

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: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/25/2016 11:26 am
--	----------------------	---	---

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/25/2016 Time: 11:26 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL OF INDIANA, INC. (150074) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	305,301	424,618	51,928	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	305,301	424,618	51,928	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: 150074		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:24 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1500 NORTH RITTER AVENUE			PO Box:							1.00	
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46219		County: MARION			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
								V	XVIII	XIX		
3.00	Hospital and Hospital-Based Component Identification:											
	Hospital		COMMUNITY HOSPITAL OF INDIANA, INC.		150074	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2015		12/31/2015		20.00	
21.00	Type of Control (see instructions)								2		21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N		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.			10,746	2,500	0	24	9,195	261		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: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:24 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		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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)	Y			32.85	29.67
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)		25.63	26.26		
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)		30.93	30.93		
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)		25.33	26.14		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		30.93	30.93		
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)		5.60	4.79		
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)		1.87	1.60		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150074		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:24 am	
		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.	FAMILY MEDICINE	1350	5.60	4.79	61.20	
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.17	3.25	0.049708	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.92	25.07	0.135219	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:24 am		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 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)	0.58	1.70	0.254386		
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)	FAMILY PRACTICE 1350	5.78	25.15	0.186874	
		1.00	2.00	3.00	4.00	5.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		
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)			N	N	0
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0
					1.00	
80.00	Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	
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	
85.00	TEFRA Providers Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	
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.					
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	
				V	XIX	
				1.00	2.00	
90.00	Title V and XIX Services 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	
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	
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	
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	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150074		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:24 am	
		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
						1.00	2.00
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	1,502,057	0			118.01	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:24 am					
		1.00	2.00						
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00			
		1.00	2.00	3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WISCONSIN PHYSICIAN		Contractor's Number: 08101					
142.00	Street: 1500 N RITTER	PO Box: SERVICES							
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46219-3095					
				1.00					
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00			
				1.00 2.00					
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00			
				1.00					
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00			
		Part A		Part B		Title V	Title XIX		
		1.00		2.00		3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	155.00			
156.00	Subprovider - IPF	N	N	N	N	156.00			
157.00	Subprovider - IRF	N	N	N	N	157.00			
158.00	SUBPROVIDER					158.00			
159.00	SNF	N	N	N	N	159.00			
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00			
161.00	CMHC		N	N	N	161.00			
				1.00					
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00			
		Name		County		State	Zip Code	CBSA	FTE/Campus
		0		1.00		2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y							167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.25
						Beginni ng		Endi ng	
						1.00		2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			01/01/2015		12/31/2015			170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:24 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: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/25/2016 11:24 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		Y		5.00
			Y/N	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		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	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/29/2014	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/25/2016 11:24 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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
Interest Expense					
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
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				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
Provider-Based Physicians					
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
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NANCY		GAYLE	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-4135		NGAYLE@ECOMMUNITY.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/29/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NETWORK DIRECTOR OF REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150074

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 11:24 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	277	98,390	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)		277	98,390	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	28	10,220	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	23	8,395	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)		328	117,005	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		328				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: 150074

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 11:24 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)	17,649	5,480	54,745			1.00
2.00 HMO and other (see instructions)	8,443	13,879				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	17,649	5,480	54,745			7.00
8.00 INTENSIVE CARE UNIT	2,352	0	6,444			8.00
9.00 CORONARY CARE UNIT	3,051	0	6,243			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		3,106	3,755			13.00
14.00 Total (see instructions)	23,052	8,586	71,187	40.14	2,774.22	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	625			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				40.14	2,774.22	27.00
28.00 Observation Bed Days		0	5,346			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			516			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	261	318			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: 150074

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 11:24 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,065	1,042	16,163	1.00
2.00 HMO and other (see instructions)			1,860	13,675		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,065	1,042	16,163	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					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: 150074		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/25/2016 11:24 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		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	165,553,153	598,619	166,151,772	5,768,790.00	28.80	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		306,216	0	306,216	2,397.00	127.75	4.00
4.01	Physicians - Part A - Teaching		1,237,647	0	1,237,647	11,539.00	107.26	4.01
5.00	Physician-Part B		463,209	0	463,209	4,146.00	111.72	5.00
6.00	Non-physician-Part B		1,010,550	0	1,010,550	18,856.00	53.59	6.00
7.00	Interns & residents (in an approved program)	21.00	0	2,595,848	2,595,848	83,497.00	31.09	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)		5,453,588	107,462	5,561,050	202,226.00	27.50	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,753,054	0	1,753,054	17,294.00	101.37	11.00
12.00	Contract labor: Top level management and other management and administrative services		1,561,855	0	1,561,855	11,832.00	132.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		4,205,240	0	4,205,240	26,473.00	158.85	13.00
14.00	Home office salaries & wage-related costs		30,682,541	0	30,682,541	602,950.00	50.89	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		93,330,674	0	93,330,674			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,451,638	0	3,451,638			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		46,003	0	46,003			22.00
22.01	Physician Part A - Teaching		221,454	0	221,454			22.01
23.00	Physician Part B		79,569	0	79,569			23.00
24.00	Wage-related costs (RHC/FQHC)		357,291	0	357,291			24.00
25.00	Interns & residents (in an approved program)		552,508	0	552,508			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,862,587	-7,427	1,855,160	54,696.00	33.92	26.00
27.00	Administrative & General	5.00	17,602,947	-89,628	17,513,319	618,804.00	28.30	27.00
28.00	Administrative & General under contract (see inst.)		14,942,536	0	14,942,536	120,979.00	123.51	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,478,076	-12,985	3,465,091	136,779.00	25.33	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,305,629	-20,695	2,284,934	169,618.00	13.47	32.00
33.00	Housekeeping under contract (see instructions)		642,025	0	642,025	14,293.00	44.92	33.00
34.00	Dietary	10.00	2,066,352	-1,471,747	594,605	37,137.00	16.01	34.00
35.00	Dietary under contract (see instructions)		442,689	0	442,689	12,456.00	35.54	35.00
36.00	Cafeteria	11.00	0	1,457,913	1,457,913	97,476.00	14.96	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,606,320	-34,264	5,572,056	152,194.00	36.61	38.00
39.00	Central Services and Supply	14.00	1,874,870	-16,528	1,858,342	106,241.00	17.49	39.00
40.00	Pharmacy	15.00	5,799,917	-363,649	5,436,268	139,073.00	39.09	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150074

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2016 11:24 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 3,740,389	-12,550	3,727,839	164,761.00	22.63	41.00
42.00	Social Service	17.00 3,592,658	-15,357	3,577,301	100,293.00	35.67	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150074

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2016 11:24 am

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	178,868,997	-1,997,229	176,871,768	5,798,480.00	30.50	1.00
2.00	Excluded area salaries (see instructions)	5,453,588	107,462	5,561,050	202,226.00	27.50	2.00
3.00	Subtotal salaries (line 1 minus line 2)	173,415,409	-2,104,691	171,310,718	5,596,254.00	30.61	3.00
4.00	Subtotal other wages & related costs (see inst.)	38,202,690	0	38,202,690	658,549.00	58.01	4.00
5.00	Subtotal wage-related costs (see inst.)	93,376,677	0	93,376,677	0.00	54.51	5.00
6.00	Total (sum of lines 3 thru 5)	304,994,776	-2,104,691	302,890,085	6,254,803.00	48.43	6.00
7.00	Total overhead cost (see instructions)	63,956,995	-586,917	63,370,078	1,924,800.00	32.92	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2016 11:24 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			7,378,652 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)			48,822,837 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			4,659,856 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			15,913,487 8.00
9.00	Prescription Drug Plan			6,410,294 9.00
10.00	Dental, Hearing and Vision Plan			334,115 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			99,527 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			1,682,747 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			809,818 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			11,900,837 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			26,966 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			98,039,136 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/25/2016 11:24 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	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: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/25/2016 11:24 am
---	----------------------	---	---

				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.236233		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		62,224,389		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		12,028,681		5.00	
6.00	Medicaid charges		312,720,628		6.00	
7.00	Medicaid cost (line 1 times line 6)		73,874,932		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	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		4,613,306	1,886,441	6,499,747	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		1,089,815	445,640	1,535,455	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		1,089,815	445,640	1,535,455	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)		45,967,647		26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,240,781		27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		44,726,866		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		10,565,962		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,101,417		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,101,417		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

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

Worksheet A
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	10,933,173	10,933,173	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	27,503,405	27,503,405	2.00	
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,862,587	36,302,737	38,165,324	-4,625,705	33,539,619	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,602,947	82,115,826	99,718,773	-6,644,950	93,073,823	5.00
7.00	00700	OPERATION OF PLANT	3,478,076	16,266,895	19,744,971	-1,902,995	17,841,976	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	890,705	890,705	-100	890,605	8.00
9.00	00900	HOUSEKEEPING	2,305,629	1,480,753	3,786,382	-20,858	3,765,524	9.00
10.00	01000	DIETARY	2,066,352	2,272,465	4,338,817	-3,173,781	1,165,036	10.00
11.00	01100	CAFETERIA	0	0	0	3,120,792	3,120,792	11.00
13.00	01300	NURSING ADMINISTRATION	5,606,320	1,300,036	6,906,356	-3,060,313	3,846,043	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,874,870	1,490,040	3,364,910	-1,071,601	2,293,309	14.00
15.00	01500	PHARMACY	5,799,917	13,094,442	18,894,359	-11,135,343	7,759,016	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,740,389	2,496,747	6,237,136	-2,599,568	3,637,568	16.00
17.00	01700	SOCIAL SERVICE	3,592,658	840,959	4,433,617	-12,847	4,420,770	17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,686,636	2,686,636	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,342,559	1,951,397	5,293,956	-1,161,607	4,132,349	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	291,190	139,686	430,876	35,206	466,082	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	207,638	207,638	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	207,390	207,390	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,906,731	8,542,442	38,449,173	-5,552,699	32,896,474	30.00
31.00	03100	INTENSIVE CARE UNIT	4,896,444	1,038,250	5,934,694	-400,292	5,534,402	31.00
32.00	03200	CORONARY CARE UNIT	2,978,148	955,054	3,933,202	-120,080	3,813,122	32.00
43.00	04300	NURSERY	0	0	0	2,453,400	2,453,400	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,685,671	25,079,644	29,765,315	-19,320,019	10,445,296	50.00
51.00	05100	RECOVERY ROOM	904,708	226,475	1,131,183	-73,711	1,057,472	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,004,793	1,004,793	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,926,834	2,835,619	6,762,453	-3,905,440	2,857,013	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,611,676	1,068,434	2,680,110	169,500	2,849,610	55.00
57.00	05700	CT SCAN	800,610	829,264	1,629,874	667,579	2,297,453	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	438,307	421,592	859,899	-153,539	706,360	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,125,339	15,040,821	17,166,160	-14,205,000	2,961,160	59.00
60.00	06000	LABORATORY	428	13,289,368	13,289,796	-9,873	13,279,923	60.00
64.00	06400	INTRAVENOUS THERAPY	253,392	114,109	367,501	-48,827	318,674	64.00
65.00	06500	RESPIRATORY THERAPY	3,362,080	1,205,202	4,567,282	-630,419	3,936,863	65.00
66.00	06600	PHYSICAL THERAPY	4,330,218	1,852,851	6,183,069	-2,020,670	4,162,399	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	894,102	894,102	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	274,523	274,523	68.00
69.00	06900	ELECTROCARDIOLOGY	2,015,551	184,106	2,199,657	-366,024	1,833,633	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	888,674	398,752	1,287,426	-478,326	809,100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,638,607	12,638,607	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,253,467	22,253,467	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	62,304,397	62,304,397	73.00
74.00	07400	RENAL DIALYSIS	0	1,154,676	1,154,676	-8,601	1,146,075	74.00
76.00	03330	ENDOSCOPY	248,149	275,423	523,572	-205,664	317,908	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	16,249,162	10,415,619	26,664,781	-1,443,009	25,221,772	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	6,124,757	3,572,755	9,697,512	-1,251,101	8,446,411	76.03
76.04	03952	WOUND CARE CENTER	570,558	1,960,594	2,531,152	-1,141,893	1,389,259	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	8,707,253	72,092,648	80,799,901	-46,895,813	33,904,088	76.05
76.06	03953	IMAGING CENTERS	777,647	1,101,627	1,879,274	-139,790	1,739,484	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	1,037,835	3,136,195	4,174,030	-775,246	3,398,784	76.07
76.97	07697	CARDIAC REHABILITATION	529,720	123,541	653,261	-15,253	638,008	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	912,081	912,081	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	1,771,257	675,625	2,446,882	-234,573	2,212,309	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	303,189	9,584,354	9,887,543	-9,515,618	371,925	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	493,469	1,173,620	1,667,089	-54,649	1,612,440	90.07
90.08	09004	PALLIATIVE CARE	400,949	68,102	469,051	-124,474	344,577	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

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

Worksheet A
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	8,488,505	5,362,951	13,851,456	-1,052,934	12,798,522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	160,390,755	344,422,401	504,813,156	2,713,484	507,526,640	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	338,944	55,536	394,480	-169,639	224,841	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	155,084	261,215	416,299	-107,818	308,481	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	581,175	90,472	671,647	-788	670,859	194.03
194.04	07954	SMO-NON PROVIDER BASED	168,156	73,783	241,939	-153	241,786	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	2,579,346	2,555,415	5,134,761	-2,313,497	2,821,264	194.05
194.07	07957	LIFECHECK	169,650	86,761	256,411	-18,766	237,645	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	1,170,043	674,612	1,844,655	-102,823	1,741,832	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118-199)	165,553,153	348,220,195	513,773,348	0	513,773,348	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

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

Worksheet A
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,459,753	8,473,420	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,207,874	33,711,279	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,365,878	42,905,497	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-71,242,090	21,831,733	5.00
7.00	00700	OPERATION OF PLANT	-2,416,023	15,425,953	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	890,605	8.00
9.00	00900	HOUSEKEEPING	0	3,765,524	9.00
10.00	01000	DIETARY	-475,193	689,843	10.00
11.00	01100	CAFETERIA	-161,675	2,959,117	11.00
13.00	01300	NURSING ADMINISTRATION	690,902	4,536,945	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	486,291	2,779,600	14.00
15.00	01500	PHARMACY	-2,520,253	5,238,763	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,339,132	4,976,700	16.00
17.00	01700	SOCIAL SERVICE	0	4,420,770	17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-255,738	2,430,898	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-369,753	3,762,596	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	-294,745	171,337	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	207,638	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	207,390	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,061,186	27,835,288	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,534,402	31.00
32.00	03200	CORONARY CARE UNIT	0	3,813,122	32.00
43.00	04300	NURSERY	0	2,453,400	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-772,768	9,672,528	50.00
51.00	05100	RECOVERY ROOM	0	1,057,472	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,004,793	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-87,162	2,769,851	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,849,610	55.00
57.00	05700	CT SCAN	-32,263	2,265,190	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	706,360	58.00
59.00	05900	CARDIAC CATHETERIZATION	-20,000	2,941,160	59.00
60.00	06000	LABORATORY	-1,098,872	12,181,051	60.00
64.00	06400	INTRAVENOUS THERAPY	0	318,674	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,936,863	65.00
66.00	06600	PHYSICAL THERAPY	-14,446	4,147,953	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	894,102	67.00
68.00	06800	SPEECH PATHOLOGY	0	274,523	68.00
69.00	06900	ELECTROCARDIOLOGY	-30,618	1,803,015	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,522	843,622	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,638,607	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	22,253,467	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	760,263	63,064,660	73.00
74.00	07400	RENAL DIALYSIS	0	1,146,075	74.00
76.00	03330	ENDOSCOPY	-2,000	315,908	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-12,501,699	12,720,073	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	-2,693,099	5,753,312	76.03
76.04	03952	WOUND CARE CENTER	-1,495	1,387,764	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,395,332	35,299,420	76.05
76.06	03953	IMAGING CENTERS	0	1,739,484	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	-22,500	3,376,284	76.07
76.97	07697	CARDIAC REHABILITATION	-62,106	575,902	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	912,081	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	-154,360	2,057,949	90.02
90.03	09001	CLINIC	0	0	90.03
90.04	04953	SPI NE CENTER	0	0	90.04
90.05	04954	INFUSION CENTERS	0	371,925	90.05
90.06	09002	MEDCHECK CLINICS	9,669,787	9,669,787	90.06
90.07	09003	KNEE CENTER	0	1,612,440	90.07
90.08	09004	PALLIATIVE CARE	582,232	926,809	90.08
90.10	09006	WORK SITE CLINICS	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100	EMERGENCY	113,345	12,911,867	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

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

Worksheet A
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6.00	7.00	92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-72,104,239	435,422,401	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	224,841	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-6,545	301,936	192.00
194.00	07950 HOME OFFICE	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	670,859	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	241,786	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	-171,677	2,649,587	194.05
194.07	07957 LI FECHCK	-6,962	230,683	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	1,741,832	194.08
194.09	07959 SURGERY CENTER EAST	0	0	194.09
200.00	TOTAL (SUM OF LINES 118-199)	-72,289,423	441,483,925	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - Labor and Delivery Salary						
1.00	NURSERY	43.00	1,956,810	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	801,414	0	2.00	
	TOTALS		2,758,224	0		
B - Labor and Delivery Other						
1.00	NURSERY	43.00		496,590	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00		203,379	2.00	
			0	699,969		
C - Chargeable Medical Supplies						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	174,145	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,039,424	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,638,607	3.00	
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
	TOTALS		0	13,852,181		
D - Depreciation Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	21,226,658	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	

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6

Date/Time Prepared:
5/25/2016 11:24 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
TOTALS					21,226,658
E - Radiology Support Salary					
1.00	RADIOLOGY-THERAPEUTIC	55.00	377,417		1.00
2.00	CT SCAN	57.00	213,131		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	52,410		3.00
4.00	BREAST DIAGNOSTIC CENTER	76.07	108,578		4.00
					751,536
F - Radiology Support Other					
1.00	RADIOLOGY-THERAPEUTIC	55.00		599,694	1.00
2.00	CT SCAN	57.00		338,653	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		83,277	3.00
4.00	BREAST DIAGNOSTIC CENTER	76.07		172,524	4.00
					1,194,148
G - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	259,857	1.00
TOTALS					259,857
H - Implantable Device Reclass					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	22,253,467	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
TOTALS					22,253,467
I - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,396,544	1.00
TOTALS					6,396,544
J - RESIDENT RECLASS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,595,848	90,788	1.00
2.00		0.00	0	0	2.00
TOTALS					2,595,848 90,788
K - Other Capital Rental					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,553,519	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
	TOTALS		0	10,553,519		
M - Depreciation by CC						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,276,772		1.00
	TOTALS		0	4,276,772		
N - Cafeteria Salary						
1.00	CAFETERIA	11.00	1,457,913	0		1.00
			1,457,913	0		
O - Cafeteria Recl ass						
1.00	CAFETERIA	11.00	0	1,662,879		1.00
			0	1,662,879		
R - Pharm Resident Costs						
1.00	PHARMACY RESIDENCY-ALLIED HEALTH	23.02	160,278	0		1.00
			160,278	0		
S - Pharmacy Residency Recl ass						
1.00	PHARMACY RESIDENCY-ALLIED HEALTH	23.02	0	47,360		1.00
			0	47,360		
T - Drugs Charges to Pat						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	62,165,279		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

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6
Date/Time Prepared:
5/25/2016 11:24 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
TOTALS			0	62,165,279		
U - Therapy Salary						
1.00	OCCUPATIONAL THERAPY	67.00	728,493	0	1.00	
2.00	SPEECH PATHOLOGY	68.00	223,675	0	2.00	
TOTALS			952,168	0		
V - Therapy Other						
1.00	OCCUPATIONAL THERAPY	67.00		165,609	1.00	
2.00	SPEECH PATHOLOGY	68.00		50,848	2.00	
				0	216,457	
AA - HYPERBARIC OXYGEN THERAPY SALARY						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	220,510		1.00	
			220,510	0		
AB - HBOT Other						
1.00	HYPERBARIC OXYGEN THERAPY	76.98		691,571	1.00	
				0	691,571	
AE - EMS School Allied Health						
1.00	EMS TRAINING-ALLIED HEALTH	23.00	19,385		1.00	
			19,385	0		
AF - EMS School Allied Health						
1.00	EMS TRAINING-ALLIED HEALTH	23.00		29,735	1.00	
				0	29,735	
AG - STD BENEFIT RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,427	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	89,628	2.00	
3.00	OPERATION OF PLANT	7.00	0	12,985	3.00	
4.00	HOUSEKEEPING	9.00	0	20,695	4.00	
5.00	DIETARY	10.00	0	13,834	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	34,264	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,528	7.00	
8.00	PHARMACY	15.00	0	32,777	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	12,550	9.00	
10.00	SOCIAL SERVICE	17.00	0	15,357	10.00	
11.00	I&R SERVICES-OTHER PRGM	22.00	0	8,133	11.00	
COSTS APPRVD						
12.00	ADULTS & PEDIATRICS	30.00	0	213,077	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	23,306	13.00	
14.00	CORONARY CARE UNIT	32.00	0	43,604	14.00	
15.00	OPERATING ROOM	50.00	0	7,863	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,163	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	14,049	17.00	
18.00	CT SCAN	57.00	0	8,823	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	16,811	19.00	
20.00	INTRAVENOUS THERAPY	64.00	0	1,470	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	8,495	21.00	
22.00	PHYSICAL THERAPY	66.00	0	18,065	22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	12,033	23.00	
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,553	24.00	
25.00	ENDOSCOPY	76.00	0	1,316	25.00	
26.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	59,302	26.00	
27.00	LUTHERWOOD PARTNERSHIP	76.03	0	32,761	27.00	
28.00	WOUND CARE CENTER	76.04	0	2,512	28.00	
29.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	12,277	29.00	
30.00	IMAGING CENTERS	76.06	0	7,386	30.00	
31.00	BREAST DIAGNOSTIC CENTER	76.07	0	11,715	31.00	
32.00	CARDIAC REHABILITATION	76.97	0	3,115	32.00	
33.00	HEALTHY HEARTS CENTER	90.02	0	14,170	33.00	
34.00	KNEE CENTER	90.07	0	2,962	34.00	
35.00	PALLIATIVE CARE	90.08	0	1,182	35.00	
36.00	EMERGENCY	91.00	0	67,718	36.00	
37.00	RESEARCH	191.00	0	1,623	37.00	
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,265	38.00	

