	969	11,326	4,002	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	238,776	4,592	50,903	21,479	0	31.03
32.00	03200	CORONARY CARE UNIT	47,970	1,585	18,738	9,180	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	21,638	125	1,432	917	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	4,277	42,041	122,121	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	553	6,329	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	86	0	28	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,241	22,736	9,185	0	54.00
54.01	05401	PET SCAN	0	11	100	0	0	54.01
56.00	05600	RADIO SOTOPE	0	173	2,036	554	0	56.00
57.00	05700	CT SCAN	0	362	3,372	1,636	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	2,385	0	61,233	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,915	0	6,170	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,188	0	1,609	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,763	0	553	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	494	0	6,596	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	264,894	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	354,195	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	614,719	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	722	0	74.00
76.00	03140	CARDIO CATH LAB	0	549	6,447	15,537	0	76.00
76.01	03050	ENDOSCOPY	0	1,573	15,163	20,455	0	76.01
76.02	03950	CARDIAC REHAB	0	263	0	371	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	1,227	13,897	6,788	0	90.00
91.00	09100	EMERGENCY	0	1,887	19,004	19,104	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	920	0	2,136	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	866,892	45,239	301,993	990,311	614,719	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	231,000	0	0	4	0	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	141	0	84	0	194.01
194.02	07952	SENIOR CIRCLE	0	27	0	13	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	67,200	30	0	14	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150017			Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/25/2015 10:35 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
202.00	TOTAL (sum lines 118-201)	1,165,092	45,437	301,993	990,426	614,719	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/25/2015 10:35 am
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		21.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMITTING					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	434,963				16.00
17.00 01700	SOCIAL SERVICE	0	241,358			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		78,520	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	20,770	11,575			30.00
31.00 03100	INTENSIVE CARE UNIT	0	0			31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	597	333			31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	3,097	1,726			31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	13,220	7,367			31.03
32.00 03200	CORONARY CARE UNIT	5,185	2,890			32.00
40.00 04000	SUBPROVIDER - I/PF	0	0			40.00
43.00 04300	NURSERY	346	193			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	79,467	43,241			50.00
51.00 05100	RECOVERY ROOM	0	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,532	854			52.00
53.00 05300	ANESTHESIOLOGY	9,244	5,152			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,663	10,958			54.00
54.01 05401	PET SCAN	1,208	673			54.01
56.00 05600	RADIOISOTOPE	5,944	3,312			56.00
57.00 05700	CT SCAN	16,690	9,301			57.00
58.00 05800	MRI	0	0			58.00
60.00 06000	LABORATORY	34,412	19,177			60.00
65.00 06500	RESPIRATORY THERAPY	13,628	7,595			65.00
66.00 06600	PHYSICAL THERAPY	3,812	2,125			66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00 06800	SPEECH PATHOLOGY	0	0			68.00
69.00 06900	ELECTROCARDIOLOGY	13,497	7,522			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,777	990			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,469	11,407			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	45,647	25,439			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	70,729	39,417			73.00
74.00 07400	RENAL DIALYSIS	1,791	998			74.00
76.00 03140	CARDIO CATH LAB	17,911	9,982			76.00
76.01 03050	ENDOSCOPY	10,414	5,804			76.01
76.02 03950	CARDIAC REHAB	743	414			76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	672	375			90.00
91.00 09100	EMERGENCY	19,830	11,051			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	1,301	725			95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	401	224			105.00
106.00 10600	HEART ACQUISITION	966	538			106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	434,963	241,358	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
194.00 07950	CLOSED PSYCH UNIT	0	0			194.00
194.01 07951	MARKETING	0	0			194.01
194.02 07952	SENIOR CIRCLE	0	0			194.02
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0			194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
200.00   Cross Foot Adjustments			0	78,520	110,497	200.00
201.00   Negative Cost Centers	0	0	0	0	0	201.00
202.00   TOTAL (sum lines 118-201)	434,963	241,358	0	78,520	110,497	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part II  
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Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	ADMITTING				5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL				5.02
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	5,694			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	8,233,319	0	8,233,319	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	224,298	0	224,298	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	686,677	0	686,677	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	2,359,855	0	2,359,855	31.03
32.00	03200	CORONARY CARE UNIT	857,867	0	857,867	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	40.00
43.00	04300	NURSERY	55,750	0	55,750	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	9,424,599	0	9,424,599	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,811	0	54,811	52.00
53.00	05300	ANESTHESIOLOGY	33,915	0	33,915	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,467,042	0	2,467,042	54.00
54.01	05401	PET SCAN	663,351	0	663,351	54.01
56.00	05600	RADIOISOTOPE	206,557	0	206,557	56.00
57.00	05700	CT SCAN	206,082	0	206,082	57.00
58.00	05800	MRI	0	0	0	58.00
60.00	06000	LABORATORY	1,870,380	0	1,870,380	60.00
65.00	06500	RESPIRATORY THERAPY	633,894	0	633,894	65.00
66.00	06600	PHYSICAL THERAPY	775,150	0	775,150	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	989,573	0	989,573	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	642,486	0	642,486	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	700,766	0	700,766	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	966,420	0	966,420	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,395,710	0	1,395,710	73.00
74.00	07400	RENAL DIALYSIS	331,174	0	331,174	74.00
76.00	03140	CARDIO CATH LAB	1,889,613	0	1,889,613	76.00
76.01	03050	ENDOSCOPY	993,778	0	993,778	76.01
76.02	03950	CARDIAC REHAB	51,722	0	51,722	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	861,381	0	861,381	90.00
91.00	09100	EMERGENCY	1,346,421	0	1,346,421	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	416,105	0	416,105	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION	125,328	0	125,328	105.00
106.00	10600	HEART ACQUISITION	28,648	0	28,648	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	39,492,672	39,492,672	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	89,765	0	89,765	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	245,656	0	245,656	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	194.00
194.01	07951	MARKETING	57,807	0	57,807	194.01
194.02	07952	SENIOR CIRCLE	1,908	0	1,908	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	165,264	0	165,264	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

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Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	5,694	194,711	0	194,711		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	5,694	40,247,783	0	40,247,783		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1