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6

Date/Time Prepared:
5/25/2016 11:24 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
39.00	FAMILY PRACTICE MEDICINE	194.05	0	28,510	39.00
40.00	GROUP HOMES AND MISC. N_R	194.08	0	15,791	40.00
	CTRS				
	TOTALS		0	909,095	
AI - ALLIED HEALTH BRIDGES TO HEALTH-SAL					
1.00	PHARMACY RESIDENCY-BTH	23.03	170,594		1.00
	ALLIED HEALTH		170,594	0	
AJ - ALLIED HEALTH BRIDGES TO HEALTH-OTH					
1.00	PHARMACY RESIDENCY-BTH	23.03		36,796	1.00
	ALLIED HEALTH		0	36,796	
AK - IHH Cat Scan Salary Recl ass					
1.00	CT_SCAN	57.00	506,915		1.00
			506,915	0	
AL - IHH Cat Scan Other Recl ass					
1.00	CT_SCAN	57.00		57,604	1.00
			0	57,604	
AO - INTERHOSPITAL ALLOCATION					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	33,845,126	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	139,118	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
	TOTALS		0	33,984,244	
500.00	Grand Total: Increases		9,593,371	180,604,923	500.00

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6
Date/Time Prepared:
5/25/2016 11:24 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - Labor and Delivery Salary							
1.00	ADULTS & PEDIATRICS	30.00	2,758,224	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,758,224	0			
B - Labor and Delivery Other							
1.00	ADULTS & PEDIATRICS	30.00		699,969			1.00
2.00			0	699,969			2.00
C - Chargeable Medical Supplies							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,235	0		1.00
2.00	OPERATION OF PLANT	7.00	0	166,438	0		2.00
3.00	HOUSEKEEPING	9.00	0	84	0		3.00
4.00	DIETARY	10.00	0	1,019	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	2,702	0		5.00
6.00	PHARMACY	15.00	0	41,596	0		6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,575	0		7.00
8.00	FAMILY PRACTICE MEDICINE	194.05	0	13,766	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	692,394	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	300,683	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	73,792	0		11.00
12.00	OPERATING ROOM	50.00	0	5,114,630	0		12.00
13.00	RECOVERY ROOM	51.00	0	71,118	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	357,200	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	456,248	0		15.00
16.00	CT SCAN	57.00	0	154,650	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,898	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	4,568,445	0		18.00
19.00	LABORATORY	60.00	0	5,020	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	47,727	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	480,033	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	5,786	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	7,590	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	46,261	0		24.00
25.00	RENAL DIALYSIS	74.00	0	7,676	0		25.00
26.00	ENDOSCOPY	76.00	0	173,355	0		26.00
27.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	1,058	0		27.00
28.00	WOUND CARE CENTER	76.04	0	112,557	0		28.00
29.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	268,848	0		29.00
30.00	IMAGING CENTERS	76.06	0	248	0		30.00
31.00	BREAST DIAGNOSTIC CENTER	76.07	0	267,369	0		31.00
32.00	CARDIAC REHABILITATION	76.97	0	2,520	0		32.00
33.00	HEALTHY HEARTS CENTER	90.02	0	4,861	0		33.00
34.00	INFUSION CENTERS	90.05	0	223	0		34.00
35.00	KNEE CENTER	90.07	0	7,749	0		35.00
37.00	EMERGENCY	91.00	0	393,429	0		37.00
38.00	SCHOOL BASED CLINICS	194.03	0	245	0		38.00
39.00	SMO-NON PROVIDER BASED	194.04	0	153	0		39.00
	TOTALS		0	13,852,181			
D - Depreciation Expense							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	27,092	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	13,330,775	0		2.00
3.00	OPERATION OF PLANT	7.00	0	413,022	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	100	0		4.00
5.00	HOUSEKEEPING	9.00	0	16,441	0		5.00
6.00	DIETARY	10.00	0	36,002	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	36,742	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,990	0		8.00
9.00	PHARMACY	15.00	0	283,369	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	26,348	0		10.00
11.00	SOCIAL SERVICE	17.00	0	38	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	6,059	0		12.00
13.00	EMS TRAINING-ALLIED HEALTH	23.00	0	13,535	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	499,073	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	73,482	0		15.00
16.00	CORONARY CARE UNIT	32.00	0	27,217	0		16.00
17.00	OPERATING ROOM	50.00	0	770,321	0		17.00
18.00	RECOVERY ROOM	51.00	0	1,432	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	357,102	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	151,849	0		20.00
21.00	CT SCAN	57.00	0	98,376	0		21.00

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6
Date/Time Prepared:
5/25/2016 11:24 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	220,633	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	302,958	0	23.00	
24.00	LABORATORY	60.00	0	4,657	0	24.00	
25.00	INTRAVENOUS THERAPY	64.00	0	646	0	25.00	
26.00	RESPIRATORY THERAPY	65.00	0	115,542	0	26.00	
27.00	PHYSICAL THERAPY	66.00	0	84,148	0	27.00	
28.00	ELECTROCARDIOLOGY	69.00	0	55,409	0	28.00	
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	123,547	0	29.00	
30.00	RENAL DIALYSIS	74.00	0	503	0	30.00	
31.00	ENDOSCOPY	76.00	0	19,098	0	31.00	
32.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	143,166	0	32.00	
33.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	1,329	0	33.00	
34.00	LUTHERWOOD PARTNERSHIP	76.03	0	48,678	0	34.00	
35.00	WOUND CARE CENTER	76.04	0	15,486	0	35.00	
36.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	2,670,498	0	36.00	
37.00	IMAGING CENTERS	76.06	0	50,210	0	37.00	
38.00	BREAST DIAGNOSTIC CENTER	76.07	0	525,367	0	38.00	
39.00	CARDIAC REHABILITATION	76.97	0	12,733	0	39.00	
40.00	HEALTHY HEARTS CENTER	90.02	0	12,224	0	40.00	
41.00	INFUSION CENTERS	90.05	0	1,170	0	41.00	
42.00	KNEE CENTER	90.07	0	46,900	0	42.00	
43.00	EMERGENCY	91.00	0	432,160	0	43.00	
44.00	RESEARCH	191.00	0	7,296	0	44.00	
45.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	64,913	0	45.00	
46.00	SCHOOL BASED CLINICS	194.03	0	364	0	46.00	
47.00	LIFECHECK	194.07	0	1,454	0	47.00	
48.00	GROUP HOMES AND MISCL. N_R CTRS	194.08	0	21,224	0	48.00	
49.00	FAMILY PRACTICE MEDICINE	194.05	0	51,980	0	49.00	
	TOTALS		0	21,226,658			
E - Radiology Support Salary							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	751,536			1.00	
2.00						2.00	
3.00						3.00	
4.00			751,536	0		4.00	
F - Radiology Support Other							
1.00	RADIOLOGY-DIAGNOSTIC	54.00		1,194,148		1.00	
2.00						2.00	
3.00						3.00	
4.00			0	1,194,148		4.00	
G - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	259,857	12	1.00	
	TOTALS		0	259,857			
H - Implantable Device Reclass							
1.00	PHARMACY	15.00	0	115,035	0	1.00	
2.00	OPERATING ROOM	50.00	0	12,802,858	0	2.00	
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	182,999	0	3.00	
4.00	CARDIAC CATHETERIZATION	59.00	0	9,081,265	0	4.00	
5.00	ENDOSCOPY	76.00	0	12,692	0	5.00	
6.00	WOUND CARE CENTER	76.04	0	58,618	0	6.00	
	TOTALS		0	22,253,467			
I - Interest Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,396,544	11	1.00	
	TOTALS		0	6,396,544			
J - RESIDENT RECLASS							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	892,528	257,449	0	1.00	
2.00	FAMILY PRACTICE MEDICINE	194.05	195,606	1,341,053	0	2.00	
	TOTALS		1,088,134	1,598,502			
K - Other Capital Rental							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	115,556	10	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,964,639	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	58,818	0	3.00	
4.00	HOUSEKEEPING	9.00	0	4,105	0	4.00	
5.00	DIETARY	10.00	0	15,968	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	18,796	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,128,867	0	7.00	
8.00	PHARMACY	15.00	0	597,472	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	638	0	9.00	

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6
Date/Time Prepared:
5/25/2016 11:24 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00	SOCIAL SERVICE	17.00	0	12,809	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	3,996	0		11.00
12.00	FAMILY PRACTICE MEDICINE	194.05	0	495,865	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	7,978	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	21,466	0		14.00
15.00	CORONARY CARE UNIT	32.00	0	17,592	0		15.00
16.00	OPERATING ROOM	50.00	0	581,828	0		16.00
17.00	RECOVERY ROOM	51.00	0	1,084	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,222	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	421	0		19.00
20.00	CT SCAN	57.00	0	37,268	0		20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	319	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	2,966	0		22.00
23.00	LABORATORY	60.00	0	196	0		23.00
24.00	INTRAVENOUS THERAPY	64.00	0	391	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	34,778	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	752,031	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	136,305	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	41,877	0		28.00
29.00	RENAL DIALYSIS	74.00	0	275	0		29.00
30.00	ENDOSCOPY	76.00	0	502	0		30.00
31.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	1,196,387	0		31.00
32.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	17,636	0		32.00
33.00	LUTHERWOOD PARTNERSHIP	76.03	0	1,188,920	0		33.00
34.00	WOUND CARE CENTER	76.04	0	7	0		34.00
35.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	377,455	0		35.00
36.00	IMAGING CENTERS	76.06	0	88,094	0		36.00
37.00	BREAST DIAGNOSTIC CENTER	76.07	0	194,380	0		37.00
38.00	HEALTHY HEARTS CENTER	90.02	0	217,147	0		38.00
39.00	INFUSION CENTERS	90.05	0	40,149	0		39.00
40.00	EMERGENCY	91.00	0	11,847	0		40.00
41.00	RESEARCH	191.00	0	505	0		41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	42,910	0		42.00
43.00	SCHOOL BASED CLINICS	194.03	0	143	0		43.00
44.00	LIFECHECK	194.07	0	17,312	0		44.00
45.00	GROUP HOMES AND MISCELLANEOUS CENTERS	194.08	0	81,599	0		45.00
	TOTALS		0	10,553,519			
M - Depreciation by CC							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,276,772	9		1.00
	TOTALS		0	4,276,772			
N - Cafeteria Salary							
1.00	DIETARY	10.00	1,457,913				1.00
			1,457,913	0			
O - Cafeteria Recl ass							
1.00	DIETARY	10.00		1,662,879			1.00
			0	1,662,879			
R - Pharm Resident Costs							
1.00	PHARMACY	15.00	160,278				1.00
			160,278	0			
S - Pharmacy Residency Recl ass							
1.00	PHARMACY	15.00		47,360			1.00
			0	47,360			
T - Drugs Charges to Pat							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	138,095	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	899	0		2.00
3.00	OPERATION OF PLANT	7.00	0	27	0		3.00
4.00	HOUSEKEEPING	9.00	0	228	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	12,072	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,455	0		6.00
7.00	PHARMACY	15.00	0	9,682,843	0		7.00
8.00	FAMILY PRACTICE MEDICINE	194.05	0	215,227	0		8.00
9.00	EMS TRAINING-ALLIED HEALTH	23.00	0	379	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	11,747	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	4,661	0		11.00
12.00	CORONARY CARE UNIT	32.00	0	1,479	0		12.00
13.00	OPERATING ROOM	50.00	0	50,382	0		13.00
14.00	RECOVERY ROOM	51.00	0	77	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	59,419	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	24,264	0		16.00

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6
Date/Time Prepared:
5/25/2016 11:24 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
17.00	CT SCAN	57.00	0	158,430	0	17.00	
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	66,376	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	249,366	0	19.00	
20.00	INTRAVENOUS THERAPY	64.00	0	63	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	66	0	21.00	
22.00	PHYSICAL THERAPY	66.00	0	10,080	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	118	0	23.00	
24.00	RENAL DIALYSIS	74.00	0	147	0	24.00	
25.00	ENDOSCOPY	76.00	0	17	0	25.00	
26.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	83,433	0	26.00	
27.00	LUTHERWOOD PARTNERSHIP	76.03	0	13,503	0	27.00	
28.00	WOUND CARE CENTER	76.04	0	43,144	0	28.00	
29.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	41,777,300	0	29.00	
30.00	IMAGING CENTERS	76.06	0	1,238	0	30.00	
31.00	BREAST DIAGNOSTIC CENTER	76.07	0	69,232	0	31.00	
32.00	HEALTHY HEARTS CENTER	90.02	0	341	0	32.00	
33.00	INFUSION CENTERS	90.05	0	9,474,076	0	33.00	
34.00	EMERGENCY	91.00	0	4,059	0	34.00	
35.00	SCHOOL BASED CLINICS	194.03	0	36	0	35.00	
	TOTALS		0	62,165,279			
U - Therapy Salary							
1.00	PHYSICAL THERAPY	66.00	952,168	0	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		952,168	0			
V - Therapy Other							
1.00	PHYSICAL THERAPY	66.00		216,457		1.00	
2.00				0		2.00	
				216,457			
AA - HYPERBARIC OXYGEN THERAPY SALARY							
1.00	WOUND CARE CENTER	76.04	220,510	0		1.00	
			220,510	0			
AB - HBOT Other							
1.00	WOUND CARE CENTER	76.04		691,571		1.00	
			0	691,571			
AE - EMS School Allied Health							
1.00	EMERGENCY	91.00	19,385	0		1.00	
			19,385	0			
AF - EMS School Allied Health							
1.00	EMERGENCY	91.00		29,735		1.00	
			0	29,735			
AG - STD BENEFIT RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,427	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	89,628	0	0	2.00	
3.00	OPERATION OF PLANT	7.00	12,985	0	0	3.00	
4.00	HOUSEKEEPING	9.00	20,695	0	0	4.00	
5.00	DIETARY	10.00	13,834	0	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	34,264	0	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	16,528	0	0	7.00	
8.00	PHARMACY	15.00	32,777	0	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	12,550	0	0	9.00	
10.00	SOCIAL SERVICE	17.00	15,357	0	0	10.00	
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	8,133	0	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	213,077	0	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	23,306	0	0	13.00	
14.00	CORONARY CARE UNIT	32.00	43,604	0	0	14.00	
15.00	OPERATING ROOM	50.00	7,863	0	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	12,163	0	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	5,879	0	0	17.00	
18.00	CT SCAN	57.00	8,823	0	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	16,811	0	0	19.00	
20.00	INTRAVENOUS THERAPY	64.00	1,470	0	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	8,495	0	0	21.00	
22.00	PHYSICAL THERAPY	66.00	18,065	0	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	12,033	0	0	23.00	
24.00	ELECTROENCEPHALOGRAPHY	70.00	1,553	0	0	24.00	
25.00	ENDOSCOPY	76.00	1,316	0	0	25.00	
26.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	59,302	0	0	26.00	
27.00	LUTHERWOOD PARTNERSHIP	76.03	32,761	0	0	27.00	
28.00	WOUND CARE CENTER	76.04	2,512	0	0	28.00	
29.00	ONCOLOGY-CANCER CARE CENTER	76.05	20,447	0	0	29.00	

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6

Date/Time Prepared:
5/25/2016 11:24 am

		Decreases			Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
30.00	IMAGING CENTERS	76.06	7,386	0	0		30.00
31.00	BREAST DIAGNOSTIC CENTER	76.07	11,715	0	0		31.00
32.00	CARDIAC REHABILITATION	76.97	3,115	0	0		32.00
33.00	HEALTHY HEARTS CENTER	90.02	14,170	0	0		33.00
34.00	KNEE CENTER	90.07	2,962	0	0		34.00
35.00	PALLIATIVE CARE	90.08	1,182	0	0		35.00
36.00	EMERGENCY	91.00	67,718	0	0		36.00
37.00	RESEARCH	191.00	1,623	0	0		37.00
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,265	0	0		38.00
39.00	FAMILY PRACTICE MEDICINE	194.05	28,510	0	0		39.00
40.00	GROUP HOMES AND MISC. N_R CTRS	194.08	15,791	0	0		40.00
	TOTALS		909,095	0			
AI - ALLIED HEALTH BRIDGES TO HEALTH-SAL							
1.00	PHARMACY	15.00	170,594				1.00
			170,594	0			
AJ - ALLIED HEALTH BRIDGES TO HEALTH-OTH							
1.00	PHARMACY	15.00		36,796			1.00
			0	36,796			
AK - IHH Cat Scan Salary Reclass							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	506,915				1.00
			506,915	0			
AL - IHH Cat Scan Other Reclass							
1.00	RADIOLOGY-DIAGNOSTIC	54.00		57,604			1.00
			0	57,604			
AO - INTERHOSPITAL ALLOCATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,343,727	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	17,711,507	0		2.00
3.00	OPERATION OF PLANT	7.00	0	1,264,690	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	2,990,001	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	945,713	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,572,582	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	883,314	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	597,294	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	166,602	0		9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	266,641	0		10.00
11.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	1,793,542	0		11.00
12.00	PALLIATIVE CARE	90.08	0	124,474	0		12.00
13.00	EMERGENCY	91.00	0	162,319	0		13.00
14.00	RESEARCH	191.00	0	161,838	0		14.00
	TOTALS		0	33,984,244			
500.00	Grand Total: Decreases		8,994,752	181,203,542			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150074

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

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2016 11:24 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,743,049	1,710,000	0	1,710,000	0	1.00
2.00	Land Improvements	4,080,044	164,050	0	164,050	0	2.00
3.00	Buildings and Fixtures	254,604,469	32,862,448	0	32,862,448	0	3.00
4.00	Building Improvements	16,530,527	0	0	0	6,195,413	4.00
5.00	Fixed Equipment	14,265,238	0	0	0	0	5.00
6.00	Movable Equipment	306,377,064	0	0	0	142,215,168	6.00
7.00	HIT designated Assets	516,000	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	599,116,391	34,736,498	0	34,736,498	148,410,581	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	599,116,391	34,736,498	0	34,736,498	148,410,581	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,453,049	0				1.00
2.00	Land Improvements	4,244,094	0				2.00
3.00	Buildings and Fixtures	287,466,917	0				3.00
4.00	Building Improvements	10,335,114	0				4.00
5.00	Fixed Equipment	14,265,238	0				5.00
6.00	Movable Equipment	164,161,896	0				6.00
7.00	HIT designated Assets	516,000	0				7.00
8.00	Subtotal (sum of lines 1-7)	485,442,308	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	485,442,308	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150074

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

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2016 11:24 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150074

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

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2016 11:24 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	164,161,896	0	164,161,896	0.338170	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	321,280,412	0	321,280,412	0.661830	0	2.00
3.00	Total (sum of lines 1-2)	485,442,308	0	485,442,308	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,313,523	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	23,157,760	10,553,519	2.00
3.00	Total (sum of lines 1-2)	0	0	0	27,471,283	10,553,519	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	3,900,040	259,857	0	0	8,473,420	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	33,711,279	2.00
3.00	Total (sum of lines 1-2)	3,900,040	259,857	0	0	42,184,699	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150074

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

Worksheet A-8

Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			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	-3,370,130				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	25,035,714				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-430,176	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00	0	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 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.01	Misc Revenue	B	-52,737	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.01
33.02	Misc Revenue	B	-639,936	ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03	Misc Revenue	B	-805,027	OPERATION OF PLANT	7.00	0 33.03
33.04	Misc Revenue	B	-45,017	DIETARY	10.00	0 33.04
33.05	Misc Revenue	B	-110,155	NURSING ADMINISTRATION	13.00	0 33.05
33.06	Misc Revenue	B	-82,647	CENTRAL SERVICES & SUPPLY	14.00	0 33.06
33.07	Misc Revenue	B	-2,380,079	PHARMACY	15.00	0 33.07
33.08	Misc Revenue	B	-161,269	MEDICAL RECORDS & LIBRARY	16.00	0 33.08
33.09	Misc Revenue	B	-25,286	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 33.09
33.10	Misc Revenue	B	-13,036	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 33.10
33.13	Misc Revenue	B	-9,888	OPERATING ROOM	50.00	0 33.13
33.14	Misc Revenue	B	-244,079	RADIOLOGY-DIAGNOSTIC	54.00	0 33.14
33.15	Misc Revenue	B	-20,000	CARDIAC CATHETERIZATION	59.00	0 33.15
33.16	Misc Revenue	B	-1,098,872	LABORATORY	60.00	0 33.16
33.17	Misc Revenue	B	-118,859	PHYSICAL THERAPY	66.00	0 33.17
33.18	Misc Revenue	B	-2,400	ELECTROENCEPHALOGRAPHY	70.00	0 33.18
33.19	Misc Revenue	B	-2,000	ENDOSCOPY	76.00	0 33.19
33.20	Misc Revenue	B	-1,144,369	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 33.20
33.21	Misc Revenue	B	-517,433	LUTHERWOOD PARTNERSHIP	76.03	0 33.21
33.22	Misc Revenue	B	-2,171	ONCOLOGY-CANCER CARE CENTER	76.05	0 33.22
33.23	Misc Revenue	B	-62,106	CARDIAC REHABILITATION	76.97	0 33.23
33.24	Misc Revenue	B	-180	HEALTHY HEARTS CENTER	90.02	0 33.24
33.25	Purchased Discounts	B	-120,038	ADMINISTRATIVE & GENERAL	5.00	0 33.25
33.26	Space Rental Income	B	-22,500	BREAST DIAGNOSTIC CENTER	76.07	0 33.26
33.27	Trustee Fund Interest Income (33763)	B	-81,629	ADMINISTRATIVE & GENERAL	5.00	0 33.27
33.28	Investment Income	B	-128,279	ADMINISTRATIVE & GENERAL	5.00	0 33.28
33.29	Interest Income	B	-112,362	CAP REL COSTS-BLDG & FIXT	1.00	11 33.29
33.30	Interest Income	B	-3,416,470	OPERATION OF PLANT	7.00	0 33.30
34.00	HAF Tax Offset	A	-11,274,218	ADMINISTRATIVE & GENERAL	5.00	0 34.00
34.01	00 Non-Allow Interest Expense	A	-3,753	CAP REL COSTS-BLDG & FIXT	1.00	11 34.01
34.02	LOC Non-Allow Interest Expense	A	-9,108	CAP REL COSTS-BLDG & FIXT	1.00	11 34.02
34.03	12A Non-Allow Interest Expense	A	-2,037,224	CAP REL COSTS-BLDG & FIXT	1.00	11 34.03
34.04	12B Non-Allow Interest Expense	A	-99,594	CAP REL COSTS-BLDG & FIXT	1.00	11 34.04
34.05	50 BMO Loan Non-Allow Interest Expense	A	-234,463	CAP REL COSTS-BLDG & FIXT	1.00	11 34.05
34.06	50 BMO Loan Non-Allow Interest Expense	A	-87,933	ADMINISTRATIVE & GENERAL	5.00	0 34.06
35.00	INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	255,860	EMERGENCY	91.00	0 35.00
36.00	SURGERY CENTER INQUIRY LEGAL FEES	A	-239,547	ADMINISTRATIVE & GENERAL	5.00	0 36.00
36.01	CHN & CHS MED DIR ALLOCATION	A	-817,755	ADMINISTRATIVE & GENERAL	5.00	0 36.01
36.02	Non Allow Marketing Expense	A	-314,830	ADMINISTRATIVE & GENERAL	5.00	0 36.02
36.03	A-8 Allied Health Program Expense -CHS	A	-89,234	EMS TRAINING-ALLIED HEALTH	23.00	0 36.03
36.04	A-8 Allied Health Program Expense -CHN	A	-58,330	EMS TRAINING-ALLIED HEALTH	23.00	0 36.04
36.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 36.05
36.06	A-8 Allied Health Program Expense -CHA	A	-177,330	EMS TRAINING-ALLIED HEALTH	23.00	0 36.06
36.07	A-8 Allied Health Program Expense -CH&V	A	-182,969	EMS TRAINING-ALLIED HEALTH	23.00	0 36.07
36.08	PAVILLIONS	A	-2,649,359	ADMINISTRATIVE & GENERAL	5.00	0 36.08
36.09	Pharmacy Residency	A	-140,174	PHARMACY	15.00	0 36.09
36.10	Depreciation Carryforward	A	36,751	CAP REL COSTS-BLDG & FIXT	1.00	9 36.10
36.11	Meals on Wheels Cost	A	-161,675	CAFETERIA	11.00	0 36.11
36.18	INTERHOSPITAL ALLOC DIABETIC CARE	A	3,461	ADMINISTRATIVE & GENERAL	5.00	0 36.18
36.19	INTERHOSPITAL ALLOC PALIATIVE CARE	A	124,474	PALLIATIVE CARE	90.08	0 36.19
36.20	Gallahue Professional Fee	A	-1,906,561	ADULTS & PEDIATRICS	30.00	0 36.20
36.21	Gallahue Professional Fee	A	-11,359,701	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 36.21
36.22	Gallahue Professional Fee	A	-2,175,666	LUTHERWOOD PARTNERSHIP	76.03	0 36.22
38.00	Bad Debt Expense	A	-322	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 38.00

Provider CCN: 150074
 Period: From 01/01/2015 To 12/31/2015
 Worksheet A-8
 Date/Time Prepared: 5/25/2016 11:24 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	
38.01 Bad Debt Expense	A	-46,499,487	ADMINISTRATIVE & GENERAL	5.00	0 38.01
38.02 Bad Debt Expense	A	-83,243	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 38.02
38.03 Bad Debt Expense	A	-203,169	ADULTS & PEDIATRICS	30.00	0 38.03
38.04 Bad Debt Expense	A	-7,372	PHYSICAL THERAPY	66.00	0 38.04
38.05 Bad Debt Expense	A	-49,543	ELECTROCARDIOLOGY	69.00	0 38.05
38.06 Bad Debt Expense	A	-4,237	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 38.06
38.07 Bad Debt Expense	A	-198,978	ONCOLOGY-CANCER CARE CENTER	76.05	0 38.07
38.08 Bad Debt Expense	A	-235	HEALTHY HEARTS CENTER	90.02	0 38.08
38.10 Bad Debt Expense	A	-171,677	FAMILY PRACTICE MEDICINE	194.05	0 38.10
38.11 Bad Debt Expense	A	-6,545	PHYSICIANS' PRIVATE OFFICES	192.00	0 38.11
38.12 Bad Debt Expense	A	-6,962	LIFECHECK	194.07	0 38.12
38.15 OB Laborist Loss	A	-717,926	OPERATING ROOM	50.00	0 38.15
38.16 NURSE PRACTITIONER EXPENSE	A	-39,044	NURSING ADMINISTRATION	13.00	0 38.16
38.17 NURSE PRACTITIONER EXPENSE	A	-237,140	ADULTS & PEDIATRICS	30.00	0 38.17
38.18 NURSE PRACTITIONER EXPENSE	A	-44,954	OPERATING ROOM	50.00	0 38.18
38.19 NURSE PRACTITIONER EXPENSE	A	-1,495	WOUND CARE CENTER	76.04	0 38.19
38.20 NURSE PRACTITIONER EXPENSE	A	-220,854	HEALTHY HEARTS CENTER	90.02	0 38.20
38.21 NURSE PRACTITIONER EXPENSE	A	-13,946	PALLIATIVE CARE	90.08	0 38.21
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-72,289,423			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: 150074

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

Worksheet A-8-1

Date/Time Prepared: 5/25/2016 11:24 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	21.00	I&R SERVICES-SALARY & FRINGE	CHN RESIDENT COSTS	0	255,738 1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COST	CHN OTHER RESIDENT COSTS	0	248,188 2.00
3.00	7.00	OPERATION OF PLANT	1400 N RITTER	118,143	121,466 3.00
3.01	76.05	ONCOLOGY-CANCER CARE CENTER	1400 N RITTER	146,565	108,383 3.01
3.02	70.00	ELECTROENCEPHALOGRAPHY	1400 N RITTER	53,671	39,689 3.02
3.03	76.01	PSYCHIATRIC/PSYCHOLOGICAL SE	7250 CLEARVISTA	23,918	17,310 3.03
3.04	5.00	ADMINISTRATIVE & GENERAL	8180 CLEARVISTA	43,350	43,157 3.04
4.00	2.00	CAP REL COSTS-MVBLE EQUIP	CHNW - HOME OFFICE	6,207,874	0 4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	CHNW - HOME OFFICE	9,418,937	0 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	CHNW - HOME OFFICE	40,070,382	48,123,264 4.02
4.03	7.00	OPERATION OF PLANT	CHNW - HOME OFFICE	1,808,797	0 4.03
4.04	13.00	NURSING ADMINISTRATION	CHNW - HOME OFFICE	840,101	0 4.04
4.05	14.00	CENTRAL SERVICES & SUPPLY	CHNW - HOME OFFICE	568,938	0 4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	CHNW - HOME OFFICE	1,500,401	0 4.06
4.07	23.00	EMS TRAINING-ALLIED HEALTH	CHNW - HOME OFFICE	213,118	0 4.07
4.08	30.00	ADULTS & PEDIATRICS	CHNW - HOME OFFICE	120,227	0 4.08
4.09	54.00	RADIOLOGY-DIAGNOSTIC	CHNW - HOME OFFICE	156,917	0 4.09
4.10	66.00	PHYSICAL THERAPY	CHNW - HOME OFFICE	119,690	0 4.10
4.11	69.00	ELECTROCARDIOLOGY	CHNW - HOME OFFICE	31,978	0 4.11
4.12	70.00	ELECTROENCEPHALOGRAPHY	CHNW - HOME OFFICE	22,940	0 4.12
4.13	73.00	DRUGS CHARGED TO PATIENTS	CHNW - HOME OFFICE	760,263	0 4.13
4.14	76.05	ONCOLOGY-CANCER CARE CENTER	CHNW - HOME OFFICE	1,558,299	0 4.14
4.15	90.02	HEALTHY HEARTS CENTER	CHNW - HOME OFFICE	66,909	0 4.15
4.16	90.08	PALLIATIVE CARE	CHNW - HOME OFFICE	471,704	0 4.16
4.17	90.06	MEDCHECK CLINICS	MEDCHECK CLINICS	9,669,787	0 4.17
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			73,992,909	48,957,195 5.00

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

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

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

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

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

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

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

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

Provider CCN: 150074

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2016 11:24 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-255,738	0		1.00
2.00	-248,188	0		2.00
3.00	-3,323	0		3.00
3.01	38,182	0		3.01
3.02	13,982	0		3.02
3.03	6,608	0		3.03
3.04	193	0		3.04
4.00	6,207,874	9		4.00
4.01	9,418,937	0		4.01
4.02	-8,052,882	0		4.02
4.03	1,808,797	0		4.03
4.04	840,101	0		4.04
4.05	568,938	0		4.05
4.06	1,500,401	0		4.06
4.07	213,118	0		4.07
4.08	120,227	0		4.08
4.09	156,917	0		4.09
4.10	119,690	0		4.10
4.11	31,978	0		4.11
4.12	22,940	0		4.12
4.13	760,263	0		4.13
4.14	1,558,299	0		4.14
4.15	66,909	0		4.15
4.16	471,704	0		4.16
4.17	9,669,787	0		4.17
5.00	25,035,714			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150074

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2016 11:24 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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	359,272	313,074	46,198	211,500	191	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,969,298	2,787,321	181,977	181,300	1,546	2.00
3.00	57.00	AGGREGATE-CT SCAN	32,263	32,263	0	0	0	3.00
4.00	66.00	AGGREGATE-PHYSICAL THERAPY	7,905	7,905	0	0	0	4.00
5.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	13,053	13,053	0	0	0	5.00
6.00	91.00	AGGREGATE-EMERGENCY	142,515	142,515	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,524,306	3,296,131	228,175		1,737	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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	19,421	971	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	134,755	6,738	0	0	0	2.00
3.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	3.00
4.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	4.00
5.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	5.00
6.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			154,176	7,709	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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	19,421	26,777	339,851	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	134,755	47,222	2,834,543	2.00
3.00	57.00	AGGREGATE-CT SCAN	0	0	0	32,263	3.00
4.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	7,905	4.00
5.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	13,053	5.00
6.00	91.00	AGGREGATE-EMERGENCY	0	0	0	142,515	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	154,176	73,999	3,370,130	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	8,473,420	8,473,420				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	33,711,279		33,711,279			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	42,905,497	0	142,338	43,047,835		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	21,831,733	1,444,250	18,211,044	4,588,717	46,075,744	5.00
7.00 00700 OPERATION OF PLANT	15,425,953	1,309,758	470,815	907,899	18,114,425	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	890,605	657	100	0	891,362	8.00
9.00 00900 HOUSEKEEPING	3,765,524	156,399	20,501	598,682	4,541,106	9.00
10.00 01000 DIETARY	689,843	74,659	12,635	155,794	932,931	10.00
11.00 01100 CAFETERIA	2,959,117	238,374	39,223	381,992	3,618,706	11.00
13.00 01300 NURSING ADMINISTRATION	4,536,945	114,258	55,418	1,459,951	6,166,572	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,779,600	111,558	1,150,352	486,910	4,528,420	14.00
15.00 01500 PHARMACY	5,238,763	86,990	878,928	1,424,373	7,629,054	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,976,700	36,250	26,928	976,742	6,016,620	16.00
17.00 01700 SOCIAL SERVICE	4,420,770	40,021	12,819	937,299	5,410,909	17.00
18.00 01850 OTHER GENERAL SERVICE	0	0	0	0	0	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	2,430,898	0	0	680,146	3,111,044	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,762,596	36,234	10,033	639,809	4,448,672	22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH	171,337	53,393	13,506	81,375	319,611	23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	207,638	3,513	0	41,995	253,146	23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	207,390	0	0	44,698	252,088	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	27,835,288	1,613,061	407,580	7,057,419	36,913,348	30.00
31.00 03100 INTENSIVE CARE UNIT	5,534,402	248,225	94,741	1,276,826	7,154,194	31.00
32.00 03200 CORONARY CARE UNIT	3,813,122	145,007	44,712	768,889	4,771,730	32.00
43.00 04300 NURSERY	2,453,400	127,191	69,787	512,710	3,163,088	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	9,672,528	462,977	1,349,211	1,225,647	12,710,363	50.00
51.00 05100 RECOVERY ROOM	1,057,472	77,014	2,512	237,045	1,374,043	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,004,793	52,094	28,582	209,981	1,295,450	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,769,851	262,449	368,001	695,964	4,096,265	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,849,610	68,454	158,214	519,628	3,595,906	55.00
57.00 05700 CT SCAN	2,265,190	34,873	138,894	396,120	2,835,077	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	706,360	41,273	221,344	128,574	1,097,551	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,941,160	162,682	305,259	552,462	3,961,563	59.00
60.00 06000 LABORATORY	12,181,051	94,368	4,842	112	12,280,373	60.00
64.00 06400 INTRAVENOUS THERAPY	318,674	4,616	1,036	66,007	390,333	64.00
65.00 06500 RESPIRATORY THERAPY	3,936,863	35,710	149,993	878,683	5,001,249	65.00
66.00 06600 PHYSICAL THERAPY	4,147,953	33,284	813,871	880,360	5,875,468	66.00
67.00 06700 OCCUPATIONAL THERAPY	894,102	8,356	15,678	190,875	1,109,011	67.00
68.00 06800 SPEECH PATHOLOGY	274,523	2,566	4,814	58,606	340,509	68.00
69.00 06900 ELECTROCARDIOLOGY	1,803,015	9,053	191,297	524,948	2,528,313	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	843,622	20,014	165,065	232,437	1,261,138	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,638,607	0	0	0	12,638,607	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	22,253,467	0	0	0	22,253,467	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	63,064,660	0	0	0	63,064,660	73.00
74.00 07400 RENAL DIALYSIS	1,146,075	2,543	776	0	1,149,394	74.00
76.00 03330 ENDOSCOPY	315,908	0	19,557	64,673	400,138	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	12,720,073	51,171	1,355,566	4,241,954	18,368,764	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	5,753,312	0	1,234,909	1,596,182	8,584,403	76.03
76.04 03952 WOUND CARE CENTER	1,387,764	38,707	9,486	91,059	1,527,016	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	35,299,420	94,572	3,041,330	2,276,056	40,711,378	76.05
76.06 03953 IMAGING CENTERS	1,739,484	0	138,003	201,818	2,079,305	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	3,376,284	21,986	719,988	297,306	4,415,564	76.07
76.97 07697 CARDIAC REHABILITATION	575,902	30,609	12,705	137,977	757,193	76.97
76.98 07698 HYPERBARIIC OXYGEN THERAPY	912,081	24,388	5,972	57,776	1,000,217	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	2,057,949	43,253	228,873	460,380	2,790,455	90.02
90.03 09001 CLINIC	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	371,925	0	41,229	79,439	492,593	90.05
90.06 09002 MEDCHECK CLINICS	9,669,787	0	0	0	9,669,787	90.06
90.07 09003 KNEE CENTER	1,612,440	54,879	46,798	128,519	1,842,636	90.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
90.08 09004 PALLIATIVE CARE	926,809	6,252	0	104,744	1,037,805	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	12,911,867	313,902	443,042	2,201,277	15,870,088	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	435,422,401	7,891,843	32,878,307	41,758,835	432,718,852 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	224,841	30,163	7,784	88,382	351,170	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	301,936	0	156,525	40,303	498,764	192.00
194.00 07950 HOME OFFICE	0	524,374	0	0	524,374	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03 07953 SCHOOL BASED CLINICS	670,859	0	506	152,275	823,640	194.03
194.04 07954 SMO-NON PROVIDER BASED	241,786	0	0	44,059	285,845	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	2,649,587	2,973	546,832	617,101	3,816,493	194.05
194.07 07957 LIFECHECK	230,683	0	18,725	44,451	293,859	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	1,741,832	24,067	102,600	302,429	2,170,928	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers					0 201.00
202.00	TOTAL (sum lines 118-201)	441,483,925	8,473,420	33,711,279	43,047,835	441,483,925 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
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
5.00	00500	ADMINISTRATIVE & GENERAL	46,075,744				5.00
7.00	00700	OPERATION OF PLANT	2,110,820	20,225,245			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	103,868	2,324	997,554		8.00
9.00	00900	HOUSEKEEPING	529,161	553,066	0	5,623,333	9.00
10.00	01000	DIETARY	108,712	264,013	0	75,478	1,381,134
11.00	01100	CAFETERIA	421,677	842,949	0	240,987	0
13.00	01300	NURSING ADMINISTRATION	718,572	404,043	3,589	115,510	0
14.00	01400	CENTRAL SERVICES & SUPPLY	527,683	394,498	1,825	112,781	0
15.00	01500	PHARMACY	888,991	307,619	0	87,944	0
16.00	01600	MEDICAL RECORDS & LIBRARY	701,099	128,188	0	36,647	0
17.00	01700	SOCIAL SERVICE	630,517	141,524	0	40,460	0
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	362,521	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	518,390	128,133	0	36,631	0
23.00	02300	EMS TRAINING-ALLIED HEALTH	37,243	188,810	0	53,978	0
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	29,498	12,423	0	3,552	0
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	29,375	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,301,402	5,704,173	458,425	1,630,740	1,062,134
31.00	03100	INTENSIVE CARE UNIT	833,657	877,784	59,721	250,946	125,023
32.00	03200	CORONARY CARE UNIT	556,035	512,781	83,429	146,597	121,124
43.00	04300	NURSERY	368,585	449,779	38,077	128,586	72,853
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,481,100	1,637,202	44,702	468,053	0
51.00	05100	RECOVERY ROOM	160,113	272,341	0	77,859	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	150,955	184,217	15,593	52,665	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	477,325	928,085	19,849	265,326	0
55.00	05500	RADIOLOGY-THERAPEUTIC	419,020	242,072	6,847	69,205	0
57.00	05700	CT SCAN	330,363	123,319	32,472	35,255	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	127,894	145,951	10,018	41,725	0
59.00	05900	CARDIAC CATHETERIZATION	461,629	575,284	19,570	164,466	0
60.00	06000	LABORATORY	1,430,995	333,710	0	95,403	0
64.00	06400	INTRAVENOUS THERAPY	45,484	16,324	0	4,667	0
65.00	06500	RESPIRATORY THERAPY	582,781	126,279	0	36,101	0
66.00	06600	PHYSICAL THERAPY	684,651	117,702	0	33,649	0
67.00	06700	OCCUPATIONAL THERAPY	129,230	29,550	0	8,448	0
68.00	06800	SPEECH PATHOLOGY	39,678	9,075	0	2,594	0
69.00	06900	ELECTROCARDIOLOGY	294,617	32,012	0	9,152	0
70.00	07000	ELECTROENCEPHALOGRAPHY	146,957	70,776	4,582	20,234	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,472,739	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,593,130	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	7,348,752	0	0	0	0
74.00	07400	RENAL DIALYSIS	133,935	8,992	0	2,571	0
76.00	03330	ENDOSCOPY	46,627	0	0	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,140,457	180,952	0	51,732	0
76.03	03951	LUTHERWOOD PARTNERSHIP	1,000,315	0	0	0	0
76.04	03952	WOUND CARE CENTER	177,939	136,876	0	39,131	0
76.05	03480	ONCOLOGY-CANCER CARE CENTER	4,743,975	334,429	13,956	95,609	0
76.06	03953	IMAGING CENTERS	242,295	0	0	0	0
76.07	03954	BREAST DIAGNOSTIC CENTER	514,532	77,749	0	22,227	0
76.97	07697	CARDIAC REHABILITATION	88,233	108,239	0	30,944	0
76.98	07698	HYPERBARIIC OXYGEN THERAPY	116,552	86,243	0	24,656	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	325,163	152,952	3,502	43,727	0
90.03	09001	CLINIC	0	0	0	0	0
90.04	04953	SPINE CENTER	0	0	0	0	0
90.05	04954	INFUSION CENTERS	57,400	0	0	0	0
90.06	09002	MEDCHECK CLINICS	1,126,791	0	0	0	0
90.07	09003	KNEE CENTER	214,717	194,067	0	55,481	0
90.08	09004	PALLIATIVE CARE	120,932	22,107	0	6,320	0
90.10	09006	WORK SITE CLINICS	0	0	0	0	0
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0
91.00	09100	EMERGENCY	1,849,294	1,110,033	181,397	317,343	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	45,054,376	18,168,645	997,554	5,035,380	1,381,134
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	40,921	106,662	0	30,493	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	58,119	0	0	0	192.00
194.00	07950	HOME OFFICE	61,104	1,854,316	0	530,123	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	95,976	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	33,309	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	444,724	10,514	0	3,006	194.05
194.07	07957	LIFECHECK	34,243	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	252,972	85,108	0	24,331	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	194.09
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)	46,075,744	20,225,245	997,554	5,623,333	1,381,134