Date/Time Prepared:  
11/25/2015 10:35 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	718,133				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		9,982,305			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	18,728	10,256	108,967,548		4.00
5.01 00540	ADMITTING	15,575	11,845	4,179,845	2,265,079,549	5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	30,275	2,503,782	5,273,480	0	-48,002,754 5.02
7.00 00700	OPERATION OF PLANT	154,768	168,219	1,668,973	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	898	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	3,015	12,436	1,658,078	0	0 9.00
10.00 01000	DIETARY	29,016	31,037	1,188,503	0	0 10.00
11.00 01100	CAFETERIA	0	0	1,606,963	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	6,861	3,347	1,632,314	0	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	12,530	173,278	1,819,297	0	0 14.00
15.00 01500	PHARMACY	7,173	50,169	6,114,018	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,661	22,160	2,820,722	0	0 16.00
17.00 01700	SOCIAL SERVICE	5,161	0	2,047,006	0	0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	2,892	189	200,110	0	0 23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0	171,079	0	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	106,051	1,409,094	16,901,006	108,178,039	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	4,381	11,021	867,926	3,110,752	0 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	11,068	56,786	2,275,306	16,130,534	0 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	39,548	103,732	10,225,545	68,851,725	0 31.03
32.00 03200	CORONARY CARE UNIT	15,400	39,158	3,764,261	27,007,385	0 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	546	713	287,575	1,804,460	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	105,281	2,116,105	8,445,379	413,518,897	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	1,271,333	7,977,306	0 52.00
53.00 05300	ANESTHESIOLOGY	80	0	82,373	48,147,001	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,847	726,202	4,567,384	102,412,258	0 54.00
54.01 05401	PET SCAN	1,725	261,447	20,096	6,293,382	0 54.01
56.00 05600	RADIOISOTOPE	4,018	4,823	408,910	30,957,862	0 56.00
57.00 05700	CT SCAN	1,987	23,148	677,290	86,929,385	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	16,903	342,978	4,428,973	179,228,040	0 60.00
65.00 06500	RESPIRATORY THERAPY	5,745	111,047	3,887,790	70,976,771	0 65.00
66.00 06600	PHYSICAL THERAPY	12,160	103,510	3,028,566	19,856,639	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	14,392	152,891	2,924,162	70,298,489	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,504	235,136	1,026,095	9,253,332	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	106,610,013	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	237,747,186	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	368,382,106	0 73.00
74.00 07400	RENAL DIALYSIS	7,940	1,854	0	9,329,716	0 74.00
76.00 03140	CARDIO CATH LAB	6,472	667,743	1,295,073	93,285,472	0 76.00
76.01 03050	ENDOSCOPY	6,956	243,244	3,045,954	54,239,959	0 76.01
76.02 03950	CARDIAC REHAB	0	15,362	425,352	3,869,353	0 76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	20,432	5,940	2,791,599	3,500,226	0 90.00
91.00 09100	EMERGENCY	20,173	167,145	3,817,523	103,283,674	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	462	137,430	1,642,985	6,777,229	0 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	2,105	5,160	0	2,090,547	0 105.00
106.00 10600	HEART ACQUISITION	0	7,576	0	5,031,811	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	715,729	9,935,963	108,488,844	2,265,079,549	-48,002,754 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,404	2,159	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,418	0	0	0 192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	1,463	311,959	0	0 194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.02 07952 SENIOR CIRCLE	0	0	39,729	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	41,302	127,016	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	18,000,802	22,246,981	16,555,353	10,349,937		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	25.066112	2.228642	0.151929	0.004569		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			492,295	435,688		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.004518	0.000192		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCU. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	297,672,583				5.02
7.00	00700	OPERATION OF PLANT	16,639,453	498,787			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,717,542	898	2,181,092		8.00
9.00	00900	HOUSEKEEPING	3,602,388	3,015	0	494,874	9.00
10.00	01000	DIETARY	3,834,851	29,016	0	29,016	680,692 10.00
11.00	01100	CAFETERIA	1,786,078	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,250,528	6,861	0	6,861	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,441,126	12,530	0	12,530	0 14.00
15.00	01500	PHARMACY	9,404,775	7,173	0	7,173	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,888,544	7,661	0	7,661	0 16.00
17.00	01700	SOCIAL SERVICE	2,416,647	5,161	0	5,161	0 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,673,434	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	391,567	2,892	5,365	2,892	0 23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	226,703	0	0	0	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	29,806,579	106,051	781,299	106,051	284,357 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,309,042	4,381	13,571	4,381	4,461 31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,562,482	11,068	19,345	11,068	37,484 31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	16,380,472	39,548	262,128	39,548	139,502 31.03
32.00	03200	CORONARY CARE UNIT	5,840,326	15,400	88,017	15,400	28,026 32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00	04300	NURSERY	415,720	546	0	546	12,642 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	29,293,662	105,281	432,666	105,281	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,790,276	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	327,872	80	0	80	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,862,015	15,847	105,206	15,847	0 54.00
54.01	05401	PET SCAN	815,354	1,725	0	1,725	0 54.01
56.00	05600	RADIOISOTOPE	1,699,815	4,018	0	4,018	0 56.00
57.00	05700	CT SCAN	1,554,344	1,987	35,224	1,987	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
60.00	06000	LABORATORY	16,222,172	16,903	2,846	16,903	0 60.00
65.00	06500	RESPIRATORY THERAPY	5,893,160	5,745	8,050	5,745	0 65.00
66.00	06600	PHYSICAL THERAPY	4,470,531	12,160	0	12,160	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	4,598,753	14,392	7,542	14,392	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,334,703	1,504	0	1,504	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,942,795	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,180,901	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,075,589	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	2,140,319	7,940	0	7,940	0 74.00
76.00	03140	CARDIO CATH LAB	4,717,925	6,472	46,983	6,472	0 76.00
76.01	03050	ENDOSCOPY	6,081,243	6,956	74,753	6,956	0 76.01
76.02	03950	CARDIAC REHAB	609,609	0	0	0	0 76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	4,708,973	20,432	33,583	20,432	0 90.00
91.00	09100	EMERGENCY	7,324,838	20,173	264,514	20,173	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	3,740,727	462	0	462	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	1,854,209	2,105	0	2,105	0 105.00
106.00	10600	HEART ACQUISITION	434,815	0	0	0	0 106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	294,262,857	496,383	2,181,092	492,470	506,472 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	65,071	2,404	0	2,404	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	537,624	0	0	0	134,959 192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0 194.00
194.01	07951	MARKETING	2,475,403	0	0	0	0 194.01
194.02	07952	SENIOR CIRCLE	79,027	0	0	0	0 194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	252,601	0	0	0	39,261 194.03
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	48,002,754	19,322,731	2,029,301	4,300,108	5,829,452	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.161260	38.739444	0.930406	8.689299	8.564008	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,362,735	4,617,541	67,534	215,692	1,165,092	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.021375	9.257541	0.030963	0.435852	1.711629	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

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Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	168,544					11.00
13.00	01300	2,109	60,662,158				13.00
14.00	01400	5,345	0	61,784,704			14.00
15.00	01500	7,695	0	1,425,873	26,392,451		15.00
16.00	01600	6,244	0	22,697	0	2,265,079,549	16.00
17.00	01700	3,133	0	13,456	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	283	0	2,266	0	0	23.00
23.01	02301	278	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	33,412	16,901,006	2,249,242	0	108,178,039	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	02080	1,227	867,926	82,205	0	3,110,752	31.01
31.02	02060	3,595	2,275,306	249,661	0	16,130,534	31.02
31.03	03101	17,032	10,225,544	1,339,941	0	68,851,725	31.03
32.00	03200	5,880	3,764,261	572,700	0	27,007,385	32.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	464	287,575	57,199	0	1,804,460	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	15,866	8,445,379	7,618,299	0	413,518,897	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	2,052	1,271,333	0	0	7,977,306	52.00
53.00	05300	318	0	1,743	0	48,147,001	53.00
54.00	05400	8,311	4,567,384	572,982	0	102,412,258	54.00
54.01	05401	40	20,096	0	0	6,293,382	54.01
56.00	05600	641	408,910	34,563	0	30,957,862	56.00
57.00	05700	1,342	677,290	102,070	0	86,929,385	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	8,846	0	3,819,885	0	179,228,040	60.00
65.00	06500	7,104	0	384,890	0	70,976,771	65.00
66.00	06600	4,405	0	100,347	0	19,856,639	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	6,541	0	34,520	0	70,298,489	69.00
70.00	07000	1,833	0	411,460	1,833	9,253,332	70.00
71.00	07100	0	0	16,524,861	0	106,610,013	71.00
72.00	07200	0	0	22,094,634	0	237,747,186	72.00
73.00	07300	0	0	0	26,392,451	368,382,106	73.00
74.00	07400	0	0	45,059	0	9,329,716	74.00
76.00	03140	2,037	1,295,073	969,244	0	93,285,472	76.00
76.01	03050	5,836	3,045,954	1,276,063	0	54,239,959	76.01
76.02	03950	976	0	23,169	0	3,869,353	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	4,551	2,791,598	423,449	0	3,500,226	90.00
91.00	09100	7,000	3,817,523	1,191,777	0	103,283,674	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	3,413	0	133,246	0	6,777,229	95.00
96.00	09600	0	0	0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	0	0	0	0	2,090,547	105.00
106.00	10600	0	0	0	0	5,031,811	106.00
118.00		167,809	60,662,158	61,777,501	26,392,451	2,265,079,549	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	241	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	524	0	5,261	0	0	194.01
194.02	07952	100	0	797	0	0	194.02
194.03	07953	111	0	904	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
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)	2,074,101	2,964,809	9,301,140	11,570,942	6,120,479	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.305991	0.048874	0.150541	0.438419	0.002702	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	45,437	301,993	990,426	614,719	434,963	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.269585	0.004978	0.016030	0.023291	0.000192	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1  
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Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		17.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMITTING					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	2,265,079,549				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	10,900			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		10,900		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0			102,747	23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0				10,000 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	108,178,039	1,250	1,250	65,782	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	3,110,752	50	50	934	0 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	16,130,534	950	950	5,167	0 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	68,851,725	0	0	21,428	0 31.03
32.00 03200	CORONARY CARE UNIT	27,007,385	0	0	7,369	0 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	1,804,460	0	0	2,067	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	413,518,897	2,950	2,950	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,977,306	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	48,147,001	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	102,412,258	0	0	0	0 54.00
54.01 05401	PET SCAN	6,293,382	0	0	0	0 54.01
56.00 05600	RADIOISOTOPE	30,957,862	0	0	0	0 56.00
57.00 05700	CT SCAN	86,929,385	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	179,228,040	0	0	0	0 60.00
65.00 06500	RESPIRATORY THERAPY	70,976,771	100	100	0	0 65.00
66.00 06600	PHYSICAL THERAPY	19,856,639	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	70,298,489	0	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	9,253,332	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	106,610,013	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	237,747,186	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	368,382,106	0	0	0	10,000 73.00
74.00 07400	RENAL DIALYSIS	9,329,716	0	0	0	0 74.00
76.00 03140	CARDIO CATH LAB	93,285,472	400	400	0	0 76.00
76.01 03050	ENDOSCOPY	54,239,959	0	0	0	0 76.01
76.02 03950	CARDIAC REHAB	3,869,353	0	0	0	0 76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	3,500,226	4,700	4,700	0	0 90.00
91.00 09100	EMERGENCY	103,283,674	0	0	0	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	6,777,229	0	0	0	0 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	2,090,547	0	0	0	0 105.00
106.00 10600	HEART ACQUISITION	5,031,811	0	0	0	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,265,079,549	10,400	10,400	102,747	10,000 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	500	500	0	0 192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	0	0	0	0 194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1