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	5,124,319					11.00
13.00	01300	217,359	7,625,645				13.00
14.00	01400	151,854	0	5,717,061			14.00
15.00	01500	199,494	0	13,659	9,126,761		15.00
16.00	01600	235,224	0	2,142	0	7,119,920	16.00
17.00	01700	142,921	0	1,947	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	119,101	0	0	0	0	21.00
22.00	02200	104,213	0	13,498	0	0	22.00
23.00	02300	17,865	0	4,086	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	5,955	0	0	0	0	23.02
23.03	02303	8,933	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,185,056	4,112,476	205,607	0	535,265	30.00
31.00	03100	193,539	671,635	35,458	0	109,912	31.00
32.00	03200	136,966	475,311	26,761	0	72,410	32.00
43.00	04300	86,348	299,653	22,895	0	59,453	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	184,606	640,637	143,883	0	378,442	50.00
51.00	05100	32,753	0	6,332	0	50,421	51.00
52.00	05200	35,730	123,994	9,377	0	24,348	52.00
54.00	05400	142,921	0	8,309	0	204,349	54.00
55.00	05500	92,303	0	8,215	0	50,272	55.00
57.00	05700	41,685	0	8,239	0	278,667	57.00
58.00	05800	20,843	0	548	0	69,074	58.00
59.00	05900	83,371	0	31,893	0	515,853	59.00
60.00	06000	0	0	273,765	0	516,332	60.00
64.00	06400	11,910	0	395	0	4,010	64.00
65.00	06500	142,921	0	19,311	0	108,049	65.00
66.00	06600	23,820	0	10,423	0	80,236	66.00
67.00	06700	32,753	0	2,332	0	20,134	67.00
68.00	06800	8,933	0	716	0	6,311	68.00
69.00	06900	122,078	0	18,434	0	161,316	69.00
70.00	07000	35,730	0	5,976	0	22,456	70.00
71.00	07100	0	0	1,601,678	0	232,283	71.00
72.00	07200	0	0	2,820,165	0	233,861	72.00
73.00	07300	0	0	0	9,126,761	1,753,749	73.00
74.00	07400	0	0	261	0	13,864	74.00
76.00	03330	8,933	0	1,951	0	11,996	76.00
76.01	03550	229,269	0	37,161	0	39,995	76.01
76.03	03951	0	0	57,644	0	4,527	76.03
76.04	03952	17,865	0	8,460	0	20,092	76.04
76.05	03480	333,483	0	99,603	0	584,884	76.05
76.06	03953	8,933	0	2,370	0	16,972	76.06
76.07	03954	50,618	0	12,762	0	139,366	76.07
76.97	07697	32,753	0	2,498	0	14,209	76.97
76.98	07698	11,910	0	5,330	0	14,478	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	80,393	0	19,260	0	18,599	90.02
90.03	09001	0	0	0	0	0	90.03
90.04	04953	0	0	0	0	0	90.04
90.05	04954	0	0	1,811	0	9,180	90.05
90.06	09002	0	0	0	0	0	90.06
90.07	09003	23,820	0	6,095	0	5,062	90.07
90.08	09004	8,933	0	131	0	1,214	90.08
90.10	09006	0	0	0	0	0	90.10
90.12	04961	0	0	0	0	0	90.12
91.00	09100	375,168	1,301,939	134,613	0	738,279	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,999,263	7,625,645	5,685,994	9,126,761	7,119,920	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	11,910	0	706	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	478	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	1,677	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	981	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	104,213	0	12,206	0	0	194.05
194.07	07957 LI FE CHECK	0	0	122	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	8,933	0	14,897	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,124,319	7,625,645	5,717,061	9,126,761	7,119,920	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS			
		17.00	18.00		19.00	SERVICES-SALARY & FRINGES		SERVICES-OTHER PRGM COSTS
						21.00		22.00
GENERAL SERVICE COST CENTERS								
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	
5.00 00500 ADMINISTRATIVE & GENERAL							5.00	
7.00 00700 OPERATION OF PLANT							7.00	
8.00 00800 LAUNDRY & LINEN SERVICE							8.00	
9.00 00900 HOUSEKEEPING							9.00	
10.00 01000 DIETARY							10.00	
11.00 01100 CAFETERIA							11.00	
13.00 01300 NURSING ADMINISTRATION							13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00	
15.00 01500 PHARMACY							15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00	
17.00 01700 SOCIAL SERVICE	6,368,278						17.00	
18.00 01850 OTHER GENERAL SERVICE	0	0					18.00	
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0				19.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0		3,592,666			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			5,249,537		22.00	
23.00 02300 EMS TRAINING-ALLIED HEALTH	0	0					23.00	
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0					23.01	
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0					23.02	
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0					23.03	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000 ADULTS & PEDIATRICS	4,897,403	0	0	1,065,166	1,556,400		30.00	
31.00 03100 INTENSIVE CARE UNIT	576,470	0	0	0	0		31.00	
32.00 03200 CORONARY CARE UNIT	558,489	0	0	0	0		32.00	
43.00 04300 NURSERY	335,916	0	0	0	0		43.00	
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	52,299	76,418		50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0		51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0		54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00	
57.00 05700 CT SCAN	0	0	0	0	0		57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00	
60.00 06000 LABORATORY	0	0	0	0	0		60.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0		64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0		65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0		66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0		67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0		68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0		69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0		72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0		74.00	
76.00 03330 ENDOSCOPY	0	0	0	0	0		76.00	
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0		76.01	
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0		76.03	
76.04 03952 WOUND CARE CENTER	0	0	0	0	0		76.04	
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0		76.05	
76.06 03953 IMAGING CENTERS	0	0	0	0	0		76.06	
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0		76.07	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0		76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0		76.98	
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0		88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00	
90.00 09000 CLINIC	0	0	0	0	0		90.00	
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0		90.01	
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	0	0		90.02	
90.03 09001 CLINIC	0	0	0	0	0		90.03	
90.04 04953 SPINE CENTER	0	0	0	0	0		90.04	
90.05 04954 INFUSION CENTERS	0	0	0	0	0		90.05	
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0		90.06	
90.07 09003 KNEE CENTER	0	0	0	0	0		90.07	
90.08 09004 PALLIATIVE CARE	0	0	0	0	0		90.08	
90.10 09006 WORK SITE CLINICS	0	0	0	0	0		90.10	
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0		90.12	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	18.00	19.00	21.00	22.00	
91.00 09100 EMERGENCY	0	0	0	205,285	299,958	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,368,278	0	0	1,322,750	1,932,776
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	36,239	52,952	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	0	2,233,677	3,263,809	194.05
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	0	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	6,368,278	0	0	3,592,666	5,249,537

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150074		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/25/2016 11:24 am	
Cost Center Description		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	PHARMACY RESIDENCY-ALLIED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	
		23.00	23.01	23.02	23.03	24.00	
GENERAL SERVICE COST CENTERS							
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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	621,593				23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH		0			23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH			304,574		23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH				290,396	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	63,627,595 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	10,888,339 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	7,461,633 32.00
43.00	04300	NURSERY	0	0	0	0	5,025,233 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	17,817,705 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	1,973,862 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,892,329 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	6,142,429 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	4,483,840 55.00
57.00	05700	CT SCAN	0	0	0	0	3,685,077 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,513,604 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	5,813,629 59.00
60.00	06000	LABORATORY	0	0	0	0	14,930,578 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	473,123 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	6,016,691 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	6,825,949 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,331,458 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	407,816 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	3,165,922 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,567,849 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	15,945,307 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	27,900,623 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	304,574	290,396	81,888,892 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,309,017 74.00
76.00	03330	ENDOSCOPY	0	0	0	0	469,645 76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	21,048,330 76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	9,646,889 76.03
76.04	03952	WOUND CARE CENTER	0	0	0	0	1,927,379 76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	46,917,317 76.05
76.06	03953	IMAGING CENTERS	0	0	0	0	2,349,875 76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	5,232,818 76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,034,069 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	1,259,386 76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0 90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	0	3,434,051 90.02
90.03	09001	CLINIC	0	0	0	0	0 90.03
90.04	04953	SPINE CENTER	0	0	0	0	0 90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	560,984 90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	10,796,578 90.06
90.07	09003	KNEE CENTER	0	0	0	0	2,341,878 90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	1,197,442 90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0 90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0 90.12
91.00	09100	EMERGENCY	621,593	0	0	0	23,004,990 91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		EMS TRAINING-ALLIED HEALTH 23.00	RADIOLOGY SCHOOL-ALLIED HEALTH 23.01	PHARMACY RESIDENCY-ALLIED HEALTH 23.02	PHARMACY RESIDENCY-BTH ALLIED HEALTH 23.03	Subtotal 24.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
	SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	621,593	0	304,574	290,396	423,310,131	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	631,053	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	557,361	192.00
194.00	07950 HOME OFFICE	0	0	0	0	2,969,917	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	921,293	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	0	0	320,135	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	0	0	9,888,642	194.05
194.07	07957 LI FE CHECK	0	0	0	0	328,224	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	2,557,169	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	621,593	0	304,574	290,396	441,483,925	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
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
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH		23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH		23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH		23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		23.03
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-2,621,566	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-128,717	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03330	ENDOSCOPY	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	76.03
76.04	03952	WOUND CARE CENTER	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	76.05
76.06	03953	IMAGING CENTERS	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	90.02
90.03	09001	CLINIC	0	90.03
90.04	04953	SPINE CENTER	0	90.04
90.05	04954	INFUSION CENTERS	0	90.05
90.06	09002	MEDCHECK CLINICS	0	90.06
90.07	09003	KNEE CENTER	0	90.07
90.08	09004	PALLIATIVE CARE	0	90.08
90.10	09006	WORK SITE CLINICS	0	90.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100	EMERGENCY	-505,243	22,499,747	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-3,255,526	420,054,605	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	-89,191	541,862	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	557,361	192.00
194.00	07950	HOME OFFICE	0	2,969,917	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	0	921,293	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	320,135	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	-5,497,486	4,391,156	194.05
194.07	07957	LIFECHECK	0	328,224	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	2,557,169	194.08
194.09	07959	SURGERY CENTER EAST	0	0	194.09
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-8,842,203	432,641,722	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 11:24 am
-------------------------------------	--	----------------------	---	---

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	142,338	142,338	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,444,250	18,211,044	19,655,294	5.00
7.00 00700	OPERATION OF PLANT	0	1,309,758	470,815	1,780,573	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	657	100	757	8.00
9.00 00900	HOUSEKEEPING	0	156,399	20,501	176,900	9.00
10.00 01000	DIETARY	0	74,659	12,635	87,294	10.00
11.00 01100	CAFETERIA	0	238,374	39,223	277,597	11.00
13.00 01300	NURSING ADMINISTRATION	0	114,258	55,418	169,676	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	111,558	1,150,352	1,261,910	14.00
15.00 01500	PHARMACY	0	86,990	878,928	965,918	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	36,250	26,928	63,178	16.00
17.00 01700	SOCIAL SERVICE	0	40,021	12,819	52,840	17.00
18.00 01850	OTHER GENERAL SERVICE	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	36,234	10,033	46,267	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	53,393	13,506	66,899	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	3,513	0	3,513	23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,613,061	407,580	2,020,641	30.00
31.00 03100	INTENSIVE CARE UNIT	0	248,225	94,741	342,966	31.00
32.00 03200	CORONARY CARE UNIT	0	145,007	44,712	189,719	32.00
43.00 04300	NURSERY	0	127,191	69,787	196,978	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	462,977	1,349,211	1,812,188	50.00
51.00 05100	RECOVERY ROOM	0	77,014	2,512	79,526	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	52,094	28,582	80,676	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	262,449	368,001	630,450	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	68,454	158,214	226,668	55.00
57.00 05700	CT SCAN	0	34,873	138,894	173,767	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	41,273	221,344	262,617	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	162,682	305,259	467,941	59.00
60.00 06000	LABORATORY	0	94,368	4,842	99,210	60.00
64.00 06400	INTRAVENOUS THERAPY	0	4,616	1,036	5,652	64.00
65.00 06500	RESPIRATORY THERAPY	0	35,710	149,993	185,703	65.00
66.00 06600	PHYSICAL THERAPY	0	33,284	813,871	847,155	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	8,356	15,678	24,034	67.00
68.00 06800	SPEECH PATHOLOGY	0	2,566	4,814	7,380	68.00
69.00 06900	ELECTROCARDIOLOGY	0	9,053	191,297	200,350	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	20,014	165,065	185,079	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	2,543	776	3,319	74.00
76.00 03330	ENDOSCOPY	0	0	19,557	19,557	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	51,171	1,355,566	1,406,737	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	1,234,909	1,234,909	76.03
76.04 03952	WOUND CARE CENTER	0	38,707	9,486	48,193	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	94,572	3,041,330	3,135,902	76.05
76.06 03953	IMAGING CENTERS	0	0	138,003	138,003	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	21,986	719,988	741,974	76.07
76.09 07697	CARDIAC REHABILITATION	0	30,609	12,705	43,314	76.09
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	24,388	5,972	30,360	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	0	43,253	228,873	272,126	90.02
90.03 09001	CLINIC	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	0	0	0	90.04
90.05 04954	INFUSION CENTERS	0	0	41,229	41,229	90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07 09003	KNEE CENTER	0	54,879	46,798	101,677	90.07
90.08 09004	PALLIATIVE CARE	0	6,252	0	6,252	90.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	313,902	443,042	756,944	7,276	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	7,891,843	32,878,307	40,770,150	138,077
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	30,163	7,784	37,947	292	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	156,525	156,525	133	192.00
194.00 07950 HOME OFFICE	0	524,374	0	524,374	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03 07953 SCHOOL BASED CLINICS	0	0	506	506	503	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	146	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0	2,973	546,832	549,805	2,040	194.05
194.07 07957 LIFE CHECK	0	0	18,725	18,725	147	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	24,067	102,600	126,667	1,000	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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	8,473,420	33,711,279	42,184,699	142,338

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
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
5.00	00500	ADMINISTRATIVE & GENERAL	19,670,461				5.00
7.00	00700	OPERATION OF PLANT	901,138	2,684,712			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	44,343	309	45,409		8.00
9.00	00900	HOUSEKEEPING	225,906	73,414	0	478,199	9.00
10.00	01000	DIETARY	46,411	35,045	0	6,418	175,683
11.00	01100	CAFETERIA	180,020	111,894	0	20,493	0
13.00	01300	NURSING ADMINISTRATION	306,768	53,633	163	9,823	0
14.00	01400	CENTRAL SERVICES & SUPPLY	225,275	52,366	83	9,591	0
15.00	01500	PHARMACY	379,523	40,833	0	7,479	0
16.00	01600	MEDICAL RECORDS & LIBRARY	299,309	17,016	0	3,116	0
17.00	01700	SOCIAL SERVICE	269,176	18,786	0	3,441	0
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	154,765	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	221,308	17,008	0	3,115	0
23.00	02300	EMS TRAINING-ALLIED HEALTH	15,900	25,063	0	4,590	0
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	12,593	1,649	0	302	0
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	12,541	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,836,328	757,173	20,867	138,677	135,106
31.00	03100	INTENSIVE CARE UNIT	355,900	116,518	2,719	21,340	15,903
32.00	03200	CORONARY CARE UNIT	237,379	68,067	3,798	12,466	15,407
43.00	04300	NURSERY	157,354	59,704	1,733	10,935	9,267
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	632,302	217,323	2,035	39,802	0
51.00	05100	RECOVERY ROOM	68,355	36,151	0	6,621	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	64,445	24,453	710	4,479	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	203,777	123,195	904	22,563	0
55.00	05500	RADIOLOGY-THERAPEUTIC	178,886	32,133	312	5,885	0
57.00	05700	CT SCAN	141,037	16,369	1,478	2,998	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	54,600	19,374	456	3,548	0
59.00	05900	CARDIAC CATHETERIZATION	197,076	76,364	891	13,986	0
60.00	06000	LABORATORY	610,912	44,297	0	8,113	0
64.00	06400	INTRAVENOUS THERAPY	19,418	2,167	0	397	0
65.00	06500	RESPIRATORY THERAPY	248,797	16,762	0	3,070	0
66.00	06600	PHYSICAL THERAPY	292,287	15,624	0	2,861	0
67.00	06700	OCCUPATIONAL THERAPY	55,170	3,922	0	718	0
68.00	06800	SPEECH PATHOLOGY	16,939	1,205	0	221	0
69.00	06900	ELECTROCARDIOLOGY	125,776	4,249	0	778	0
70.00	07000	ELECTROENCEPHALOGRAPHY	62,738	9,395	209	1,721	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	628,733	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,107,043	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,137,365	0	0	0	0
74.00	07400	RENAL DIALYSIS	57,179	1,194	0	219	0
76.00	03330	ENDOSCOPY	19,906	0	0	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	913,791	24,020	0	4,399	0
76.03	03951	LUTHERWOOD PARTNERSHIP	427,048	0	0	0	0
76.04	03952	WOUND CARE CENTER	75,964	18,169	0	3,328	0
76.05	03480	ONCOLOGY-CANCER CARE CENTER	2,025,269	44,392	635	8,130	0
76.06	03953	IMAGING CENTERS	103,439	0	0	0	0
76.07	03954	BREAST DIAGNOSTIC CENTER	219,661	10,320	0	1,890	0
76.97	07697	CARDIAC REHABILITATION	37,668	14,368	0	2,631	0
76.98	07698	HYPERBARIIC OXYGEN THERAPY	49,758	11,448	0	2,097	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	138,817	20,303	159	3,718	0
90.03	09001	CLINIC	0	0	0	0	0
90.04	04953	SPINE CENTER	0	0	0	0	0
90.05	04954	INFUSION CENTERS	24,505	0	0	0	0
90.06	09002	MEDCHECK CLINICS	481,043	0	0	0	0
90.07	09003	KNEE CENTER	91,666	25,761	0	4,718	0
90.08	09004	PALLIATIVE CARE	51,628	2,935	0	537	0
90.10	09006	WORK SITE CLINICS	0	0	0	0	0
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0
91.00	09100	EMERGENCY	789,489	147,347	8,257	26,986	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,234,424	2,411,718	45,409	428,200	175,683
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	17,470	14,158	0	2,593	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24,812	0	0	0	192.00
194.00	07950	HOME OFFICE	26,086	246,143	0	45,081	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	40,974	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	14,220	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	189,859	1,396	0	256	194.05
194.07	07957	LIFECHECK	14,619	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	107,997	11,297	0	2,069	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	194.09
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)	19,670,461	2,684,712	45,409	478,199	175,683