Date/Time Prepared:  
11/25/2015 10:35 am

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		17.00	21.00			
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,091,715	0	4,265,812	600,690	266,682	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.001365	0.000000	391.358899	5.846302	26.668200	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	241,358	0	78,520	110,497	5,694	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000107	0.000000	7.203670	1.075428	0.569400	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet C  
Part I  
Date/Time Prepared:  
11/25/2015 10:35 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		45,205,628	0	45,205,628	30.00
31.00	03100 INTENSIVE CARE UNIT		0	0	0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		1,866,759	0	1,866,759	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		5,289,759	0	5,289,759	31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT		23,652,650	0	23,652,650	31.03
32.00	03200 CORONARY CARE UNIT		8,329,914	0	8,329,914	32.00
40.00	04000 SUBPROVIDER - IPF		0	0	0	40.00
43.00	04300 NURSERY		664,720	0	664,720	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		42,850,226	0	42,850,226	50.00
51.00	05100 RECOVERY ROOM		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,198,807	0	2,198,807	52.00
53.00	05300 ANESTHESIOLOGY		584,528	0	584,528	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,968,860	0	11,968,860	54.00
54.01	05401 PET SCAN		1,055,722	0	1,055,722	54.01
56.00	05600 RADIOISOTOPE		2,323,477	0	2,323,477	56.00
57.00	05700 CT SCAN		2,350,537	0	2,350,537	57.00
58.00	05800 MRI		0	0	0	58.00
60.00	06000 LABORATORY		21,055,323	0	21,055,323	60.00
65.00	06500 RESPIRATORY THERAPY	0	7,557,485	0	7,557,485	65.00
66.00	06600 PHYSICAL THERAPY	0	5,918,254	0	5,918,254	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		6,401,553	0	6,401,553	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,904,663	0	2,904,663	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		23,757,502	0	23,757,502	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		31,212,130	0	31,212,130	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		45,938,892	0	45,938,892	73.00
74.00	07400 RENAL DIALYSIS		2,906,778	0	2,906,778	74.00
76.00	03140 CARDIO CATH LAB		6,443,075	0	6,443,075	76.00
76.01	03050 ENDOSCOPY		8,094,750	0	8,094,750	76.01
76.02	03950 CARDIAC REHAB		739,151	0	739,151	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		6,739,076	0	6,739,076	90.00
91.00	09100 EMERGENCY		10,581,111	0	10,581,111	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		346,426		346,426	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		4,455,491	0	4,455,491	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION		2,261,560		2,261,560	105.00
106.00	10600 HEART ACQUISITION		525,397		525,397	106.00
200.00	Subtotal (see instructions)	0	336,180,204	0	336,180,204	200.00
201.00	Less Observation Beds		346,426		346,426	201.00
202.00	Total (see instructions)	0	335,833,778	0	335,833,778	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet C  
Part I  
Date/Time Prepared:  
11/25/2015 10:35 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	94,126,592		94,126,592		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,110,752		3,110,752		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	16,130,534		16,130,534		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	68,851,725		68,851,725		31.03
32.00	03200	CORONARY CARE UNIT	27,007,385		27,007,385		32.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	1,804,460		1,804,460		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	237,611,460	175,907,437	413,518,897	0.103623	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,882,945	94,361	7,977,306	0.275633	52.00
53.00	05300	ANESTHESIOLOGY	28,589,549	19,557,452	48,147,001	0.012140	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,429,433	62,982,825	102,412,258	0.116869	54.00
54.01	05401	PET SCAN	21,142	6,272,240	6,293,382	0.167751	54.01
56.00	05600	RADIOISOTOPE	5,807,718	25,150,144	30,957,862	0.075053	56.00
57.00	05700	CT SCAN	34,750,596	52,178,789	86,929,385	0.027040	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	108,497,395	70,730,645	179,228,040	0.117478	60.00
65.00	06500	RESPIRATORY THERAPY	67,651,007	3,325,764	70,976,771	0.106478	65.00
66.00	06600	PHYSICAL THERAPY	12,727,007	7,129,632	19,856,639	0.298049	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	29,857,797	40,440,692	70,298,489	0.091062	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,197,629	8,055,703	9,253,332	0.313905	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	73,365,922	33,244,091	106,610,013	0.222845	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,124,451	82,622,735	237,747,186	0.131283	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	246,028,276	122,353,830	368,382,106	0.124704	73.00
74.00	07400	RENAL DIALYSIS	9,065,579	264,137	9,329,716	0.311561	74.00
76.00	03140	CARDIO CATH LAB	47,039,193	46,246,279	93,285,472	0.069068	76.00
76.01	03050	ENDOSCOPY	9,367,658	44,872,301	54,239,959	0.149240	76.01
76.02	03950	CARDIAC REHAB	2,816,115	1,053,238	3,869,353	0.191027	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	333,427	3,166,799	3,500,226	1.925326	90.00
91.00	09100	EMERGENCY	34,000,922	69,282,752	103,283,674	0.102447	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,784,014	11,267,433	14,051,447	0.024654	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	14,917	6,762,312	6,777,229	0.657421	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	2,090,547	0	2,090,547		105.00
106.00	10600	HEART ACQUISITION	5,031,811	0	5,031,811		106.00
200.00		Subtotal (see instructions)	1,372,117,958	892,961,591	2,265,079,549		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,372,117,958	892,961,591	2,265,079,549		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/25/2015 10:35 am
		Title XVII I	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT			31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT			31.03
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.103623		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.275633		52.00
53.00	05300 ANESTHESIOLOGY	0.012140		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.116869		54.00
54.01	05401 PET SCAN	0.167751		54.01
56.00	05600 RADIOISOTOPE	0.075053		56.00
57.00	05700 CT SCAN	0.027040		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.117478		60.00
65.00	06500 RESPIRATORY THERAPY	0.106478		65.00
66.00	06600 PHYSICAL THERAPY	0.298049		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.091062		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.313905		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.222845		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.131283		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.124704		73.00
74.00	07400 RENAL DIALYSIS	0.311561		74.00
76.00	03140 CARDIO CATH LAB	0.069068		76.00
76.01	03050 ENDOSCOPY	0.149240		76.01
76.02	03950 CARDIAC REHAB	0.191027		76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	1.925326		90.00
91.00	09100 EMERGENCY	0.102447		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.024654		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.657421		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
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: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet C  
Part I  
Date/Time Prepared:  
11/25/2015 10:35 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	45,205,628		45,205,628	0	45,205,628	30.00
31.00	03100 INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT	1,866,759		1,866,759	0	1,866,759	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT	5,289,759		5,289,759	0	5,289,759	31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT	23,652,650		23,652,650	0	23,652,650	31.03
32.00	03200 CORONARY CARE UNIT	8,329,914		8,329,914	0	8,329,914	32.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300 NURSERY	664,720		664,720	0	664,720	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	42,850,226		42,850,226	0	42,850,226	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,198,807		2,198,807	0	2,198,807	52.00
53.00	05300 ANESTHESIOLOGY	584,528		584,528	0	584,528	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,968,860		11,968,860	0	11,968,860	54.00
54.01	05401 PET SCAN	1,055,722		1,055,722	0	1,055,722	54.01
56.00	05600 RADIOISOTOPE	2,323,477		2,323,477	0	2,323,477	56.00
57.00	05700 CT SCAN	2,350,537		2,350,537	0	2,350,537	57.00
58.00	05800 MRI	0		0	0	0	58.00
60.00	06000 LABORATORY	21,055,323		21,055,323	0	21,055,323	60.00
65.00	06500 RESPIRATORY THERAPY	7,557,485	0	7,557,485	0	7,557,485	65.00
66.00	06600 PHYSICAL THERAPY	5,918,254	0	5,918,254	0	5,918,254	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	6,401,553		6,401,553	0	6,401,553	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,904,663		2,904,663	0	2,904,663	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	23,757,502		23,757,502	0	23,757,502	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	31,212,130		31,212,130	0	31,212,130	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	45,938,892		45,938,892	0	45,938,892	73.00
74.00	07400 RENAL DIALYSIS	2,906,778		2,906,778	0	2,906,778	74.00
76.00	03140 CARDIO CATH LAB	6,443,075		6,443,075	0	6,443,075	76.00
76.01	03050 ENDOSCOPY	8,094,750		8,094,750	0	8,094,750	76.01
76.02	03950 CARDIAC REHAB	739,151		739,151	0	739,151	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	6,739,076		6,739,076	0	6,739,076	90.00
91.00	09100 EMERGENCY	10,581,111		10,581,111	0	10,581,111	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	346,426		346,426		346,426	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	4,455,491		4,455,491	0	4,455,491	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	2,261,560		2,261,560		2,261,560	105.00
106.00	10600 HEART ACQUISITION	525,397		525,397		525,397	106.00
200.00	Subtotal (see instructions)	336,180,204	0	336,180,204	0	336,180,204	200.00
201.00	Less Observation Beds	346,426		346,426		346,426	201.00
202.00	Total (see instructions)	335,833,778	0	335,833,778	0	335,833,778	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet C  
Part I  
Date/Time Prepared:  
11/25/2015 10:35 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	94,126,592		94,126,592		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,110,752		3,110,752		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	16,130,534		16,130,534		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	68,851,725		68,851,725		31.03
32.00	03200	CORONARY CARE UNIT	27,007,385		27,007,385		32.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	1,804,460		1,804,460		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	237,611,460	175,907,437	413,518,897	0.103623	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,882,945	94,361	7,977,306	0.275633	52.00
53.00	05300	ANESTHESIOLOGY	28,589,549	19,557,452	48,147,001	0.012140	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,429,433	62,982,825	102,412,258	0.116869	54.00
54.01	05401	PET SCAN	21,142	6,272,240	6,293,382	0.167751	54.01
56.00	05600	RADIOISOTOPE	5,807,718	25,150,144	30,957,862	0.075053	56.00
57.00	05700	CT SCAN	34,750,596	52,178,789	86,929,385	0.027040	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	108,497,395	70,730,645	179,228,040	0.117478	60.00
65.00	06500	RESPIRATORY THERAPY	67,651,007	3,325,764	70,976,771	0.106478	65.00
66.00	06600	PHYSICAL THERAPY	12,727,007	7,129,632	19,856,639	0.298049	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	29,857,797	40,440,692	70,298,489	0.091062	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,197,629	8,055,703	9,253,332	0.313905	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	73,365,922	33,244,091	106,610,013	0.222845	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,124,451	82,622,735	237,747,186	0.131283	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	246,028,276	122,353,830	368,382,106	0.124704	73.00
74.00	07400	RENAL DIALYSIS	9,065,579	264,137	9,329,716	0.311561	74.00
76.00	03140	CARDIO CATH LAB	47,039,193	46,246,279	93,285,472	0.069068	76.00
76.01	03050	ENDOSCOPY	9,367,658	44,872,301	54,239,959	0.149240	76.01
76.02	03950	CARDIAC REHAB	2,816,115	1,053,238	3,869,353	0.191027	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	333,427	3,166,799	3,500,226	1.925326	90.00
91.00	09100	EMERGENCY	34,000,922	69,282,752	103,283,674	0.102447	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,784,014	11,267,433	14,051,447	0.024654	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	14,917	6,762,312	6,777,229	0.657421	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	2,090,547	0	2,090,547		105.00
106.00	10600	HEART ACQUISITION	5,031,811	0	5,031,811		106.00
200.00		Subtotal (see instructions)	1,372,117,958	892,961,591	2,265,079,549		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,372,117,958	892,961,591	2,265,079,549		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/25/2015 10:35 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT			31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT			31.03
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 PET SCAN	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03140 CARDIO CATH LAB	0.000000		76.00
76.01	03050 ENDOSCOPY	0.000000		76.01
76.02	03950 CARDIAC REHAB	0.000000		76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part I Date/Time Prepared: 11/25/2015 10:35 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,233,319	0	8,233,319	66,290	124.20	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	224,298		224,298	934	240.15	31.01
31.02	NEONATAL INTENSIVE CARE UNIT	686,677		686,677	5,167	132.90	31.02
31.03	CARDIO INTENSIVE CARE UNIT	2,359,855		2,359,855	21,428	110.13	31.03
32.00	CORONARY CARE UNIT	857,867		857,867	7,369	116.42	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	55,750		55,750	2,067	26.97	43.00
200.00	Total (Lines 30-199)	12,417,766		12,417,766	103,255		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	22,982	2,854,364				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				31.01
31.02	NEONATAL INTENSIVE CARE UNIT	0	0				31.02
31.03	CARDIO INTENSIVE CARE UNIT	8,082	890,071				31.03
32.00	CORONARY CARE UNIT	2,838	330,400				32.00
40.00	SUBPROVIDER - IPF	0	0				40.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	33,902	4,074,835				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet D  
Part II  
Date/Time Prepared:  
11/25/2015 10:35 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	9,424,599	413,518,897	0.022791	75,705,920	1,725,414	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	54,811	7,977,306	0.006871	45,417	312	52.00
53.00	05300 ANESTHESIOLOGY	33,915	48,147,001	0.000704	8,583,082	6,042	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,467,042	102,412,258	0.024089	14,303,531	344,558	54.00
54.01	05401 PET SCAN	663,351	6,293,382	0.105405	9,095	959	54.01
56.00	05600 RADIOISOTOPE	206,557	30,957,862	0.006672	1,972,938	13,163	56.00
57.00	05700 CT SCAN	206,082	86,929,385	0.002371	11,391,086	27,008	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
60.00	06000 LABORATORY	1,870,380	179,228,040	0.010436	39,727,673	414,598	60.00
65.00	06500 RESPIRATORY THERAPY	633,894	70,976,771	0.008931	23,503,463	209,909	65.00
66.00	06600 PHYSICAL THERAPY	775,150	19,856,639	0.039037	5,185,493	202,426	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	989,573	70,298,489	0.014077	11,704,883	164,770	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	642,486	9,253,332	0.069433	454,007	31,523	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	700,766	106,610,013	0.006573	23,523,689	154,621	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	966,420	237,747,186	0.004065	49,184,007	199,933	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,395,710	368,382,106	0.003789	83,283,197	315,560	73.00
74.00	07400 RENAL DIALYSIS	331,174	9,329,716	0.035497	5,302,989	188,240	74.00
76.00	03140 CARDIO CATH LAB	1,889,613	93,285,472	0.020256	14,907,822	301,973	76.00
76.01	03050 ENDOSCOPY	993,778	54,239,959	0.018322	3,065,770	56,171	76.01
76.02	03950 CARDIAC REHAB	51,722	3,869,353	0.013367	1,084,119	14,491	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	861,381	3,500,226	0.246093	148,348	36,507	90.00
91.00	09100 EMERGENCY	1,346,421	103,283,674	0.013036	11,662,015	152,026	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	63,095	14,051,447	0.004490	1,677,763	7,533	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00	Total (lines 50-199)	26,567,920	2,040,148,514		386,426,307	4,567,737	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150017		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part III Date/Time Prepared: 11/25/2015 10:35 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	384,582	0	0	384,582	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	5,460	0	0	5,460	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	30,208	0	0	30,208	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	125,275	0	0	125,275	31.03
32.00	03200	CORONARY CARE UNIT	0	43,081	0	0	43,081	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	12,084	0	0	12,084	43.00
200.00		Total (lines 30-199)	0	600,690	0	0	600,690	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	66,290	5.80	22,982	133,296		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0.00	0	0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	934	5.85	0	0		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	5,167	5.85	0	0		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	21,428	5.85	8,082	47,280		31.03
32.00	03200	CORONARY CARE UNIT	7,369	5.85	2,838	16,602		32.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
43.00	04300	NURSERY	2,067	5.85	0	0		43.00
200.00		Total (lines 30-199)	103,255		33,902	197,178		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet D  
Part IV  
Date/Time Prepared:  
11/25/2015 10:35 am

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		
<b>ANCILLARY SERVICE COST CENTERS</b>									
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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	PET SCAN	0	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	266,682	0	266,682	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03140	CARDIO CATH LAB	0	0	0	0	0	0	76.00
76.01	03050	ENDOSCOPY	0	0	0	0	0	0	76.01
76.02	03950	CARDIAC REHAB	0	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	2,947	0	2,947	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	269,629	0	269,629	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet D  
Part IV  
Date/Time Prepared:  
11/25/2015 10:35 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital			
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	413,518,897	0.000000	0.000000	75,705,920	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,977,306	0.000000	0.000000	45,417	52.00
53.00	05300	ANESTHESIOLOGY	0	48,147,001	0.000000	0.000000	8,583,082	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	102,412,258	0.000000	0.000000	14,303,531	54.00
54.01	05401	PET SCAN	0	6,293,382	0.000000	0.000000	9,095	54.01
56.00	05600	RADIOISOTOPE	0	30,957,862	0.000000	0.000000	1,972,938	56.00
57.00	05700	CT SCAN	0	86,929,385	0.000000	0.000000	11,391,086	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	179,228,040	0.000000	0.000000	39,727,673	60.00
65.00	06500	RESPIRATORY THERAPY	0	70,976,771	0.000000	0.000000	23,503,463	65.00
66.00	06600	PHYSICAL THERAPY	0	19,856,639	0.000000	0.000000	5,185,493	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	70,298,489	0.000000	0.000000	11,704,883	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,253,332	0.000000	0.000000	454,007	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	106,610,013	0.000000	0.000000	23,523,689	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	237,747,186	0.000000	0.000000	49,184,007	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	266,682	368,382,106	0.000724	0.000724	83,283,197	73.00
74.00	07400	RENAL DIALYSIS	0	9,329,716	0.000000	0.000000	5,302,989	74.00
76.00	03140	CARDIO CATH LAB	0	93,285,472	0.000000	0.000000	14,907,822	76.00
76.01	03050	ENDOSCOPY	0	54,239,959	0.000000	0.000000	3,065,770	76.01
76.02	03950	CARDIAC REHAB	0	3,869,353	0.000000	0.000000	1,084,119	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	3,500,226	0.000000	0.000000	148,348	90.00
91.00	09100	EMERGENCY	0	103,283,674	0.000000	0.000000	11,662,015	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,947	14,051,447	0.000210	0.000210	1,677,763	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	269,629	2,040,148,514			386,426,307	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet D  
Part IV  
Date/Time Prepared:  
11/25/2015 10:35 am