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150074		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 11:24 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	591,267					11.00
13.00	01300	NURSING ADMINISTRATION	25,080	569,968				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,522	0	1,568,356			14.00
15.00	01500	PHARMACY	23,019	0	3,747	1,425,227		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	27,141	0	588	0	413,576	16.00
17.00	01700	SOCIAL SERVICE	16,491	0	534	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	13,742	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,025	0	3,703	0	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	2,061	0	1,121	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	687	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	1,031	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	136,735	307,382	56,403	0	31,148	30.00
31.00	03100	INTENSIVE CARE UNIT	22,331	50,200	9,727	0	6,396	31.00
32.00	03200	CORONARY CARE UNIT	15,804	35,526	7,341	0	4,214	32.00
43.00	04300	NURSERY	9,963	22,397	6,281	0	3,460	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,301	47,883	39,471	0	22,022	50.00
51.00	05100	RECOVERY ROOM	3,779	0	1,737	0	2,934	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,123	9,268	2,572	0	1,417	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,491	0	2,279	0	11,891	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,650	0	2,253	0	2,925	55.00
57.00	05700	CT SCAN	4,810	0	2,260	0	16,216	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,405	0	150	0	4,020	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,620	0	8,749	0	30,018	59.00
60.00	06000	LABORATORY	0	0	75,101	0	30,046	60.00
64.00	06400	INTRAVENOUS THERAPY	1,374	0	108	0	233	64.00
65.00	06500	RESPIRATORY THERAPY	16,491	0	5,298	0	6,288	65.00
66.00	06600	PHYSICAL THERAPY	2,748	0	2,859	0	4,669	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,779	0	640	0	1,172	67.00
68.00	06800	SPEECH PATHOLOGY	1,031	0	196	0	367	68.00
69.00	06900	ELECTROCARDIOLOGY	14,086	0	5,057	0	9,387	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,123	0	1,639	0	1,307	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	439,381	0	13,517	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	773,665	0	13,609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,425,227	101,309	73.00
74.00	07400	RENAL DIALYSIS	0	0	72	0	807	74.00
76.00	03330	ENDOSCOPY	1,031	0	535	0	698	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	26,454	0	10,194	0	2,327	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	15,813	0	263	76.03
76.04	03952	WOUND CARE CENTER	2,061	0	2,321	0	1,169	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	38,479	0	27,324	0	34,035	76.05
76.06	03953	IMAGING CENTERS	1,031	0	650	0	988	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	5,841	0	3,501	0	8,110	76.07
76.97	07697	CARDIAC REHABILITATION	3,779	0	685	0	827	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	1,374	0	1,462	0	843	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	9,276	0	5,284	0	1,082	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	497	0	534	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	2,748	0	1,672	0	295	90.07
90.08	09004	PALLIATIVE CARE	1,031	0	36	0	71	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	43,289	97,312	36,928	0	42,962	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	576,837	569,968	1,559,834	1,425,227	413,576	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	1,374	0	194	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	131	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	460	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	269	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	12,025	0	3,348	0	0	194.05
194.07	07957 LIFE CHECK	0	0	33	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	1,031	0	4,087	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	591,267	569,968	1,568,356	1,425,227	413,576	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
		17.00		18.00	19.00	
GENERAL SERVICE COST CENTERS						
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
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	364,366					17.00
18.00 01850 OTHER GENERAL SERVICE	0	0				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0		170,755		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			305,541	22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH	0	0				23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0				23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0				23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	280,209	0				30.00
31.00 03100 INTENSIVE CARE UNIT	32,983	0				31.00
32.00 03200 CORONARY CARE UNIT	31,954	0				32.00
43.00 04300 NURSERY	19,220	0				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0				50.00
51.00 05100 RECOVERY ROOM	0	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0				54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0				55.00
57.00 05700 CT SCAN	0	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0				59.00
60.00 06000 LABORATORY	0	0				60.00
64.00 06400 INTRAVENOUS THERAPY	0	0				64.00
65.00 06500 RESPIRATORY THERAPY	0	0				65.00
66.00 06600 PHYSICAL THERAPY	0	0				66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0				67.00
68.00 06800 SPEECH PATHOLOGY	0	0				68.00
69.00 06900 ELECTROCARDIOLOGY	0	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0				73.00
74.00 07400 RENAL DIALYSIS	0	0				74.00
76.00 03330 ENDOSCOPY	0	0				76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0				76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0				76.03
76.04 03952 WOUND CARE CENTER	0	0				76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0				76.05
76.06 03953 IMAGING CENTERS	0	0				76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0				76.07
76.97 07697 CARDIAC REHABILITATION	0	0				76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0				76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00 09000 CLINIC	0	0				90.00
90.01 04950 DIABETIC CARE CENTER	0	0				90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0				90.02
90.03 09001 CLINIC	0	0				90.03
90.04 04953 SPINE CENTER	0	0				90.04
90.05 04954 INFUSION CENTERS	0	0				90.05
90.06 09002 MEDCHECK CLINICS	0	0				90.06
90.07 09003 KNEE CENTER	0	0				90.07
90.08 09004 PALLIATIVE CARE	0	0				90.08
90.10 09006 WORK SITE CLINICS	0	0				90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0				90.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	18.00	19.00	21.00	22.00	
91.00 09100 EMERGENCY	0	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0				98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)		364,366	0	0	0
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
191.00 19100 RESEARCH	0	0				191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00 07950 HOME OFFICE	0	0				194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0				194.01
194.03 07953 SCHOOL BASED CLINICS	0	0				194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0				194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0				194.05
194.07 07957 LIFE CHECK	0	0				194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0				194.08
194.09 07959 SURGERY CENTER EAST	0	0				194.09
200.00	Cross Foot Adjustments			0	170,755	305,541
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)		364,366	0	170,755	305,541

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 11:24 am		
Cost Center Description		EMS TRAINING-ALLIED D HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal
		23.00	23.01	23.02	23.03	24.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
17.00	01700					17.00
18.00	01850					18.00
19.00	01900					19.00
21.00	02100					21.00
22.00	02200					22.00
23.00	02300	115,903				23.00
23.01	02301		0			23.01
23.02	02302			18,883		23.02
23.03	02303				13,720	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000					5,744,050
31.00	03100					981,203
32.00	03200					624,216
43.00	04300					498,987
ANCILLARY SERVICE COST CENTERS						
50.00	05000					2,838,378
51.00	05100					199,886
52.00	05200					192,837
54.00	05400					1,013,850
55.00	05500					461,429
57.00	05700					360,244
58.00	05800					347,595
59.00	05900					806,471
60.00	06000					867,679
64.00	06400					29,567
65.00	06500					485,313
66.00	06600					1,171,113
67.00	06700					90,066
68.00	06800					27,533
69.00	06900					361,418
70.00	07000					266,979
71.00	07100					1,081,631
72.00	07200					1,894,317
73.00	07300					4,663,901
74.00	07400					62,790
76.00	03330					41,941
76.01	03550					2,401,942
76.03	03951					1,683,309
76.04	03952					151,506
76.05	03480					5,321,689
76.06	03953					244,778
76.07	03954					992,280
76.97	07697					103,728
76.98	07698					97,533
OUTPATIENT SERVICE COST CENTERS						
88.00	08800					0
89.00	08900					0
90.00	09000					0
90.01	04950					0
90.02	04951					452,287
90.03	09001					0
90.04	04953					0
90.05	04954					67,028
90.06	09002					481,043
90.07	09003					228,962
90.08	09004					62,836
90.10	09006					0
90.12	04961					0
91.00	09100					1,956,790

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		EMS	RADIOLOGY	PHARMACY	PHARMACY	Subtotal	
		TRAINING-ALLIED HEALTH	SCHOOL-ALLIED HEALTH	RESIDENCY-ALLIED HEALTH	RESIDENCY-BTH ALLIED HEALTH		
		23.00	23.01	23.02	23.03	24.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS					0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	39,359,105	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					0	190.00
191.00	19100 RESEARCH					74,028	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES					181,601	192.00
194.00	07950 HOME OFFICE					841,684	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS					0	194.01
194.03	07953 SCHOOL BASED CLINICS					42,443	194.03
194.04	07954 SMO-NON PROVIDER BASED					14,635	194.04
194.05	07955 FAMILY PRACTICE MEDICINE					758,729	194.05
194.07	07957 LI FE CHECK					33,524	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS					254,148	194.08
194.09	07959 SURGERY CENTER EAST					0	194.09
200.00	Cross Foot Adjustments	115,903	0	18,883	13,720	624,802	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	115,903	0	18,883	13,720	42,184,699	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 11:24 am
-------------------------------------	--	----------------------	---	---

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
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
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH		23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH		23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH		23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		23.03
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	5,744,050	30.00
31.00	03100	INTENSIVE CARE UNIT	981,203	31.00
32.00	03200	CORONARY CARE UNIT	624,216	32.00
43.00	04300	NURSERY	498,987	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,838,378	50.00
51.00	05100	RECOVERY ROOM	199,886	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	192,837	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,013,850	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	461,429	55.00
57.00	05700	CT SCAN	360,244	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	347,595	58.00
59.00	05900	CARDIAC CATHETERIZATION	806,471	59.00
60.00	06000	LABORATORY	867,679	60.00
64.00	06400	INTRAVENOUS THERAPY	29,567	64.00
65.00	06500	RESPIRATORY THERAPY	485,313	65.00
66.00	06600	PHYSICAL THERAPY	1,171,113	66.00
67.00	06700	OCCUPATIONAL THERAPY	90,066	67.00
68.00	06800	SPEECH PATHOLOGY	27,533	68.00
69.00	06900	ELECTROCARDIOLOGY	361,418	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	266,979	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,081,631	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,894,317	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,663,901	73.00
74.00	07400	RENAL DIALYSIS	62,790	74.00
76.00	03330	ENDOSCOPY	41,941	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,401,942	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	1,683,309	76.03
76.04	03952	WOUND CARE CENTER	151,506	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	5,321,689	76.05
76.06	03953	IMAGING CENTERS	244,778	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	992,280	76.07
76.97	07697	CARDIAC REHABILITATION	103,728	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	97,533	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	452,287	90.02
90.03	09001	CLINIC	0	90.03
90.04	04953	SPINE CENTER	0	90.04
90.05	04954	INFUSION CENTERS	67,028	90.05
90.06	09002	MEDCHECK CLINICS	481,043	90.06
90.07	09003	KNEE CENTER	228,962	90.07
90.08	09004	PALLIATIVE CARE	62,836	90.08
90.10	09006	WORK SITE CLINICS	0	90.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100 EMERGENCY	0	1,956,790	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	39,359,105	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	74,028	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	181,601	192.00
194.00	07950 HOME OFFICE	0	841,684	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	42,443	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	14,635	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	758,729	194.05
194.07	07957 LI FE CHECK	0	33,524	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	254,148	194.08
194.09	07959 SURGERY CENTER EAST	0	0	194.09
200.00	Cross Foot Adjustments	0	624,802	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	42,184,699	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,082,967				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		33,784,689			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	142,648	164,296,612		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	184,586	18,250,699	17,513,319	-46,075,744	5.00
7.00 00700	OPERATION OF PLANT	167,397	471,840	3,465,091	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	84	100	0	0	8.00
9.00 00900	HOUSEKEEPING	19,989	20,546	2,284,934	0	9.00
10.00 01000	DIETARY	9,542	12,663	594,605	0	10.00
11.00 01100	CAFETERIA	30,466	39,308	1,457,913	0	11.00
13.00 01300	NURSING ADMINISTRATION	14,603	55,539	5,572,056	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	14,258	1,152,857	1,858,342	0	14.00
15.00 01500	PHARMACY	11,118	880,842	5,436,268	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,633	26,987	3,727,839	0	16.00
17.00 01700	SOCIAL SERVICE	5,115	12,847	3,577,301	0	17.00
18.00 01850	OTHER GENERAL SERVICE	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,595,848	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,631	10,055	2,441,898	0	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	6,824	13,535	310,575	0	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	449	0	160,278	0	23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	170,594	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	206,161	408,468	26,935,430	0	30.00
31.00 03100	INTENSIVE CARE UNIT	31,725	94,947	4,873,138	0	31.00
32.00 03200	CORONARY CARE UNIT	18,533	44,809	2,934,544	0	32.00
43.00 04300	NURSERY	16,256	69,939	1,956,810	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	59,172	1,352,149	4,677,808	0	50.00
51.00 05100	RECOVERY ROOM	9,843	2,517	904,708	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,658	28,644	801,414	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	33,543	368,802	2,656,220	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	8,749	158,559	1,983,214	0	55.00
57.00 05700	CT SCAN	4,457	139,196	1,511,833	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	5,275	221,826	490,717	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	20,792	305,924	2,108,528	0	59.00
60.00 06000	LABORATORY	12,061	4,853	428	0	60.00
64.00 06400	INTRAVENOUS THERAPY	590	1,038	251,922	0	64.00
65.00 06500	RESPIRATORY THERAPY	4,564	150,320	3,353,585	0	65.00
66.00 06600	PHYSICAL THERAPY	4,254	815,643	3,359,985	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,068	15,712	728,493	0	67.00
68.00 06800	SPEECH PATHOLOGY	328	4,824	223,675	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,157	191,714	2,003,518	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,558	165,424	887,121	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	325	778	0	0	74.00
76.00 03330	ENDOSCOPY	0	19,600	246,833	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,540	1,358,518	16,189,860	0	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	1,237,598	6,091,996	0	76.03
76.04 03952	WOUND CARE CENTER	4,947	9,507	347,536	0	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	12,087	3,047,953	8,686,806	0	76.05
76.06 03953	IMAGING CENTERS	0	138,304	770,261	0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	2,810	721,556	1,134,698	0	76.07
76.97 07697	CARDIAC REHABILITATION	3,912	12,733	526,605	0	76.97
76.98 07698	HYPERBARIIC OXYGEN THERAPY	3,117	5,985	220,510	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	5,528	229,371	1,757,087	0	90.02
90.03 09001	CLINIC	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	0	0	0	90.04
90.05 04954	INFUSION CENTERS	0	41,319	303,189	0	90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07 09003	KNEE CENTER	7,014	46,900	490,507	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
90.08 09004 PALLIATIVE CARE	799	0	399,767	0	1,037,805	90.08	
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10	
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12	
91.00 09100 EMERGENCY	40,119	444,007	8,401,402	0	15,870,088	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,008,637	32,949,903	159,377,009	-46,075,744	386,643,108	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	3,855	7,801	337,321	0	351,170	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	156,866	153,819	0	498,764	192.00	
194.00 07950 HOME OFFICE	67,019	0	0	0	524,374	194.00	
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01	
194.03 07953 SCHOOL BASED CLINICS	0	507	581,175	0	823,640	194.03	
194.04 07954 SMO-NON PROVIDER BASED	0	0	168,156	0	285,845	194.04	
194.05 07955 FAMILY PRACTICE MEDICINE	380	548,023	2,355,230	0	3,816,493	194.05	
194.07 07957 LIFE CHECK	0	18,766	169,650	0	293,859	194.07	
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	3,076	102,823	1,154,252	0	2,170,928	194.08	
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09	
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)	8,473,420	33,711,279	43,047,835	46,075,744	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	7.824264	0.997827	0.262013	0.116527	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)			142,338	19,670,461	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000866	0.049747	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	730,984				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	84	229,023			8.00
9.00	00900	HOUSEKEEPING	19,989	0	710,911		9.00
10.00	01000	DIETARY	9,542	0	9,542	71,187	10.00
11.00	01100	CAFETERIA	30,466	0	30,466	0	11.00
13.00	01300	NURSING ADMINISTRATION	14,603	824	14,603	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,258	419	14,258	0	14.00
15.00	01500	PHARMACY	11,118	0	11,118	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,633	0	4,633	0	16.00
17.00	01700	SOCIAL SERVICE	5,115	0	5,115	0	17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,631	0	4,631	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	6,824	0	6,824	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	449	0	449	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	206,161	105,247	206,161	54,745	30.00
31.00	03100	INTENSIVE CARE UNIT	31,725	13,711	31,725	6,444	31.00
32.00	03200	CORONARY CARE UNIT	18,533	19,154	18,533	6,243	32.00
43.00	04300	NURSERY	16,256	8,742	16,256	3,755	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	59,172	10,263	59,172	0	50.00
51.00	05100	RECOVERY ROOM	9,843	0	9,843	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,658	3,580	6,658	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,543	4,557	33,543	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,749	1,572	8,749	0	55.00
57.00	05700	CT SCAN	4,457	7,455	4,457	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,275	2,300	5,275	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,792	4,493	20,792	0	59.00
60.00	06000	LABORATORY	12,061	0	12,061	0	60.00
64.00	06400	INTRAVENOUS THERAPY	590	0	590	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,564	0	4,564	0	65.00
66.00	06600	PHYSICAL THERAPY	4,254	0	4,254	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,068	0	1,068	0	67.00
68.00	06800	SPEECH PATHOLOGY	328	0	328	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,157	0	1,157	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,558	1,052	2,558	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	325	0	325	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,540	0	6,540	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	4,947	0	4,947	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	12,087	3,204	12,087	0	76.05
76.06	03953	IMAGING CENTERS	0	0	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	2,810	0	2,810	0	76.07
76.97	07697	CARDIAC REHABILITATION	3,912	0	3,912	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,117	0	3,117	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	5,528	804	5,528	0	90.02
90.03	09001	CLINIC	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003	KNEE CENTER	7,014	0	7,014	0	90.07
90.08	09004	PALLIATIVE CARE	799	0	799	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
91.00	09100 EMERGENCY	40,119	41,646	40,119	0	126	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	656,654	229,023	636,581	71,187	1,679	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	3,855	0	3,855	0	4	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 HOME OFFICE	67,019	0	67,019	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	380	0	380	0	35	194.05
194.07	07957 LIFE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	3,076	0	3,076	0	3	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	20,225,245	997,554	5,623,333	1,381,134	5,124,319	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	27.668519	4.355694	7.910038	19.401492	2,977.524114	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,684,712	45,409	478,199	175,683	591,267	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.672737	0.198273	0.672657	2.467908	343.560139	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	738					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	45,112,449				14.00
15.00	01500	PHARMACY	0	107,782	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	16,906	0	1,778,138,389		16.00
17.00	01700	SOCIAL SERVICE	0	15,367	0	0	71,187	17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	106,509	0	0	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	32,242	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	398	1,622,418	0	133,682,483	54,745	30.00
31.00	03100	INTENSIVE CARE UNIT	65	279,793	0	27,450,459	6,444	31.00
32.00	03200	CORONARY CARE UNIT	46	211,170	0	18,084,335	6,243	32.00
43.00	04300	NURSERY	29	180,659	0	14,848,336	3,755	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	62	1,135,356	0	94,516,083	0	50.00
51.00	05100	RECOVERY ROOM	0	49,965	0	12,592,632	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12	73,989	0	6,080,894	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	65,568	0	51,036,249	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	64,820	0	12,555,453	0	55.00
57.00	05700	CT SCAN	0	65,010	0	69,597,109	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,326	0	17,251,284	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	251,666	0	128,834,426	0	59.00
60.00	06000	LABORATORY	0	2,160,240	0	128,954,129	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,119	0	1,001,408	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	152,384	0	26,985,374	0	65.00
66.00	06600	PHYSICAL THERAPY	0	82,248	0	20,038,958	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	18,399	0	5,028,517	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,649	0	1,576,268	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	145,459	0	40,288,643	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	47,154	0	5,608,280	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,638,608	0	58,012,862	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	22,253,467	0	58,406,964	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	437,935,914	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,058	0	3,462,565	0	74.00
76.00	03330	ENDOSCOPY	0	15,393	0	2,995,900	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	293,230	0	9,988,760	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	454,860	0	1,130,580	0	76.03
76.04	03952	WOUND CARE CENTER	0	66,760	0	5,017,921	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	785,953	0	146,074,849	0	76.05
76.06	03953	IMAGING CENTERS	0	18,701	0	4,238,751	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	100,706	0	34,806,638	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	19,713	0	3,548,783	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	42,055	0	3,615,966	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	151,981	0	4,645,127	0	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	14,288	0	2,292,688	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	48,096	0	1,264,294	0	90.07
90.08	09004	PALLIATIVE CARE	0	1,031	0	303,261	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	126	1,062,208	0	184,385,246	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	738	44,867,306	100	1,778,138,389	71,187	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	5,570	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,773	0	0	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	0	13,232	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	7,744	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	96,312	0	0	0	194.05
194.07	07957	LIFECHECK	0	959	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	117,553	0	0	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,625,645	5,717,061	9,126,761	7,119,920	6,368,278	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10,332.852304	0.126729	91,267.610000	0.004004	89.458440	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	569,968	1,568,356	1,425,227	413,576	364,366	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	772.314363	0.034765	14,252.270000	0.000233	5.118435	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	
	(TIME SPENT)		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	18.00		19.00	21.00		
GENERAL SERVICE COST CENTERS						
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
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE	0				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		68,901		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			68,901	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0				100 23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0				23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0				23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	20,428	20,428	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	1,003	1,003	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03330	ENDOSCOPY	0	0	0	0	0 76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0 76.03
76.04 03952	WOUND CARE CENTER	0	0	0	0	0 76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0 76.05
76.06 03953	IMAGING CENTERS	0	0	0	0	0 76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	0 76.07
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	0 90.01
90.02 04951	HEALTHY HEARTS CENTER	0	0	0	0	0 90.02
90.03 09001	CLINIC	0	0	0	0	0 90.03
90.04 04953	SPI NE CENTER	0	0	0	0	0 90.04
90.05 04954	INFUSION CENTERS	0	0	0	0	0 90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	0 90.06
90.07 09003	KNEE CENTER	0	0	0	0	0 90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	
	(TIME SPENT)		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	18.00		19.00	21.00		
90.08 09004 PALLIATIVE CARE	0	0	0	0	0	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	0	3,937	3,937	100	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	25,368	25,368	100
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	695	695	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	42,838	42,838	0	194.05
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	0	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	0	0	3,592,666	5,249,537	621,593
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	52.142436	76.189562	6,215.930000
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	170,755	305,541	115,903
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	2.478266	4.434493	1,159.030000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME)	
		23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
19.00	01900				19.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301	0			23.01
23.02	02302		100		23.02
23.03	02303			100	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	0	0	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
43.00	04300	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
54.00	05400	0	0	0	54.00
55.00	05500	0	0	0	55.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	0	60.00
64.00	06400	0	0	0	64.00
65.00	06500	0	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	100	100	73.00
74.00	07400	0	0	0	74.00
76.00	03330	0	0	0	76.00
76.01	03550	0	0	0	76.01
76.03	03951	0	0	0	76.03
76.04	03952	0	0	0	76.04
76.05	03480	0	0	0	76.05
76.06	03953	0	0	0	76.06
76.07	03954	0	0	0	76.07
76.97	07697	0	0	0	76.97
76.98	07698	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
90.01	04950	0	0	0	90.01
90.02	04951	0	0	0	90.02
90.03	09001	0	0	0	90.03
90.04	04953	0	0	0	90.04
90.05	04954	0	0	0	90.05
90.06	09002	0	0	0	90.06
90.07	09003	0	0	0	90.07
90.08	09004	0	0	0	90.08
90.10	09006	0	0	0	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description			RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME) 23.01	PHARMACY RESIDENCY-ALLI ED HEALTH (ASSIGNED TIME) 23.02	PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME) 23.03	
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	90.12
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950	HOME OFFICE	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	0	0	194.05
194.07	07957	LIFECHECK	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	194.09
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)	0	304,574	290,396	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	3,045.740000	2,903.960000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	18,883	13,720	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	188.830000	137.200000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 11:24 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Dissallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	61,006,029	61,006,029	47,222	61,053,251	30.00
31.00	03100 INTENSIVE CARE UNIT	10,888,339	10,888,339	0	10,888,339	31.00
32.00	03200 CORONARY CARE UNIT	7,461,633	7,461,633	0	7,461,633	32.00
43.00	04300 NURSERY	5,025,233	5,025,233	0	5,025,233	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	17,688,988	17,688,988	0	17,688,988	50.00
51.00	05100 RECOVERY ROOM	1,973,862	1,973,862	0	1,973,862	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,892,329	1,892,329	0	1,892,329	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,142,429	6,142,429	0	6,142,429	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,483,840	4,483,840	0	4,483,840	55.00
57.00	05700 CT SCAN	3,685,077	3,685,077	0	3,685,077	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,513,604	1,513,604	0	1,513,604	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,813,629	5,813,629	0	5,813,629	59.00
60.00	06000 LABORATORY	14,930,578	14,930,578	0	14,930,578	60.00
64.00	06400 INTRAVENOUS THERAPY	473,123	473,123	0	473,123	64.00
65.00	06500 RESPIRATORY THERAPY	6,016,691	6,016,691	0	6,016,691	65.00
66.00	06600 PHYSICAL THERAPY	6,825,949	6,825,949	0	6,825,949	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,331,458	1,331,458	0	1,331,458	67.00
68.00	06800 SPEECH PATHOLOGY	407,816	407,816	0	407,816	68.00
69.00	06900 ELECTROCARDIOLOGY	3,165,922	3,165,922	0	3,165,922	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,567,849	1,567,849	0	1,567,849	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,945,307	15,945,307	0	15,945,307	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,900,623	27,900,623	0	27,900,623	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	81,888,892	81,888,892	0	81,888,892	73.00
74.00	07400 RENAL DIALYSIS	1,309,017	1,309,017	0	1,309,017	74.00
76.00	03330 ENDOSCOPY	469,645	469,645	0	469,645	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	21,048,330	21,048,330	0	21,048,330	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	9,646,889	9,646,889	0	9,646,889	76.03
76.04	03952 WOUND CARE CENTER	1,927,379	1,927,379	0	1,927,379	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	46,917,317	46,917,317	0	46,917,317	76.05
76.06	03953 IMAGING CENTERS	2,349,875	2,349,875	0	2,349,875	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	5,232,818	5,232,818	0	5,232,818	76.07
76.97	07697 CARDIAC REHABILITATION	1,034,069	1,034,069	0	1,034,069	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,259,386	1,259,386	0	1,259,386	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	3,434,051	3,434,051	0	3,434,051	90.02
90.03	09001 CLINIC	0	0	0	0	90.03
90.04	04953 SPIRINE CENTER	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	560,984	560,984	0	560,984	90.05
90.06	09002 MEDCHECK CLINICS	10,796,578	10,796,578	0	10,796,578	90.06
90.07	09003 KNEE CENTER	2,341,878	2,341,878	0	2,341,878	90.07
90.08	09004 PALLIATIVE CARE	1,197,442	1,197,442	0	1,197,442	90.08
90.10	09006 WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100 EMERGENCY	22,499,747	22,499,747	0	22,499,747	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,431,589	5,431,589	0	5,431,589	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00	Subtotal (see instructions)	425,486,194	425,486,194	47,222	425,533,416	200.00
201.00	Less Observation Beds	5,431,589	5,431,589	0	5,431,589	201.00
202.00	Total (see instructions)	420,054,605	420,054,605	47,222	420,101,827	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150074		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/25/2016 11:24 am		
			Title XVII I			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	126,606,535		126,606,535				30.00
31.00	03100	INTENSIVE CARE UNIT	27,450,459		27,450,459				31.00
32.00	03200	CORONARY CARE UNIT	18,084,335		18,084,335				32.00
43.00	04300	NURSERY	14,848,336		14,848,336				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	72,700,598	21,815,485	94,516,083	0.187153	0.000000		50.00
51.00	05100	RECOVERY ROOM	5,939,040	6,653,592	12,592,632	0.156747	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,080,894	0	6,080,894	0.311193	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,318,982	40,717,267	51,036,249	0.120354	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,767,089	8,788,364	12,555,453	0.357123	0.000000		55.00
57.00	05700	CT SCAN	16,963,672	52,633,437	69,597,109	0.052949	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,957,281	13,294,003	17,251,284	0.087739	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	53,666,668	75,167,758	128,834,426	0.045125	0.000000		59.00
60.00	06000	LABORATORY	62,301,085	66,653,044	128,954,129	0.115782	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	951,044	50,364	1,001,408	0.472458	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	23,778,792	3,206,582	26,985,374	0.222961	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,852,886	16,186,072	20,038,958	0.340634	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,512,668	2,515,849	5,028,517	0.264781	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	483,349	1,092,919	1,576,268	0.258723	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	9,948,632	30,340,011	40,288,643	0.078581	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	820,036	4,788,244	5,608,280	0.279560	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,534,912	22,477,950	58,012,862	0.274858	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,933,422	19,473,542	58,406,964	0.477693	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,297,583	369,638,331	437,935,914	0.186988	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,961,364	501,201	3,462,565	0.378048	0.000000		74.00
76.00	03330	ENDOSCOPY	1,393,669	1,602,231	2,995,900	0.156763	0.000000		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	9,988,760	9,988,760	2.107201	0.000000		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	1,130,580	1,130,580	8.532690	0.000000		76.03
76.04	03952	WOUND CARE CENTER	45,628	4,972,293	5,017,921	0.384099	0.000000		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,674,434	144,400,415	146,074,849	0.321187	0.000000		76.05
76.06	03953	IMAGING CENTERS	11,455	4,227,296	4,238,751	0.554379	0.000000		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	102,525	34,704,113	34,806,638	0.150340	0.000000		76.07
76.97	07697	CARDIAC REHABILITATION	2,495	3,546,288	3,548,783	0.291387	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,656	3,611,310	3,615,966	0.348285	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	29,448	4,615,679	4,645,127	0.739280	0.000000		90.02
90.03	09001	CLINIC	0	0	0	0.000000	0.000000		90.03
90.04	04953	SPINE CENTER	0	0	0	0.000000	0.000000		90.04
90.05	04954	INFUSION CENTERS	381	2,292,307	2,292,688	0.244684	0.000000		90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0.000000	0.000000		90.06
90.07	09003	KNEE CENTER	0	1,264,294	1,264,294	1.852321	0.000000		90.07
90.08	09004	PALLIATIVE CARE	303,261	0	303,261	3.948553	0.000000		90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0.000000	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0.000000	0.000000		90.12
91.00	09100	EMERGENCY	31,949,960	152,435,286	184,385,246	0.122026	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,379,793	5,696,155	7,075,948	0.767613	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
200.00		Subtotal (see instructions)	647,657,367	1,130,481,022	1,778,138,389				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	647,657,367	1,130,481,022	1,778,138,389				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 11:24 am
Cost Center Description		PPS Inpatient Ratio	Title XVII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.187153		50.00
51.00	05100 RECOVERY ROOM	0.156747		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.311193		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.120354		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.357123		55.00
57.00	05700 CT SCAN	0.052949		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.087739		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.045125		59.00
60.00	06000 LABORATORY	0.115782		60.00
64.00	06400 INTRAVENOUS THERAPY	0.472458		64.00
65.00	06500 RESPIRATORY THERAPY	0.222961		65.00
66.00	06600 PHYSICAL THERAPY	0.340634		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.264781		67.00
68.00	06800 SPEECH PATHOLOGY	0.258723		68.00
69.00	06900 ELECTROCARDIOLOGY	0.078581		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.279560		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.274858		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.477693		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.186988		73.00
74.00	07400 RENAL DIALYSIS	0.378048		74.00
76.00	03330 ENDOSCOPY	0.156763		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.107201		76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	8.532690		76.03
76.04	03952 WOUND CARE CENTER	0.384099		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.321187		76.05
76.06	03953 IMAGING CENTERS	0.554379		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.150340		76.07
76.97	07697 CARDIAC REHABILITATION	0.291387		76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0.348285		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0.000000		90.01
90.02	04951 HEALTHY HEARTS CENTER	0.739280		90.02
90.03	09001 CLINIC	0.000000		90.03
90.04	04953 SPINE CENTER	0.000000		90.04
90.05	04954 INFUSION CENTERS	0.244684		90.05
90.06	09002 MEDCHECK CLINICS	0.000000		90.06
90.07	09003 KNEE CENTER	1.852321		90.07
90.08	09004 PALLIATIVE CARE	3.948553		90.08
90.10	09006 WORK SITE CLINICS	0.000000		90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000		90.12
91.00	09100 EMERGENCY	0.122026		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.767613		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
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: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 11:24 am	
			Title XIX	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Dissallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		61,006,029	47,222	61,053,251	30.00
31.00	03100 INTENSIVE CARE UNIT		10,888,339	0	10,888,339	31.00
32.00	03200 CORONARY CARE UNIT		7,461,633	0	7,461,633	32.00
43.00	04300 NURSERY		5,025,233	0	5,025,233	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		17,688,988	0	17,688,988	50.00
51.00	05100 RECOVERY ROOM		1,973,862	0	1,973,862	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,892,329	0	1,892,329	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,142,429	0	6,142,429	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		4,483,840	0	4,483,840	55.00
57.00	05700 CT SCAN		3,685,077	0	3,685,077	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,513,604	0	1,513,604	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,813,629	0	5,813,629	59.00
60.00	06000 LABORATORY		14,930,578	0	14,930,578	60.00
64.00	06400 INTRAVENOUS THERAPY		473,123	0	473,123	64.00
65.00	06500 RESPIRATORY THERAPY	0	6,016,691	0	6,016,691	65.00
66.00	06600 PHYSICAL THERAPY	0	6,825,949	0	6,825,949	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,331,458	0	1,331,458	67.00
68.00	06800 SPEECH PATHOLOGY	0	407,816	0	407,816	68.00
69.00	06900 ELECTROCARDIOLOGY		3,165,922	0	3,165,922	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,567,849	0	1,567,849	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		15,945,307	0	15,945,307	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		27,900,623	0	27,900,623	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		81,888,892	0	81,888,892	73.00
74.00	07400 RENAL DIALYSIS		1,309,017	0	1,309,017	74.00
76.00	03330 ENDOSCOPY		469,645	0	469,645	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		21,048,330	0	21,048,330	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP		9,646,889	0	9,646,889	76.03
76.04	03952 WOUND CARE CENTER		1,927,379	0	1,927,379	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER		46,917,317	0	46,917,317	76.05
76.06	03953 IMAGING CENTERS		2,349,875	0	2,349,875	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER		5,232,818	0	5,232,818	76.07
76.97	07697 CARDIAC REHABILITATION		1,034,069	0	1,034,069	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		1,259,386	0	1,259,386	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	3,434,051	3,434,051	0	3,434,051	90.02
90.03	09001 CLINIC	0	0	0	0	90.03
90.04	04953 SPIRINE CENTER	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	560,984	560,984	0	560,984	90.05
90.06	09002 MEDCHECK CLINICS	10,796,578	10,796,578	0	10,796,578	90.06
90.07	09003 KNEE CENTER	2,341,878	2,341,878	0	2,341,878	90.07
90.08	09004 PALLIATIVE CARE	1,197,442	1,197,442	0	1,197,442	90.08
90.10	09006 WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100 EMERGENCY	22,499,747	22,499,747	0	22,499,747	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,431,589	5,431,589	0	5,431,589	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00	Subtotal (see instructions)	425,486,194	425,486,194	47,222	425,533,416	200.00
201.00	Less Observation Beds	5,431,589	5,431,589	0	5,431,589	201.00
202.00	Total (see instructions)	420,054,605	420,054,605	47,222	420,101,827	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150074		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/25/2016 11:24 am	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	126,606,535		126,606,535			30.00
31.00	03100	INTENSIVE CARE UNIT	27,450,459		27,450,459			31.00
32.00	03200	CORONARY CARE UNIT	18,084,335		18,084,335			32.00
43.00	04300	NURSERY	14,848,336		14,848,336			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	72,700,598	21,815,485	94,516,083	0.187153	0.000000	50.00
51.00	05100	RECOVERY ROOM	5,939,040	6,653,592	12,592,632	0.156747	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,080,894	0	6,080,894	0.311193	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,318,982	40,717,267	51,036,249	0.120354	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,767,089	8,788,364	12,555,453	0.357123	0.000000	55.00
57.00	05700	CT SCAN	16,963,672	52,633,437	69,597,109	0.052949	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,957,281	13,294,003	17,251,284	0.087739	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,666,668	75,167,758	128,834,426	0.045125	0.000000	59.00
60.00	06000	LABORATORY	62,301,085	66,653,044	128,954,129	0.115782	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	951,044	50,364	1,001,408	0.472458	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	23,778,792	3,206,582	26,985,374	0.222961	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,852,886	16,186,072	20,038,958	0.340634	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,512,668	2,515,849	5,028,517	0.264781	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	483,349	1,092,919	1,576,268	0.258723	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,948,632	30,340,011	40,288,643	0.078581	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	820,036	4,788,244	5,608,280	0.279560	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,534,912	22,477,950	58,012,862	0.274858	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,933,422	19,473,542	58,406,964	0.477693	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,297,583	369,638,331	437,935,914	0.186988	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,961,364	501,201	3,462,565	0.378048	0.000000	74.00
76.00	03330	ENDOSCOPY	1,393,669	1,602,231	2,995,900	0.156763	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	9,988,760	9,988,760	2.107201	0.000000	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	1,130,580	1,130,580	8.532690	0.000000	76.03
76.04	03952	WOUND CARE CENTER	45,628	4,972,293	5,017,921	0.384099	0.000000	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,674,434	144,400,415	146,074,849	0.321187	0.000000	76.05
76.06	03953	IMAGING CENTERS	11,455	4,227,296	4,238,751	0.554379	0.000000	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	102,525	34,704,113	34,806,638	0.150340	0.000000	76.07
76.97	07697	CARDIAC REHABILITATION	2,495	3,546,288	3,548,783	0.291387	0.000000	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	4,656	3,611,310	3,615,966	0.348285	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000	90.01
90.02	04951	HEALTHY HEARTS CENTER	29,448	4,615,679	4,645,127	0.739280	0.000000	90.02
90.03	09001	CLINIC	0	0	0	0.000000	0.000000	90.03
90.04	04953	SPINE CENTER	0	0	0	0.000000	0.000000	90.04
90.05	04954	INFUSION CENTERS	381	2,292,307	2,292,688	0.244684	0.000000	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0.000000	0.000000	90.06
90.07	09003	KNEE CENTER	0	1,264,294	1,264,294	1.852321	0.000000	90.07
90.08	09004	PALLIATIVE CARE	303,261	0	303,261	3.948553	0.000000	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0.000000	0.000000	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0.000000	0.000000	90.12
91.00	09100	EMERGENCY	31,949,960	152,435,286	184,385,246	0.122026	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,379,793	5,696,155	7,075,948	0.767613	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
200.00		Subtotal (see instructions)	647,657,367	1,130,481,022	1,778,138,389			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	647,657,367	1,130,481,022	1,778,138,389			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 11:24 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.187153		50.00
51.00	05100 RECOVERY ROOM	0.156747		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.311193		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.120354		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.357123		55.00
57.00	05700 CT SCAN	0.052949		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.087739		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.045125		59.00
60.00	06000 LABORATORY	0.115782		60.00
64.00	06400 INTRAVENOUS THERAPY	0.472458		64.00
65.00	06500 RESPIRATORY THERAPY	0.222961		65.00
66.00	06600 PHYSICAL THERAPY	0.340634		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.264781		67.00
68.00	06800 SPEECH PATHOLOGY	0.258723		68.00
69.00	06900 ELECTROCARDIOLOGY	0.078581		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.279560		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.274858		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.477693		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.186988		73.00
74.00	07400 RENAL DIALYSIS	0.378048		74.00
76.00	03330 ENDOSCOPY	0.156763		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.107201		76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	8.532690		76.03
76.04	03952 WOUND CARE CENTER	0.384099		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.321187		76.05
76.06	03953 IMAGING CENTERS	0.554379		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.150340		76.07
76.97	07697 CARDIAC REHABILITATION	0.291387		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.348285		76.98
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0.000000		90.01
90.02	04951 HEALTHY HEARTS CENTER	0.739280		90.02
90.03	09001 CLINIC	0.000000		90.03
90.04	04953 SPINE CENTER	0.000000		90.04
90.05	04954 INFUSION CENTERS	0.244684		90.05
90.06	09002 MEDCHECK CLINICS	0.000000		90.06
90.07	09003 KNEE CENTER	1.852321		90.07
90.08	09004 PALLIATIVE CARE	3.948553		90.08
90.10	09006 WORK SITE CLINICS	0.000000		90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000		90.12
91.00	09100 EMERGENCY	0.122026		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.767613		92.00
	OTHER REIMBURSABLE COST CENTERS			
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150074