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	39,620,641	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	895	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,855,914	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,335,369	0	54.00
54.01	05401 PET SCAN	0	1,450,677	0	54.01
56.00	05600 RADIOISOTOPE	0	6,997,043	0	56.00
57.00	05700 CT SCAN	0	11,261,799	0	57.00
58.00	05800 MRI	0	0	0	58.00
60.00	06000 LABORATORY	0	9,460,626	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	593,929	0	65.00
66.00	06600 PHYSICAL THERAPY	0	147,069	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,643,007	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,614,382	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,600,442	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	24,529,710	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	60,297	24,143,911	17,480	73.00
74.00	07400 RENAL DIALYSIS	0	169,760	0	74.00
76.00	03140 CARDIO CATH LAB	0	15,545,713	0	76.00
76.01	03050 ENDOSCOPY	0	9,731,593	0	76.01
76.02	03950 CARDIAC REHAB	0	348,708	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	491,927	0	90.00
91.00	09100 EMERGENCY	0	11,476,920	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	352	1,533,189	322	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (Lines 50-199)	60,649	195,553,224	17,802	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/25/2015 10:35 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.103623	39,620,641	0	0	4,105,610	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275633	895	0	0	247	52.00
53.00	05300	ANESTHESIOLOGY	0.012140	3,855,914	0	0	46,811	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116869	14,335,369	0	0	1,675,360	54.00
54.01	05401	PET SCAN	0.167751	1,450,677	0	0	243,353	54.01
56.00	05600	RADIOISOTOPE	0.075053	6,997,043	0	0	525,149	56.00
57.00	05700	CT SCAN	0.027040	11,261,799	0	0	304,519	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.117478	9,460,626	4,973	0	1,111,415	60.00
65.00	06500	RESPIRATORY THERAPY	0.106478	593,929	0	0	63,240	65.00
66.00	06600	PHYSICAL THERAPY	0.298049	147,069	0	0	43,834	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091062	10,643,007	0	0	969,174	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.313905	1,614,382	0	0	506,763	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.222845	7,600,442	0	0	1,693,720	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.131283	24,529,710	0	0	3,220,334	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124704	24,143,911	62	113,885	3,010,842	73.00
74.00	07400	RENAL DIALYSIS	0.311561	169,760	0	0	52,891	74.00
76.00	03140	CARDIO CATH LAB	0.069068	15,545,713	0	0	1,073,711	76.00
76.01	03050	ENDOSCOPY	0.149240	9,731,593	0	0	1,452,343	76.01
76.02	03950	CARDIAC REHAB	0.191027	348,708	0	0	66,613	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1.925326	491,927	0	59	947,120	90.00
91.00	09100	EMERGENCY	0.102447	11,476,920	0	0	1,175,776	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.024654	1,533,189	0	0	37,799	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.657421	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00		Subtotal (see instructions)		195,553,224	5,035	113,944	22,326,624	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		195,553,224	5,035	113,944	22,326,624	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/25/2015 10:35 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 PET SCAN	0	0		54.01
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	584	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	8	14,202		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 RADIO CATH LAB	0	0		76.00
76.01 03050 ENDOSCOPY	0	0		76.01
76.02 03950 CARDIAC REHAB	0	0		76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	114		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00 Subtotal (see instructions)	592	14,316		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	592	14,316		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet D  
Part V  
Date/Time Prepared:  
11/25/2015 10:35 am

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.103623	0	5,015,778	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275633	0	8,699	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.012140	0	648,858	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116869	0	2,245,994	0	0	54.00
54.01	05401	PET SCAN	0.167751	0	281,820	0	0	54.01
56.00	05600	RADIOISOTOPE	0.075053	0	375,684	0	0	56.00
57.00	05700	CT SCAN	0.027040	0	1,947,230	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.117478	0	3,051,711	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.106478	0	175,601	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.298049	0	937,761	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091062	0	750,639	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.313905	0	418,238	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.222845	0	880,669	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.131283	0	1,483,024	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124704	0	8,264,493	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.311561	0	5,871	0	0	74.00
76.00	03140	CARDIO CATH LAB	0.069068	0	740,666	0	0	76.00
76.01	03050	ENDOSCOPY	0.149240	0	1,113,255	0	0	76.01
76.02	03950	CARDIAC REHAB	0.191027	0	8,023	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1.925326	0	243,635	0	0	90.00
91.00	09100	EMERGENCY	0.102447	0	3,924,302	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.024654	0	628,940	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.657421	0	527,945	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00		Subtotal (see instructions)		0	33,678,836	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	33,678,836	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet D  
Part V  
Date/Time Prepared:  
11/25/2015 10:35 am

		Title XIX		Hospital	Cost
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	519,750	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,398	0	52.00
53.00	05300	ANESTHESIOLOGY	7,877	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	262,487	0	54.00
54.01	05401	PET SCAN	47,276	0	54.01
56.00	05600	RADIOISOTOPE	28,196	0	56.00
57.00	05700	CT SCAN	52,653	0	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	358,509	0	60.00
65.00	06500	RESPIRATORY THERAPY	18,698	0	65.00
66.00	06600	PHYSICAL THERAPY	279,499	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	68,355	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	131,287	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	196,253	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	194,696	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,030,615	0	73.00
74.00	07400	RENAL DIALYSIS	1,829	0	74.00
76.00	03140	CARDIO CATH LAB	51,156	0	76.00
76.01	03050	ENDOSCOPY	166,142	0	76.01
76.02	03950	CARDIAC REHAB	1,533	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	469,077	0	90.00
91.00	09100	EMERGENCY	402,033	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	15,506	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	347,082		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00		Subtotal (see instructions)	4,652,907	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	4,652,907	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/25/2015 10:35 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		66,290	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		66,290	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)		65,782	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)		22,982	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		45,205,628	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)		45,205,628	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		45,205,628	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		681.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,672,345	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)		15,672,345	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150017		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/25/2015 10:35 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	1,866,759	934	1,998.67	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	5,289,759	5,167	1,023.76	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	23,652,650	21,428	1,103.82	8,082	8,921,073	43.03
44.00	CORONARY CARE UNIT	8,329,914	7,369	1,130.40	2,838	3,208,075	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					46,967,611	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					74,769,104	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)					4,272,013	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,628,386	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,900,399	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					65,868,705	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)					508	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					681.94	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					346,426	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150017		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/25/2015 10:35 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,233,319	45,205,628	0.182130	346,426	63,095	90.00
91.00	Nursing School cost	0	45,205,628	0.000000	346,426	0	91.00
92.00	Allied health cost	384,582	45,205,628	0.008507	346,426	2,947	92.00
93.00	All other Medical Education	0	45,205,628	0.000000	346,426	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/25/2015 10:35 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		32,775,872	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		25,898,743	31.03
32.00	03200	CORONARY CARE UNIT		10,401,270	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.103623	75,705,920	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275633	45,417	52.00
53.00	05300	ANESTHESIOLOGY	0.012140	8,583,082	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116869	14,303,531	54.00
54.01	05401	PET SCAN	0.167751	9,095	54.01
56.00	05600	RADIOISOTOPE	0.075053	1,972,938	56.00
57.00	05700	CT SCAN	0.027040	11,391,086	57.00
58.00	05800	MRI	0.000000	0	58.00
60.00	06000	LABORATORY	0.117478	39,727,673	60.00
65.00	06500	RESPIRATORY THERAPY	0.106478	23,503,463	65.00
66.00	06600	PHYSICAL THERAPY	0.298049	5,185,493	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091062	11,704,883	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.313905	454,007	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.222845	23,523,689	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.131283	49,184,007	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124704	83,283,197	73.00
74.00	07400	RENAL DIALYSIS	0.311561	5,302,989	74.00
76.00	03140	CARDIO CATH LAB	0.069068	14,907,822	76.00
76.01	03050	ENDOSCOPY	0.149240	3,065,770	76.01
76.02	03950	CARDIAC REHAB	0.191027	1,084,119	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.925326	148,348	90.00
91.00	09100	EMERGENCY	0.102447	11,662,015	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.024654	1,677,763	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		386,426,307	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)		386,426,307	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/25/2015 10:35 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		5,160,682	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		299,466	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		2,464,114	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		4,395,979	31.03
32.00	03200	CORONARY CARE UNIT		1,238,770	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		181,982	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.103623	7,877,493	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275633	480,708	52.00
53.00	05300	ANESTHESIOLOGY	0.012140	1,006,322	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116869	2,341,984	54.00
54.01	05401	PET SCAN	0.167751	0	54.01
56.00	05600	RADIOISOTOPE	0.075053	217,432	56.00
57.00	05700	CT SCAN	0.027040	2,025,812	57.00
58.00	05800	MRI	0.000000	0	58.00
60.00	06000	LABORATORY	0.117478	6,325,413	60.00
65.00	06500	RESPIRATORY THERAPY	0.106478	5,379,768	65.00
66.00	06600	PHYSICAL THERAPY	0.298049	621,832	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091062	1,145,948	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.313905	63,817	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.222845	3,050,739	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.131283	4,441,559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124704	15,617,208	73.00
74.00	07400	RENAL DIALYSIS	0.311561	380,388	74.00
76.00	03140	CARDIO CATH LAB	0.069068	1,352,027	76.00
76.01	03050	ENDOSCOPY	0.149240	572,620	76.01
76.02	03950	CARDIAC REHAB	0.191027	67,965	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.925326	6,399	90.00
91.00	09100	EMERGENCY	0.102447	1,686,726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.024654	63,738	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		54,725,898	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)		54,725,898	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2014 To 06/30/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 11/25/2015 10:35 am

Cost Center Description		Kidney			Hospital	PPS
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)
		0	1.00	2.00	3.00	4.00
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	13,995	681.94	4	2,728 1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0 2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,998.67	0	0 2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,023.76	0	0 2.02
2.03	CARDIO INTENSIVE CARE UNIT	43.03	71,824	1,103.82	15	16,557 2.03
3.00	CORONARY CARE UNIT	44.00	0	1,130.40	0	0 3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0 4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0 5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0 6.00
7.00	TOTAL (sum of lines 1-6)		85,819		19	19,285 7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs
		0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM	50.00	0.103623		1,285,598	133,218 8.00
9.00	RECOVERY ROOM	51.00	0.000000		0	0 9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.275633		0	0 10.00
11.00	ANESTHESIOLOGY	53.00	0.012140		129,722	1,575 11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.116869		269,351	31,479 12.00
12.01	PET SCAN	54.01	0.167751		0	0 12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000		0	0 13.00
14.00	RADIOISOTOPE	56.00	0.075053		945,812	70,986 14.00
15.00	CT SCAN	57.00	0.027040		26,019	704 15.00
16.00	MRI	58.00	0.000000		0	0 16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000		0	0 17.00
18.00	LABORATORY	60.00	0.117478		1,536,508	180,506 18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000		0	0 19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000		0	0 20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000		0	0 21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000		0	0 22.00
23.00	RESPIRATORY THERAPY	65.00	0.106478		148,256	15,786 23.00
24.00	PHYSICAL THERAPY	66.00	0.298049		0	0 24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000		0	0 25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000		0	0 26.00
27.00	ELECTROCARDIOLOGY	69.00	0.091062		312,923	28,495 27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.313905		0	0 28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.222845		291,444	64,947 29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.131283		5,461	717 30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.124704		1,414,685	176,417 31.00
32.00	RENAL DIALYSIS	74.00	0.311561		0	0 32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000		0	0 33.00
34.00	CARDIO CATH LAB	76.00	0.069068		0	0 34.00
34.01	ENDOSCOPY	76.01	0.149240		32,895	4,909 34.01
34.02	CARDIAC REHAB	76.02	0.191027		0	0 34.02
35.00	RURAL HEALTH CLINIC	88.00	0.000000		0	0 35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000		0	0 36.00
37.00	CLINIC	90.00	1.925326		129,676	249,669 37.00
38.00	EMERGENCY	91.00	0.102447		2,794	286 38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.024654		32,747	807 39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)				6,563,891	960,501 41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.  
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2014 To 06/30/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 11/25/2015 10:35 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	4	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	3.03	0.00	15	0	0	43.03
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			19	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	129,676	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	2,794	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	32,747	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		165,217		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	979,786		6,649,710			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	2,261,560		2,451,721			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	3,241,346		9,101,431			61.00
62.00	Total Usable Organs (see instructions)		62				62.00
63.00	Medicare Usable Organs (see instructions)		49				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.790323				64.00
65.00	Medicare Cost/Charges (see instructions)	2,561,710		7,193,070			65.00
66.00	Revenue for Organs Sold	84,584		0			66.00
67.00	Subtotal (line 65 minus line 66)	2,477,126		7,193,070			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,477,126	0	7,193,070	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		37	0			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	25			73.00
74.00	Total (sum of lines 70 thru 73)		37	25			74.00
75.00	Organs Transplanted		38	0	0	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	0	76.00
77.00	Organs Sold to OPOs		0	23	0	0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	0	81.00
82.00	Organs Used for Research		0	1	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		38	24			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.  
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2014 To 06/30/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 11/25/2015 10:35 am

Cost Center Description		Heart		Hospital	PPS		
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	681.94	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,998.67	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,023.76	0	0	2.02
2.03	CARDIO INTENSIVE CARE UNIT	43.03	0	1,103.82	0	0	2.03
3.00	CORONARY CARE UNIT	44.00	0	1,130.40	5	5,652	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		5	5,652	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.103623	130,030	13,474	8.00
9.00	RECOVERY ROOM		51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.275633	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.012140	9,319	113	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.116869	999	117	12.00
12.01	PET SCAN		54.01	0.167751	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.075053	0	0	14.00
15.00	CT SCAN		57.00	0.027040	0	0	15.00
16.00	MRI		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.117478	15,813	1,858	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.106478	12,681	1,350	23.00
24.00	PHYSICAL THERAPY		66.00	0.298049	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.091062	5,154	469	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.313905	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.222845	11,977	2,669	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.131283	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.124704	19,383	2,417	31.00
32.00	RENAL DIALYSIS		74.00	0.311561	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	CARDIO CATH LAB		76.00	0.069068	0	0	34.00
34.01	ENDOSCOPY		76.01	0.149240	0	0	34.01
34.02	CARDIAC REHAB		76.02	0.191027	0	0	34.02
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	1.925326	0	0	37.00
38.00	EMERGENCY		91.00	0.102447	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.024654	5,595	138	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				210,951	22,605	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.  
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2014 To 06/30/2015