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

Worksheet C Part II Date/Time Prepared: 5/25/2016 11:24 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,688,988	2,838,378	14,850,610	0	0	50.00
51.00	05100	RECOVERY ROOM	1,973,862	199,886	1,773,976	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,892,329	192,837	1,699,492	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,142,429	1,013,850	5,128,579	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,483,840	461,429	4,022,411	0	0	55.00
57.00	05700	CT SCAN	3,685,077	360,244	3,324,833	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,513,604	347,595	1,166,009	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,813,629	806,471	5,007,158	0	0	59.00
60.00	06000	LABORATORY	14,930,578	867,679	14,062,899	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	473,123	29,567	443,556	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,016,691	485,313	5,531,378	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,825,949	1,171,113	5,654,836	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,331,458	90,066	1,241,392	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	407,816	27,533	380,283	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,165,922	361,418	2,804,504	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,567,849	266,979	1,300,870	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,945,307	1,081,631	14,863,676	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,900,623	1,894,317	26,006,306	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,888,892	4,663,901	77,224,991	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,309,017	62,790	1,246,227	0	0	74.00
76.00	03330	ENDOSCOPY	469,645	41,941	427,704	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	21,048,330	2,401,942	18,646,388	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	9,646,889	1,683,309	7,963,580	0	0	76.03
76.04	03952	WOUND CARE CENTER	1,927,379	151,506	1,775,873	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	46,917,317	5,321,689	41,595,628	0	0	76.05
76.06	03953	IMAGING CENTERS	2,349,875	244,778	2,105,097	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	5,232,818	992,280	4,240,538	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	1,034,069	103,728	930,341	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,259,386	97,533	1,161,853	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	3,434,051	452,287	2,981,764	0	0	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	560,984	67,028	493,956	0	0	90.05
90.06	09002	MEDCHECK CLINICS	10,796,578	481,043	10,315,535	0	0	90.06
90.07	09003	KNEE CENTER	2,341,878	228,962	2,112,916	0	0	90.07
90.08	09004	PALLIATIVE CARE	1,197,442	62,836	1,134,606	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	22,499,747	1,956,790	20,542,957	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,431,589	511,020	4,920,569	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Subtotal (sum of lines 50 thru 199)	341,104,960	32,021,669	309,083,291	0	0	200.00
201.00		Less Observation Beds	5,431,589	511,020	4,920,569	0	0	201.00
202.00		Total (line 200 minus line 201)	335,673,371	31,510,649	304,162,722	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part II Date/Time Prepared: 5/25/2016 11:24 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	17,688,988	94,516,083	0.187153	50.00
51.00 05100 RECOVERY ROOM	1,973,862	12,592,632	0.156747	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,892,329	6,080,894	0.311193	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,142,429	51,036,249	0.120354	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	4,483,840	12,555,453	0.357123	55.00
57.00 05700 CT SCAN	3,685,077	69,597,109	0.052949	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,513,604	17,251,284	0.087739	58.00
59.00 05900 CARDIAC CATHETERIZATION	5,813,629	128,834,426	0.045125	59.00
60.00 06000 LABORATORY	14,930,578	128,954,129	0.115782	60.00
64.00 06400 INTRAVENOUS THERAPY	473,123	1,001,408	0.472458	64.00
65.00 06500 RESPIRATORY THERAPY	6,016,691	26,985,374	0.222961	65.00
66.00 06600 PHYSICAL THERAPY	6,825,949	20,038,958	0.340634	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,331,458	5,028,517	0.264781	67.00
68.00 06800 SPEECH PATHOLOGY	407,816	1,576,268	0.258723	68.00
69.00 06900 ELECTROCARDIOLOGY	3,165,922	40,288,643	0.078581	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,567,849	5,608,280	0.279560	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,945,307	58,012,862	0.274858	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	27,900,623	58,406,964	0.477693	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	81,888,892	437,935,914	0.186988	73.00
74.00 07400 RENAL DIALYSIS	1,309,017	3,462,565	0.378048	74.00
76.00 03330 ENDOSCOPY	469,645	2,995,900	0.156763	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	21,048,330	9,988,760	2.107201	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	9,646,889	1,130,580	8.532690	76.03
76.04 03952 WOUND CARE CENTER	1,927,379	5,017,921	0.384099	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	46,917,317	146,074,849	0.321187	76.05
76.06 03953 IMAGING CENTERS	2,349,875	4,238,751	0.554379	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	5,232,818	34,806,638	0.150340	76.07
76.97 07697 CARDIAC REHABILITATION	1,034,069	3,548,783	0.291387	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	1,259,386	3,615,966	0.348285	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0.000000	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0.000000	90.01
90.02 04951 HEALTHY HEARTS CENTER	3,434,051	4,645,127	0.739280	90.02
90.03 09001 CLINIC	0	0	0.000000	90.03
90.04 04953 SPINE CENTER	0	0	0.000000	90.04
90.05 04954 INFUSION CENTERS	560,984	2,292,688	0.244684	90.05
90.06 09002 MEDCHECK CLINICS	10,796,578	0	0.000000	90.06
90.07 09003 KNEE CENTER	2,341,878	1,264,294	1.852321	90.07
90.08 09004 PALLIATIVE CARE	1,197,442	303,261	3.948553	90.08
90.10 09006 WORK SITE CLINICS	0	0	0.000000	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	90.12
91.00 09100 EMERGENCY	22,499,747	184,385,246	0.122026	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,431,589	7,075,948	0.767613	92.00
OTHER REIMBURSABLE COST CENTERS				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	98.00
200.00	Subtotal (sum of lines 50 thru 199)	341,104,960	1,591,148,724	200.00
201.00	Less Observation Beds	5,431,589	0	201.00
202.00	Total (line 200 minus line 201)	335,673,371	1,591,148,724	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150074		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/25/2016 11:24 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	5,744,050	0	5,744,050	60,091	95.59	30.00
31.00	INTENSIVE CARE UNIT	981,203		981,203	6,444	152.27	31.00
32.00	CORONARY CARE UNIT	624,216		624,216	6,243	99.99	32.00
43.00	NURSERY	498,987		498,987	3,755	132.89	43.00
200.00	Total (lines 30-199)	7,848,456		7,848,456	76,533		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	17,649	1,687,068				
31.00	INTENSIVE CARE UNIT	2,352	358,139				
32.00	CORONARY CARE UNIT	3,051	305,069				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	23,052	2,350,276				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150074		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/25/2016 11:24 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,838,378	94,516,083	0.030031	31,712,522	952,359	50.00
51.00	05100 RECOVERY ROOM	199,886	12,592,632	0.015873	553,910	8,792	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	192,837	6,080,894	0.031712	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,013,850	51,036,249	0.019865	4,553,770	90,461	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	461,429	12,555,453	0.036751	2,254,836	82,867	55.00
57.00	05700 CT SCAN	360,244	69,597,109	0.005176	7,105,953	36,780	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	347,595	17,251,284	0.020149	1,703,340	34,321	58.00
59.00	05900 CARDIAC CATHETERIZATION	806,471	128,834,426	0.006260	18,735,136	117,282	59.00
60.00	06000 LABORATORY	867,679	128,954,129	0.006729	24,833,274	167,103	60.00
64.00	06400 INTRAVENOUS THERAPY	29,567	1,001,408	0.029525	452,096	13,348	64.00
65.00	06500 RESPIRATORY THERAPY	485,313	26,985,374	0.017984	8,845,093	159,070	65.00
66.00	06600 PHYSICAL THERAPY	1,171,113	20,038,958	0.058442	1,812,946	105,952	66.00
67.00	06700 OCCUPATIONAL THERAPY	90,066	5,028,517	0.017911	1,207,603	21,629	67.00
68.00	06800 SPEECH PATHOLOGY	27,533	1,576,268	0.017467	227,496	3,974	68.00
69.00	06900 ELECTROCARDIOLOGY	361,418	40,288,643	0.008971	4,549,583	40,814	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	266,979	5,608,280	0.047604	405,804	19,318	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,081,631	58,012,862	0.018645	13,943,862	259,983	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,894,317	58,406,964	0.032433	17,278,389	560,390	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,663,901	437,935,914	0.010650	24,993,146	266,177	73.00
74.00	07400 RENAL DIALYSIS	62,790	3,462,565	0.018134	1,752,995	31,789	74.00
76.00	03330 ENDOSCOPY	41,941	2,995,900	0.013999	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,401,942	9,988,760	0.240464	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	1,683,309	1,130,580	1.488890	0	0	76.03
76.04	03952 WOUND CARE CENTER	151,506	5,017,921	0.030193	262	8	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	5,321,689	146,074,849	0.036431	538,548	19,620	76.05
76.06	03953 IMAGING CENTERS	244,778	4,238,751	0.057748	0	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	992,280	34,806,638	0.028508	6,132	175	76.07
76.97	07697 CARDIAC REHABILITATION	103,728	3,548,783	0.029229	1,008	29	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	97,533	3,615,966	0.026973	4,656	126	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	452,287	4,645,127	0.097368	0	0	90.02
90.03	09001 CLINIC	0	0	0.000000	0	0	90.03
90.04	04953 SPINE CENTER	0	0	0.000000	0	0	90.04
90.05	04954 INFUSION CENTERS	67,028	2,292,688	0.029236	372	11	90.05
90.06	09002 MEDCHECK CLINICS	481,043	0	0.000000	0	0	90.06
90.07	09003 KNEE CENTER	228,962	1,264,294	0.181099	0	0	90.07
90.08	09004 PALLIATIVE CARE	62,836	303,261	0.207201	0	0	90.08
90.10	09006 WORK SITE CLINICS	0	0	0.000000	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0	0	90.12
91.00	09100 EMERGENCY	1,956,790	184,385,246	0.010613	13,316,266	141,326	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	511,020	7,075,948	0.072219	876,317	63,287	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	32,021,669	1,591,148,724		181,665,315	3,196,991	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150074		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/25/2016 11:24 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,091	0.00	17,649	0		30.00
31.00	03100	INTENSIVE CARE UNIT	6,444	0.00	2,352	0		31.00
32.00	03200	CORONARY CARE UNIT	6,243	0.00	3,051	0		32.00
43.00	04300	NURSERY	3,755	0.00	0	0		43.00
200.00		Total (lines 30-199)	76,533		23,052	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:24 am
--	----------------------	---------------------------------------	--

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	594,970	0	594,970	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00	
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01	
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76.03	
76.04	03952	WOUND CARE CENTER	0	0	0	0	0	76.04	
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	76.05	
76.06	03953	IMAGING CENTERS	0	0	0	0	0	76.06	
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01	
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	0	0	90.02	
90.03	09001	CLINIC	0	0	0	0	0	90.03	
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04	
90.05	04954	INFUSION CENTERS	0	0	0	0	0	90.05	
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06	
90.07	09003	KNEE CENTER	0	0	0	0	0	90.07	
90.08	09004	PALLIATIVE CARE	0	0	0	0	0	90.08	
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10	
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12	
91.00	09100	EMERGENCY	0	0	621,593	0	621,593	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
200.00		Total (lines 50-199)	0	0	1,216,563	0	1,216,563	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:24 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		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	94,516,083	0.000000	0.000000	31,712,522	50.00
51.00	05100	RECOVERY ROOM	0	12,592,632	0.000000	0.000000	553,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,080,894	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,036,249	0.000000	0.000000	4,553,770	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,555,453	0.000000	0.000000	2,254,836	55.00
57.00	05700	CT SCAN	0	69,597,109	0.000000	0.000000	7,105,953	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	17,251,284	0.000000	0.000000	1,703,340	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	128,834,426	0.000000	0.000000	18,735,136	59.00
60.00	06000	LABORATORY	0	128,954,129	0.000000	0.000000	24,833,274	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,001,408	0.000000	0.000000	452,096	64.00
65.00	06500	RESPIRATORY THERAPY	0	26,985,374	0.000000	0.000000	8,845,093	65.00
66.00	06600	PHYSICAL THERAPY	0	20,038,958	0.000000	0.000000	1,812,946	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,028,517	0.000000	0.000000	1,207,603	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,576,268	0.000000	0.000000	227,496	68.00
69.00	06900	ELECTROCARDIOLOGY	0	40,288,643	0.000000	0.000000	4,549,583	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,608,280	0.000000	0.000000	405,804	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	58,012,862	0.000000	0.000000	13,943,862	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	58,406,964	0.000000	0.000000	17,278,389	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	594,970	437,935,914	0.001359	0.001359	24,993,146	73.00
74.00	07400	RENAL DIALYSIS	0	3,462,565	0.000000	0.000000	1,752,995	74.00
76.00	03330	ENDOSCOPY	0	2,995,900	0.000000	0.000000	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	9,988,760	0.000000	0.000000	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	1,130,580	0.000000	0.000000	0	76.03
76.04	03952	WOUND CARE CENTER	0	5,017,921	0.000000	0.000000	262	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	146,074,849	0.000000	0.000000	538,548	76.05
76.06	03953	IMAGING CENTERS	0	4,238,751	0.000000	0.000000	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	34,806,638	0.000000	0.000000	6,132	76.07
76.97	07697	CARDIAC REHABILITATION	0	3,548,783	0.000000	0.000000	1,008	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	3,615,966	0.000000	0.000000	4,656	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	4,645,127	0.000000	0.000000	0	90.02
90.03	09001	CLINIC	0	0	0.000000	0.000000	0	90.03
90.04	04953	SPI NE CENTER	0	0	0.000000	0.000000	0	90.04
90.05	04954	INFUSION CENTERS	0	2,292,688	0.000000	0.000000	372	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0.000000	0.000000	0	90.06
90.07	09003	KNEE CENTER	0	1,264,294	0.000000	0.000000	0	90.07
90.08	09004	PALLIATIVE CARE	0	303,261	0.000000	0.000000	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0.000000	0.000000	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0.000000	0	90.12
91.00	09100	EMERGENCY	621,593	184,385,246	0.003371	0.003371	13,316,266	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,075,948	0.000000	0.000000	876,317	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	1,216,563	1,591,148,724			181,665,315	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150074

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2016 11:24 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)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	5,895,275	0		50.00
51.00	05100 RECOVERY ROOM	0	799,419	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,422,704	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	6,348,586	0		55.00
57.00	05700 CT SCAN	0	13,115,260	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,428,591	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	32,538,303	0		59.00
60.00	06000 LABORATORY	0	16,689,220	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	784,775	0		65.00
66.00	06600 PHYSICAL THERAPY	0	2,997	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,650	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,352,755	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,089,240	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,826,115	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	7,623,684	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	33,966	127,707,355	173,554		73.00
74.00	07400 RENAL DIALYSIS	0	14,433	0		74.00
76.00	03330 ENDOSCOPY	0	878,094	0		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,347,351	0		76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0	0	0		76.03
76.04	03952 WOUND CARE CENTER	0	1,603,318	0		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	45,232,710	0		76.05
76.06	03953 IMAGING CENTERS	0	745,705	0		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	9,259,594	0		76.07
76.97	07697 CARDIAC REHABILITATION	0	1,579,370	0		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	679,715	0		76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0		90.01
90.02	04951 HEALTHY HEARTS CENTER	0	2,402,957	0		90.02
90.03	09001 CLINIC	0	0	0		90.03
90.04	04953 SPINE CENTER	0	0	0		90.04
90.05	04954 INFUSION CENTERS	0	707,744	0		90.05
90.06	09002 MEDCHECK CLINICS	0	0	0		90.06
90.07	09003 KNEE CENTER	0	0	0		90.07
90.08	09004 PALLIATIVE CARE	0	0	0		90.08
90.10	09006 WORK SITE CLINICS	0	0	0		90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0		90.12
91.00	09100 EMERGENCY	44,889	24,671,367	83,167		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,513,281	0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	78,855	335,261,568	256,721		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 11:24 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			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.187153	5,895,275	0	0	1,103,318	50.00
51.00	05100	RECOVERY ROOM	0.156747	799,419	0	0	125,307	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311193	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120354	11,422,704	0	0	1,374,768	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.357123	6,348,586	0	0	2,267,226	55.00
57.00	05700	CT SCAN	0.052949	13,115,260	0	0	694,440	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.087739	3,428,591	0	0	300,821	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045125	32,538,303	0	0	1,468,291	59.00
60.00	06000	LABORATORY	0.115782	16,689,220	1,902	0	1,932,311	60.00
64.00	06400	INTRAVENOUS THERAPY	0.472458	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.222961	784,775	0	0	174,974	65.00
66.00	06600	PHYSICAL THERAPY	0.340634	2,997	0	0	1,021	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.264781	1,650	0	0	437	67.00
68.00	06800	SPEECH PATHOLOGY	0.258723	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078581	9,352,755	0	0	734,949	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.279560	1,089,240	0	0	304,508	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.274858	3,826,115	0	0	1,051,638	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.477693	7,623,684	0	0	3,641,780	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.186988	127,707,355	0	272,061	23,879,743	73.00
74.00	07400	RENAL DIALYSIS	0.378048	14,433	0	0	5,456	74.00
76.00	03330	ENDOSCOPY	0.156763	878,094	0	0	137,653	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.107201	1,347,351	0	0	2,839,139	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	8.532690	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	0.384099	1,603,318	0	0	615,833	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.321187	45,232,710	8,968	30	14,528,158	76.05
76.06	03953	IMAGING CENTERS	0.554379	745,705	0	0	413,403	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.150340	9,259,594	0	0	1,392,087	76.07
76.97	07697	CARDIAC REHABILITATION	0.291387	1,579,370	0	0	460,208	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.348285	679,715	0	0	236,735	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.739280	2,402,957	0	0	1,776,458	90.02
90.03	09001	CLINIC	0.000000	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0.000000	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0.244684	707,744	0	0	173,174	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	0	0	0	90.06
90.07	09003	KNEE CENTER	1.852321	0	0	0	0	90.07
90.08	09004	PALLIATIVE CARE	3.948553	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	90.12
91.00	09100	EMERGENCY	0.122026	24,671,367	0	40	3,010,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.767613	5,513,281	2,989	19	4,232,066	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		335,261,568	13,859	272,150	68,876,450	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		335,261,568	13,859	272,150	68,876,450	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 11:24 am
		Title XVII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	220	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	50,872		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	0		76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0		76.03
76.04 03952 WOUND CARE CENTER	0	0		76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	2,880	10		76.05
76.06 03953 IMAGING CENTERS	0	0		76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0		76.07
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 04950 DIABETIC CARE CENTER	0	0		90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0		90.02
90.03 09001 CLINIC	0	0		90.03
90.04 04953 SPINE CENTER	0	0		90.04
90.05 04954 INFUSION CENTERS	0	0		90.05
90.06 09002 MEDCHECK CLINICS	0	0		90.06
90.07 09003 KNEE CENTER	0	0		90.07
90.08 09004 PALLIATIVE CARE	0	0		90.08
90.10 09006 WORK SITE CLINICS	0	0		90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		90.12
91.00 09100 EMERGENCY	0	5		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,294	15		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	5,394	50,902	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	5,394	50,902	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150074		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/25/2016 11:24 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4) PPS	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	5,744,050	0	5,744,050	60,091	95.59	30.00
31.00	INTENSIVE CARE UNIT	981,203		981,203	6,444	152.27	31.00
32.00	CORONARY CARE UNIT	624,216		624,216	6,243	99.99	32.00
43.00	NURSERY	498,987		498,987	3,755	132.89	43.00
200.00	Total (lines 30-199)	7,848,456		7,848,456	76,533		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	5,480	523,833				
31.00	INTENSIVE CARE UNIT	0	0				
32.00	CORONARY CARE UNIT	0	0				
43.00	NURSERY	3,106	412,756				
200.00	Total (lines 30-199)	8,586	936,589				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/25/2016 11:24 am
--	--	----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Title XIX		Capital Costs (column 3 x column 4)
					Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,838,378	94,516,083	0.030031	1,544,394	46,380	50.00
51.00	05100 RECOVERY ROOM	199,886	12,592,632	0.015873	205,443	3,261	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	192,837	6,080,894	0.031712	301,116	9,549	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,013,850	51,036,249	0.019865	549,466	10,915	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	461,429	12,555,453	0.036751	141,990	5,218	55.00
57.00	05700 CT SCAN	360,244	69,597,109	0.005176	922,132	4,773	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	347,595	17,251,284	0.020149	212,499	4,282	58.00
59.00	05900 CARDIAC CATHETERIZATION	806,471	128,834,426	0.006260	982,915	6,153	59.00
60.00	06000 LABORATORY	867,679	128,954,129	0.006729	3,890,649	26,180	60.00
64.00	06400 INTRAVENOUS THERAPY	29,567	1,001,408	0.029525	57,740	1,705	64.00
65.00	06500 RESPIRATORY THERAPY	485,313	26,985,374	0.017984	1,508,439	27,128	65.00
66.00	06600 PHYSICAL THERAPY	1,171,113	20,038,958	0.058442	227,922	13,320	66.00
67.00	06700 OCCUPATIONAL THERAPY	90,066	5,028,517	0.017911	144,001	2,579	67.00
68.00	06800 SPEECH PATHOLOGY	27,533	1,576,268	0.017467	41,232	720	68.00
69.00	06900 ELECTROCARDIOLOGY	361,418	40,288,643	0.008971	461,941	4,144	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	266,979	5,608,280	0.047604	56,783	2,703	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,081,631	58,012,862	0.018645	2,209,824	41,202	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,894,317	58,406,964	0.032433	995,819	32,297	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,663,901	437,935,914	0.010650	3,907,955	41,620	73.00
74.00	07400 RENAL DIALYSIS	62,790	3,462,565	0.018134	114,023	2,068	74.00
76.00	03330 ENDOSCOPY	41,941	2,995,900	0.013999	71,680	1,003	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,401,942	9,988,760	0.240464	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	1,683,309	1,130,580	1.488890	0	0	76.03
76.04	03952 WOUND CARE CENTER	151,506	5,017,921	0.030193	328	10	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	5,321,689	146,074,849	0.036431	54,924	2,001	76.05
76.06	03953 IMAGING CENTERS	244,778	4,238,751	0.057748	380	22	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	992,280	34,806,638	0.028508	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	103,728	3,548,783	0.029229	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	97,533	3,615,966	0.026973	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	452,287	4,645,127	0.097368	724	70	90.02
90.03	09001 CLINIC	0	0	0.000000	0	0	90.03
90.04	04953 SPINE CENTER	0	0	0.000000	0	0	90.04
90.05	04954 INFUSION CENTERS	67,028	2,292,688	0.029236	0	0	90.05
90.06	09002 MEDCHECK CLINICS	481,043	0	0.000000	0	0	90.06
90.07	09003 KNEE CENTER	228,962	1,264,294	0.181099	0	0	90.07
90.08	09004 PALLIATIVE CARE	62,836	303,261	0.207201	0	0	90.08
90.10	09006 WORK SITE CLINICS	0	0	0.000000	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0	0	90.12
91.00	09100 EMERGENCY	1,956,790	184,385,246	0.010613	1,981,331	21,028	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	511,020	7,075,948	0.072219	72,494	5,235	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	32,021,669	1,591,148,724		20,658,144	315,566	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150074		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/25/2016 11:24 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions) 4.00	Total Costs (sum of cols. 1 through 3, minus col. 4) 5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,091	0.00	5,480	0		30.00
31.00	03100	INTENSIVE CARE UNIT	6,444	0.00	0	0		31.00
32.00	03200	CORONARY CARE UNIT	6,243	0.00	0	0		32.00
43.00	04300	NURSERY	3,755	0.00	3,106	0		43.00
200.00		Total (lines 30-199)	76,533		8,586	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150074

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		Title XIX			Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	594,970	0	594,970
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	0	0	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	76.05
76.06	03953	IMAGING CENTERS	0	0	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	0	90.02
90.03	09001	CLINIC	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	0	0	0	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	0	621,593	0	621,593
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (Lines 50-199)	0	0	1,216,563	0	1,216,563

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:24 am
--	----------------------	---------------------------------------	--