Worksheet D-4

Date/Time Prepared: 11/25/2015 10:35 am

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	3.03	0.00	0	0	0	43.03
44.00	CORONARY CARE UNIT	4.00	0.00	5	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			5	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	5,595	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		5,595		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	28,257		210,951			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	525,397		1,174,586			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	553,654		1,385,537			61.00
62.00	Total Usable Organs (see instructions)		13				62.00
63.00	Medicare Usable Organs (see instructions)		11				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.846154				64.00
65.00	Medicare Cost/Charges (see instructions)	468,477		1,172,378			65.00
66.00	Revenue for Organs Sold	15,083		0			66.00
67.00	Subtotal (line 65 minus line 66)	453,394		1,172,378			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	453,394	0	1,172,378	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		5	0			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	8			73.00
74.00	Total (sum of lines 70 thru 73)		5	8			74.00
75.00	Organs Transplanted		8	0	0	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	0	76.00
77.00	Organs Sold to OPOs		0	5	0	0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	0	81.00
82.00	Organs Used for Research		0	0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		8	5			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.  
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/25/2015 10:35 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		13,760,961		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		44,203,038		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)		3,615,094		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		32,270,535		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		381.61		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		10.13		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)		10.13		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		8.36		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)		8.36		12.00
13.00	Total allowable FTE count for the prior year.		8.14		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.		9.56		14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.69		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		8.69		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.022772		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.021201		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.021201		21.00
22.00	IME payment adjustment (see instructions)		1,039,502		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.77		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment ( sum of lines 22 and 28)		1,039,502		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/25/2015 10:35 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1.00	1.01	29.01
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.07		30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.67		31.00
32.00	Sum of lines 30 and 31		19.74		32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.59		33.00
34.00	Disproportionate share adjustment (see instructions)		810,048		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000507964	0.000516382	35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		4,595,235	3,949,106	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,158,252	2,953,714	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,111,966		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	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	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)		67,540,609		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)		67,540,609		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,682,873		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).		327,696		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		56,442		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		2,930,520		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).		197,178		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		60,649		58.00
59.00	Total (sum of amounts on lines 49 through 58)		76,795,967		59.00
60.00	Primary payer payments		98,505		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		76,697,462		61.00
62.00	Deductibles billed to program beneficiaries		5,144,640		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/25/2015 10:35 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinsurance billed to program beneficiaries		406,062		63.00
64.00	Allowable bad debts (see instructions)		256,554		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		166,760		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		174,404		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		71,313,520		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-96,109		70.93
70.94	HRR adjustment amount (see instructions)		-58,021		70.94
70.95	Recovery of accelerated depreciation		0		70.95
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)		71,159,390		71.00
71.01	Sequestration adjustment (see instructions)		1,423,188		71.01
72.00	Interim payments		70,445,693		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)		-709,491		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		5,618,778		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/25/2015 10:35 am
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
		1.00	1.01	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		0 101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0 102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000 103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0 104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/25/2015 10:35 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		14,908	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,308,822	2.00
3.00	PPS payments		24,967,744	3.00
4.00	Outlier payment (see instructions)		116,449	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		17,802	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,908	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		118,979	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)		118,979	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		118,979	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		104,071	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)		14,908	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)		25,101,995	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,722,458	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)		20,394,445	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		94,297	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)		20,488,742	30.00
31.00	Primary payer payments		11,259	31.00
32.00	Subtotal (line 30 minus line 31)		20,477,483	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		522,937	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		339,909	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		488,928	36.00
37.00	Subtotal (see instructions)		20,817,392	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		20,817,392	40.00
40.01	Sequestration adjustment (see instructions)		416,348	40.01
41.00	Interim payments		20,444,669	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-43,625	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150017		Period: From 07/01/2014 To 06/30/2015		Worksheet E-1 Part I Date/Time Prepared: 11/25/2015 10:35 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		69,767,593		20,351,269	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	02/10/2015	341,900	02/10/2015	93,400	3.01	
3.02		06/24/2015	336,200		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)		678,100		93,400	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)		70,445,693		20,444,669	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		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		709,491		43,625	6.02	
7.00	Total Medicare program liability (see instructions)		69,736,202		20,401,044	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: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet E-1  
Part II  
Date/Time Prepared:  
11/25/2015 10:35 am

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			20,012 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			33,902 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			19,910 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			100,680 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			2,265,079,549 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6,349,483 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)			773,529 8.00
9.00	Sequestration adjustment amount (see instructions)			15,471 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			758,058 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			668,076 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)			89,982 32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/25/2015 10:35 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.95	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			8.95	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			8.36	6.00
7.00	Enter the lesser of line 5 or line 6			8.36	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	8.36	0.00	8.36	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	8.36	0.00	8.36	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	8.36	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	8.14	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	8.95	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	8.48	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	8.48	0.00		17.00
18.00	Per resident amount	98,241.25	94,328.10		18.00
19.00	Approved amount for resident costs	833,086	0	833,086	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			833,086	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	33,902	19,910		26.00
27.00	Total Inpatient Days (see instructions)	100,680	100,680		27.00
28.00	Ratio of inpatient days to total inpatient days	0.336730	0.197755		28.00
29.00	Program direct GME amount	280,525	164,747		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		23,279		30.00
31.00	Net Program direct GME amount			421,993	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/25/2015 10:35 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		9,329,716	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		74,769,104	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		2,930,520	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		98,505	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		77,601,119	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		22,341,532	42.00
43.00	Primary payer payments (see instructions)		11,259	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		22,330,273	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		99,931,392	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.776544	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.223456	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		421,993	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		327,696	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		94,297	50.00

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

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet G

Date/Time Prepared:  
11/25/2015 10:35 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-682,941	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	92,676,881	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-16,308,128	0	0	0	6.00
7.00	Inventory	14,039,233	0	0	0	7.00
8.00	Prepaid expenses	3,458,238	0	0	0	8.00
9.00	Other current assets	2,454,269	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)	95,637,552	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	14,006,167	0	0	0	12.00
13.00	Land improvements	3,913,411	0	0	0	13.00
14.00	Accumulated depreciation	-1,248,480	0	0	0	14.00
15.00	Buildings	234,879,681	0	0	0	15.00
16.00	Accumulated depreciation	-36,069,986	0	0	0	16.00
17.00	Leasehold improvements	21,009,688	0	0	0	17.00
18.00	Accumulated depreciation	-5,984,582	0	0	0	18.00
19.00	Fixed equipment	5,741,640	0	0	0	19.00
20.00	Accumulated depreciation	-2,558,939	0	0	0	20.00
21.00	Automobiles and trucks	1,150,258	0	0	0	21.00
22.00	Accumulated depreciation	-803,686	0	0	0	22.00
23.00	Major movable equipment	67,082,985	0	0	0	23.00
24.00	Accumulated depreciation	-45,559,622	0	0	0	24.00
25.00	Minor equipment depreciable	31,328,350	0	0	0	25.00
26.00	Accumulated depreciation	-21,622,982	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)	265,263,903	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	11,157,234	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	11,157,234	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	372,058,689	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	17,135,488	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,935,601	0	0	0	38.00
39.00	Payroll taxes payable	1,238,213	0	0	0	39.00
40.00	Notes and loans payable (short term)	36,663	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	-755,557,976	0	0	0	43.00
44.00	Other current liabilities	6,289,879	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-718,922,132	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	42,778	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	91,171	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	133,949	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-718,788,183	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	1,090,846,872				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)	1,090,846,872	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	372,058,689	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet G-1

Date/Time Prepared:  
11/25/2015 10:35 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		937,035,886		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		153,810,995				2.00
3.00	Total (sum of line 1 and line 2)		1,090,846,881		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,090,846,881		0		11.00
12.00	ROUNDING	9		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		9		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,090,846,872		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	ROUNDING		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: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/25/2015 10:35 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	95,931,052		95,931,052	1.00
2.00	SUBPROVIDER - IPF	0		0	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)	95,931,052		95,931,052	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	3,110,752		3,110,752	11.01
11.02	NEONATAL INTENSIVE CARE UNIT	16,130,534		16,130,534	11.02
11.03	CARDIO INTENSIVE CARE UNIT	68,851,725		68,851,725	11.03
12.00	CORONARY CARE UNIT	27,007,385		27,007,385	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	115,100,396		115,100,396	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	211,031,448		211,031,448	17.00
18.00	Ancillary services	1,123,953,230	802,482,295	1,926,435,525	18.00
19.00	Outpatient services	37,118,363	83,716,984	120,835,347	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	14,917	6,762,312	6,777,229	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,372,117,958	892,961,591	2,265,079,549	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		394,637,387		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)		394,637,387		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150017

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet G-3

Date/Time Prepared:  
11/25/2015 10:35 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,265,079,549	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,722,734,160	2.00
3.00	Net patient revenues (line 1 minus line 2)	542,345,389	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	394,637,387	4.00
5.00	Net income from service to patients (line 3 minus line 4)	147,708,002	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	6,102,993	24.00
25.00	Total other income (sum of lines 6-24)	6,102,993	25.00
26.00	Total (line 5 plus line 25)	153,810,995	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)	153,810,995	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150017	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 11/25/2015 10:35 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,608,505	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		845,325	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)		275.84	3.00
4.00	Number of interns & residents (see instructions)		8.69	4.00
5.00	Indirect medical education percentage (see instructions)		0.89	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)		41,016	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.07	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.67	8.00
9.00	Sum of lines 7 and 8		19.74	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.08	10.00
11.00	Disproportionate share adjustment (see instructions)		188,027	11.00
12.00	Total prospective capital payments (see instructions)		5,682,873	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00