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part 1, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	94,516,083	0.000000	0.000000	1,544,394	50.00
51.00	05100	RECOVERY ROOM	0	12,592,632	0.000000	0.000000	205,443	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,080,894	0.000000	0.000000	301,116	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,036,249	0.000000	0.000000	549,466	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,555,453	0.000000	0.000000	141,990	55.00
57.00	05700	CT SCAN	0	69,597,109	0.000000	0.000000	922,132	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	17,251,284	0.000000	0.000000	212,499	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	128,834,426	0.000000	0.000000	982,915	59.00
60.00	06000	LABORATORY	0	128,954,129	0.000000	0.000000	3,890,649	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,001,408	0.000000	0.000000	57,740	64.00
65.00	06500	RESPIRATORY THERAPY	0	26,985,374	0.000000	0.000000	1,508,439	65.00
66.00	06600	PHYSICAL THERAPY	0	20,038,958	0.000000	0.000000	227,922	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,028,517	0.000000	0.000000	144,001	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,576,268	0.000000	0.000000	41,232	68.00
69.00	06900	ELECTROCARDIOLOGY	0	40,288,643	0.000000	0.000000	461,941	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,608,280	0.000000	0.000000	56,783	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	58,012,862	0.000000	0.000000	2,209,824	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	58,406,964	0.000000	0.000000	995,819	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	594,970	437,935,914	0.001359	0.001359	3,907,955	73.00
74.00	07400	RENAL DIALYSIS	0	3,462,565	0.000000	0.000000	114,023	74.00
76.00	03330	ENDOSCOPY	0	2,995,900	0.000000	0.000000	71,680	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	9,988,760	0.000000	0.000000	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	1,130,580	0.000000	0.000000	0	76.03
76.04	03952	WOUND CARE CENTER	0	5,017,921	0.000000	0.000000	328	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	146,074,849	0.000000	0.000000	54,924	76.05
76.06	03953	IMAGING CENTERS	0	4,238,751	0.000000	0.000000	380	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	34,806,638	0.000000	0.000000	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	3,548,783	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	3,615,966	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	4,645,127	0.000000	0.000000	724	90.02
90.03	09001	CLINIC	0	0	0.000000	0.000000	0	90.03
90.04	04953	SPI NE CENTER	0	0	0.000000	0.000000	0	90.04
90.05	04954	INFUSION CENTERS	0	2,292,688	0.000000	0.000000	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0.000000	0.000000	0	90.06
90.07	09003	KNEE CENTER	0	1,264,294	0.000000	0.000000	0	90.07
90.08	09004	PALLIATIVE CARE	0	303,261	0.000000	0.000000	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0.000000	0.000000	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0.000000	0	90.12
91.00	09100	EMERGENCY	621,593	184,385,246	0.003371	0.003371	1,981,331	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,075,948	0.000000	0.000000	72,494	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	1,216,563	1,591,148,724			20,658,144	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:24 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)	Hospital	PPS
Title XIX						
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,311	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03330 ENDOSCOPY	0	0	0		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0	0	0		76.03
76.04	03952 WOUND CARE CENTER	0	0	0		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	0	0		76.05
76.06	03953 IMAGING CENTERS	0	0	0		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	0	0		76.07
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0		90.01
90.02	04951 HEALTHY HEARTS CENTER	0	0	0		90.02
90.03	09001 CLINIC	0	0	0		90.03
90.04	04953 SPINE CENTER	0	0	0		90.04
90.05	04954 INFUSION CENTERS	0	0	0		90.05
90.06	09002 MEDCHECK CLINICS	0	0	0		90.06
90.07	09003 KNEE CENTER	0	0	0		90.07
90.08	09004 PALLIATIVE CARE	0	0	0		90.08
90.10	09006 WORK SITE CLINICS	0	0	0		90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0		90.12
91.00	09100 EMERGENCY	6,679	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	11,990	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 11:24 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.187153	0	0	1,069,277	0
51.00 05100 RECOVERY ROOM	0.156747	0	0	397,369	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.311193	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.120354	0	0	2,066,945	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.357123	0	0	239,860	0
57.00 05700 CT SCAN	0.052949	0	0	2,926,091	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.087739	0	0	666,561	0
59.00 05900 CARDIAC CATHETERIZATION	0.045125	0	0	1,194,572	0
60.00 06000 LABORATORY	0.115782	0	0	3,738,395	0
64.00 06400 INTRAVENOUS THERAPY	0.472458	0	0	3,338	0
65.00 06500 RESPIRATORY THERAPY	0.222961	0	0	158,247	0
66.00 06600 PHYSICAL THERAPY	0.340634	0	0	443,120	0
67.00 06700 OCCUPATIONAL THERAPY	0.264781	0	0	120,669	0
68.00 06800 SPEECH PATHOLOGY	0.258723	0	0	95,118	0
69.00 06900 ELECTROCARDIOLOGY	0.078581	0	0	581,826	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.279560	0	0	1,661,133	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.274858	0	0	648,038	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.477693	0	0	495,290	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.186988	0	0	12,277,444	0
74.00 07400 RENAL DIALYSIS	0.378048	0	0	58,113	0
76.00 03330 ENDOSCOPY	0.156763	0	0	86,769	0
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.107201	0	0	0	0
76.03 03951 LUTHERWOOD PARTNERSHIP	8.532690	0	0	0	0
76.04 03952 WOUND CARE CENTER	0.384099	0	0	365,224	0
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0.321187	0	0	5,661,814	0
76.06 03953 IMAGING CENTERS	0.554379	0	0	59,225	0
76.07 03954 BREAST DIAGNOSTIC CENTER	0.150340	0	0	837,010	0
76.97 07697 CARDIAC REHABILITATION	0.291387	0	0	37,883	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.348285	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 04950 DIABETIC CARE CENTER	0.000000	0	0	0	0
90.02 04951 HEALTHY HEARTS CENTER	0.739280	0	0	101,723	0
90.03 09001 CLINIC	0.000000	0	0	0	0
90.04 04953 SPINE CENTER	0.000000	0	0	0	0
90.05 04954 INFUSION CENTERS	0.244684	0	0	22,920	0
90.06 09002 MEDCHECK CLINICS	0.000000	0	0	0	0
90.07 09003 KNEE CENTER	1.852321	0	0	3,953	0
90.08 09004 PALLIATIVE CARE	3.948553	0	0	0	0
90.10 09006 WORK SITE CLINICS	0.000000	0	0	0	0
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.122026	0	0	10,277,969	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.767613	0	0	21,154	0
OTHER REIMBURSABLE COST CENTERS					
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00 Subtotal (see instructions)		0	0	46,317,050	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	46,317,050	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 11:24 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	200,118	50.00
51.00	05100 RECOVERY ROOM	0	62,286	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	248,765	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	85,660	55.00
57.00	05700 CT SCAN	0	154,934	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58,483	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	53,905	59.00
60.00	06000 LABORATORY	0	432,839	60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,577	64.00
65.00	06500 RESPIRATORY THERAPY	0	35,283	65.00
66.00	06600 PHYSICAL THERAPY	0	150,942	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	31,951	67.00
68.00	06800 SPEECH PATHOLOGY	0	24,609	68.00
69.00	06900 ELECTROCARDIOLOGY	0	45,720	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	464,386	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	178,118	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	236,597	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,295,735	73.00
74.00	07400 RENAL DIALYSIS	0	21,970	74.00
76.00	03330 ENDOSCOPY	0	13,602	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0	0	76.03
76.04	03952 WOUND CARE CENTER	0	140,282	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	1,818,501	76.05
76.06	03953 IMAGING CENTERS	0	32,833	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	125,836	76.07
76.97	07697 CARDIAC REHABILITATION	0	11,039	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0	75,202	90.02
90.03	09001 CLINIC	0	0	90.03
90.04	04953 SPINE CENTER	0	0	90.04
90.05	04954 INFUSION CENTERS	0	5,608	90.05
90.06	09002 MEDCHECK CLINICS	0	0	90.06
90.07	09003 KNEE CENTER	0	7,322	90.07
90.08	09004 PALLIATIVE CARE	0	0	90.08
90.10	09006 WORK SITE CLINICS	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100 EMERGENCY	0	1,254,179	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	16,238	92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	0	8,284,520	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	8,284,520	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2016 11:24 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		60,091	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		60,091	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)		54,745	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)		17,649	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		61,053,251	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)		61,053,251	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		61,053,251	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,016.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,931,560	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)		17,931,560	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/25/2016 11:24 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,888,339	6,444	1,689.69	2,352	3,974,151	43.00
44.00	CORONARY CARE UNIT	7,461,633	6,243	1,195.20	3,051	3,646,555	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					35,170,520	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					60,722,786	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)					2,350,276	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,275,846	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,626,122	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					55,096,664	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)					5,346	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,016.01	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,431,589	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 11:24 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,744,050	61,053,251	0.094083	5,431,589	511,020	90.00
91.00	Nursing School cost	0	61,053,251	0.000000	5,431,589	0	91.00
92.00	Allied health cost	0	61,053,251	0.000000	5,431,589	0	92.00
93.00	All other Medical Education	0	61,053,251	0.000000	5,431,589	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/25/2016 11:24 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		60,091	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		60,091	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)		54,745	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,480	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,755	15.00
16.00	Nursery days (title V or XIX only)		3,106	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		61,053,251	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)		61,053,251	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		61,053,251	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,016.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,567,735	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)		5,567,735	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/25/2016 11:24 am		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	5,025,233	3,755	1,338.28	3,106	4,156,698	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,888,339	6,444	1,689.69	0	0	43.00
44.00	CORONARY CARE UNIT	7,461,633	6,243	1,195.20	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,820,389	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					13,544,822	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)					936,589	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					327,556	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,264,145	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					12,280,677	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)					5,346	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,016.01	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,431,589	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 11:24 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	5,744,050	61,053,251	0.094083	5,431,589	511,020	90.00
91.00	Nursing School cost	0	61,053,251	0.000000	5,431,589	0	91.00
92.00	Allied health cost	0	61,053,251	0.000000	5,431,589	0	92.00
93.00	All other Medical Education	0	61,053,251	0.000000	5,431,589	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 11:24 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		33,307,896	30.00
31.00	03100	INTENSIVE CARE UNIT		9,477,292	31.00
32.00	03200	CORONARY CARE UNIT		8,130,277	32.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.187153	31,712,522	50.00
51.00	05100	RECOVERY ROOM	0.156747	553,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311193	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120354	4,553,770	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.357123	2,254,836	55.00
57.00	05700	CT SCAN	0.052949	7,105,953	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.087739	1,703,340	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045125	18,735,136	59.00
60.00	06000	LABORATORY	0.115782	24,833,274	60.00
64.00	06400	INTRAVENOUS THERAPY	0.472458	452,096	64.00
65.00	06500	RESPIRATORY THERAPY	0.222961	8,845,093	65.00
66.00	06600	PHYSICAL THERAPY	0.340634	1,812,946	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.264781	1,207,603	67.00
68.00	06800	SPEECH PATHOLOGY	0.258723	227,496	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078581	4,549,583	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.279560	405,804	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.274858	13,943,862	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.477693	17,278,389	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.186988	24,993,146	73.00
74.00	07400	RENAL DIALYSIS	0.378048	1,752,995	74.00
76.00	03330	ENDOSCOPY	0.156763	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.107201	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	8.532690	0	76.03
76.04	03952	WOUND CARE CENTER	0.384099	262	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.321187	538,548	76.05
76.06	03953	IMAGING CENTERS	0.554379	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.150340	6,132	76.07
76.97	07697	CARDIAC REHABILITATION	0.291387	1,008	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.348285	4,656	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.739280	0	90.02
90.03	09001	CLINIC	0.000000	0	90.03
90.04	04953	SPINE CENTER	0.000000	0	90.04
90.05	04954	INFUSION CENTERS	0.244684	372	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	90.06
90.07	09003	KNEE CENTER	1.852321	0	90.07
90.08	09004	PALLIATIVE CARE	3.948553	0	90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	90.12
91.00	09100	EMERGENCY	0.122026	13,316,266	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.767613	876,317	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		181,665,315	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)		181,665,315	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 11:24 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		10,954,954	30.00
31.00	03100	INTENSIVE CARE UNIT		2,224,278	31.00
32.00	03200	CORONARY CARE UNIT		1,110,632	32.00
43.00	04300	NURSERY		250,983	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.187153	1,544,394	50.00
51.00	05100	RECOVERY ROOM	0.156747	205,443	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311193	301,116	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120354	549,466	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.357123	141,990	55.00
57.00	05700	CT SCAN	0.052949	922,132	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.087739	212,499	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045125	982,915	59.00
60.00	06000	LABORATORY	0.115782	3,890,649	60.00
64.00	06400	INTRAVENOUS THERAPY	0.472458	57,740	64.00
65.00	06500	RESPIRATORY THERAPY	0.222961	1,508,439	65.00
66.00	06600	PHYSICAL THERAPY	0.340634	227,922	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.264781	144,001	67.00
68.00	06800	SPEECH PATHOLOGY	0.258723	41,232	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078581	461,941	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.279560	56,783	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.274858	2,209,824	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.477693	995,819	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.186988	3,907,955	73.00
74.00	07400	RENAL DIALYSIS	0.378048	114,023	74.00
76.00	03330	ENDOSCOPY	0.156763	71,680	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.107201	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	8.532690	0	76.03
76.04	03952	WOUND CARE CENTER	0.384099	328	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.321187	54,924	76.05
76.06	03953	IMAGING CENTERS	0.554379	380	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.150340	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.291387	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.348285	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.739280	724	90.02
90.03	09001	CLINIC	0.000000	0	90.03
90.04	04953	SPINE CENTER	0.000000	0	90.04
90.05	04954	INFUSION CENTERS	0.244684	0	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	90.06
90.07	09003	KNEE CENTER	1.852321	0	90.07
90.08	09004	PALLIATIVE CARE	3.948553	0	90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	90.12
91.00	09100	EMERGENCY	0.122026	1,981,331	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.767613	72,494	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		20,658,144	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)		20,658,144	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 11:24 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		35,649,703	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,583,516	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,839,732	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		18,893,328	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		304.20	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		25.01	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)		2.69	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).		1.38	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.		7.47	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)		31.17	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		30.93	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.29	11.00
12.00	Current year allowable FTE (see instructions)		33.22	12.00
13.00	Total allowable FTE count for the prior year.		32.87	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.		35.49	14.00
15.00	Sum of lines 12 through 14 divided by 3.		33.86	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		33.86	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.111308	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.122912	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.111308	21.00
22.00	IME payment adjustment (see instructions)		2,784,540	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,113,818	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.24	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)		2,784,540	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,113,818	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		11.82	30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.55	31.00
32.00	Sum of lines 30 and 31		43.37	32.00
33.00	Allowable disproportionate share percentage (see instructions)		25.00	33.00
34.00	Disproportionate share adjustment (see instructions)		2,952,077	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 11:24 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000604583	0.000603088	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,623,636	3,863,472	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,458,225	971,146	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,429,371		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		59,238,939		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)		60,352,757		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,505,793		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).		538,153		52.00
53.00	Nursing and Allied Health Managed Care payment		86,507		53.00
54.00	Special add-on payments for new technologies		57,053		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		78,855		58.00
59.00	Total (sum of amounts on lines 49 through 58)		65,619,118		59.00
60.00	Primary payer payments		20,709		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		65,598,409		61.00
62.00	Deductibles billed to program beneficiaries		4,411,976		62.00
63.00	Coinurance billed to program beneficiaries		124,055		63.00
64.00	Allowable bad debts (see instructions)		927,239		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		602,705		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		730,898		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		61,665,083		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)		-117,962		70.93
70.94	HRR adjustment amount (see instructions)		-25,772		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 11:24 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		61,521,349		71.00
71.01	Sequestration adjustment (see instructions)		1,230,427		71.01
72.00	Interim payments		59,985,621		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)		305,301		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		11,410,636		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/25/2016 11:24 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		56,296	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		68,619,729	2.00
3.00	PPS payments		58,998,839	3.00
4.00	Outlier payment (see instructions)		592,000	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		256,721	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		56,296	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		286,009	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)		286,009	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		286,009	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		229,713	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)		56,296	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)		59,847,560	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,391	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		11,060,977	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)		48,840,488	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		611,041	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)		49,451,529	30.00
31.00	Primary payer payments		9,019	31.00
32.00	Subtotal (line 30 minus line 31)		49,442,510	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		981,656	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		638,076	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		756,345	36.00
37.00	Subtotal (see instructions)		50,080,586	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-86	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)		50,080,672	40.00
40.01	Sequestration adjustment (see instructions)		1,001,613	40.01
41.00	Interim payments		48,654,441	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		424,618	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150074		Period: From 01/01/2015 To 12/31/2015		Worksheet E-1 Part I Date/Time Prepared: 5/25/2016 11:24 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		59,985,621		48,654,441	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		59,985,621		48,654,441	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		305,301		424,618	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		60,290,922		49,079,059	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: 150074

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

Worksheet E-1
Part II
Date/Time Prepared:
5/25/2016 11:24 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			16,163 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			23,052 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			8,443 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			67,432 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,778,138,389 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6,499,747 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)			586,328 8.00
9.00	Sequestration adjustment amount (see instructions)			11,727 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			574,601 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			522,673 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)			51,928 32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/25/2016 11:24 am	
		Title VIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			26.92	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			2.82	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-3.21	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			6.39	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)			27.28	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			30.93	6.00
7.00	Enter the lesser of line 5 or line 6			27.28	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.	30.93	0.00	30.93	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.	27.28	0.00	27.28	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.20		10.00
11.00	Total weighted FTE count	27.28	2.20		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	31.36	1.87		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	30.31	2.16		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	29.65	2.08		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	29.65	2.08		17.00
18.00	Per resident amount	80,976.85	80,976.85		18.00
19.00	Approved amount for resident costs	2,400,964	168,432	2,569,396	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)			3.65	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)			2,569,396	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	23,052	8,443		26.00
27.00	Total Inpatient Days (see instructions)	67,750	67,750		27.00
28.00	Ratio of inpatient days to total inpatient days	0.340251	0.124620		28.00
29.00	Program direct GME amount	874,240	320,198		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		45,244		30.00
31.00	Net Program direct GME amount			1,149,194	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/25/2016 11:24 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
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)		3,462,565	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
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		60,722,786	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		20,709	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		60,702,077	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		68,932,746	42.00
43.00	Primary payer payments (see instructions)		9,019	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		68,923,727	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		129,625,804	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.468287	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.531713	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,149,194	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		538,153	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		611,041	50.00

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

Provider CCN: 150074

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

Worksheet G

Date/Time Prepared:
5/25/2016 11:24 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	369,747	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	16,667	0	0	0	3.00
4.00	Accounts receivable	227,294,571	0	0	0	4.00
5.00	Other receivable	7,215,462	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-968,609	0	0	0	6.00
7.00	Inventory	8,067,841	0	0	0	7.00
8.00	Prepaid expenses	405,288	0	0	0	8.00
9.00	Other current assets	2,158,158	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)	244,559,125	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,453,049	0	0	0	12.00
13.00	Land improvements	4,244,094	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	287,466,918	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	10,335,114	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	178,943,133	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-300,221,402	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	185,220,906	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	363,983	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	-62,524,703	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	-62,160,720	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	367,619,311	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,848,067	0	0	0	37.00
38.00	Salaries, wages, and fees payable	715,785	0	0	0	38.00
39.00	Payroll taxes payable	4,840	0	0	0	39.00
40.00	Notes and loans payable (short term)	64,683	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	5,394,188	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,027,563	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,836,665	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,836,665	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	14,864,228	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	352,755,083				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)	352,755,083	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	367,619,311	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150074

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

Worksheet G-1

Date/Time Prepared:
5/25/2016 11:24 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		232,259,836		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		120,495,249		0		2.00
3.00	Total (sum of line 1 and line 2)		352,755,085		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)		352,755,085		0		11.00
12.00	ROUNDING	2		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)		2		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		352,755,083		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: 150074

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2016 11:24 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	54,413,133		54,413,133	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	54,413,133		54,413,133	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,730,598		11,730,598	11.00
12.00	CORONARY CARE UNIT	16,747,286		16,747,286	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)	28,477,884		28,477,884	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	82,891,017		82,891,017	17.00
18.00	Ancillary services	547,950,714		547,950,714	18.00
19.00	Outpatient services	0	1,236,261,052	1,236,261,052	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PRO FEES	0	20,571,292	20,571,292	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	630,841,731	1,256,832,344	1,887,674,075	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		513,773,348		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)		513,773,348		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150074

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

Worksheet G-3

Date/Time Prepared:
5/25/2016 11:24 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,887,674,075	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,280,878,533	2.00
3.00	Net patient revenues (line 1 minus line 2)	606,795,542	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	513,773,348	4.00
5.00	Net income from service to patients (line 3 minus line 4)	93,022,194	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	81,629	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	430,176	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	137,851	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	71,222	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER MISC REVENUE	26,752,177	24.00
25.00	Total other income (sum of lines 6-24)	27,473,055	25.00
26.00	Total (line 5 plus line 25)	120,495,249	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)	120,495,249	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150074	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/25/2016 11:24 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,780,411	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		180,246	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)		187.03	3.00
4.00	Number of interns & residents (see instructions)		33.86	4.00
5.00	Indirect medical education percentage (see instructions)		5.24	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)		198,094	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		11.82	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.55	8.00
9.00	Sum of lines 7 and 8		43.37	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.18	10.00
11.00	Disproportionate share adjustment (see instructions)		347,042	11.00
12.00	Total prospective capital payments (see instructions)		4,505,793	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00