

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: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/31/2016 11:21 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/31/2016 Time: 11:21 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 ESKENAZI HEALTH ( 150024 ) 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)  
 \_\_\_\_\_  
 TREASURER & CFO  
 Title  
 \_\_\_\_\_  
 05/31/2016  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-2,577,423	-46,440	0	-68,586,390	1.00
2.00 Subprovider - IPF	0	-48,349	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
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
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-2,625,772	-46,440	0	-68,586,390	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 11:04 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 720 ESKENAZI AVENUE		PO Box:									
2.00 City: INDIANAPOLIS		State: IN		Zip Code: 46202		County: MARION					
		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	
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		ESKENAZI HEALTH		150024	26900	1	07/01/1966	N	P	P	3.00
4.00 Subprovider - IPF		PSYCHIATRIC UNIT		15S024	26900	4	01/01/1984	N	P	P	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
17.10 Hospital-Based (CORF) I											17.10
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)							9			21.00	
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		N	23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				21,143	7,436	28	165	9,656	783		
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 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.				0	0	0	0	0	0		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 11:04 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)	Y	Y		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 11:04 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:	Contractor's Name:		Contractor's Number:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				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	
161.10	CORF		N	N	N	161.10	
				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.	N			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)				168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00			169.00		
				1.00			
				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)				170.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 11:04 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: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/31/2016 11:04 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)	N			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	09/30/2016	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.	Y			11.00
		Y/N		Legal Oper.	
		1.00	2.00	3.00	
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
		Y/N		Legal Oper.	
		1.00	2.00	3.00	
PS&R Data					
		Description	Part A		Part B
		0	Y/N	Date	Y/N
		1.00	2.00	3.00	
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	05/23/2016		Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	Y			Y
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: 150024

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/31/2016 11:04 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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SHIRLEY		BISHOP	41.00
42.00	Enter the employer/company name of the cost report preparer.	ESKENAZI HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-880-3785		SHIRLEY.BISHOP@ESKENAZIHEALTH.EDU	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150024

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/31/2016 11:04 am

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	05/23/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 150024

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 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	192	70,080	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)		192	70,080	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	72	26,280	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	15	5,475	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01 NEONATAL INTENSIVE CARE UNIT	34.01	38	13,870	0.00	0	11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		317	115,705	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
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)		337				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: 150024

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,367	10,030	40,049			1.00
2.00 HMO and other (see instructions)	3,123	22,332				2.00
3.00 HMO IPF Subprovider	2	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)	9,367	10,030	40,049			7.00
8.00 INTENSIVE CARE UNIT	4,186	114	16,272			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	311	364	2,965			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01 NEONATAL INTENSIVE CARE UNIT	0	1,910	6,725			11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		3,678	3,910			13.00
14.00 Total (see instructions)	13,864	16,096	69,921	158.91	3,731.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,056	661	7,212	1.41	47.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
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)				160.32	3,778.00	27.00
28.00 Observation Bed Days		570	2,681			28.00
29.00 Ambulance Trips	20,409					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	783	886			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: 150024

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,980	6,174	16,242	1.00
2.00 HMO and other (see instructions)				561	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
11.01 NEONATAL INTENSIVE CARE UNIT							11.01
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	12.00	0	2,980	6,174	16,242		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	211	220	925		16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0		17.00
18.00 SUBPROVIDER	0.00	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE	0.00					0	21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00						23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
25.10 CMHC - CORF	0.00						25.10
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)	12.00						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: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/31/2016 11:04 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	224,879,288	50,000	224,929,288	7,954,238.00	28.28	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		3,278,498	0	3,278,498	35,204.00	93.13	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	10,267,281	10,267,281	293,939.00	34.93	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)		49,205,438	382,648	49,588,086	2,129,460.00	23.29	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		3,613,060	0	3,613,060	23,777.00	151.96	13.00
14.00	Home office salaries & wage-related costs		11,003,895	0	11,003,895	244,697.00	44.97	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
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		58,170,385	0	58,170,385			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		16,825,335	0	16,825,335			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		987,870	0	987,870			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	2,299,759	500	2,300,259	71,554.00	32.15	26.00
27.00	Administrative & General	5.00	33,906,016	-1,140,532	32,765,484	1,067,583.00	30.69	27.00
28.00	Administrative & General under contract (see inst.)		1,773,218	0	1,773,218	10,928.00	162.26	28.00
29.00	Maintenance & Repairs	6.00	1,446,316	0	1,446,316	38,773.00	37.30	29.00
30.00	Operation of Plant	7.00	4,025,275	1,000	4,026,275	175,407.00	22.95	30.00
31.00	Laundry & Linen Service	8.00	864	0	864	80.00	10.80	31.00
32.00	Housekeeping	9.00	2,969,990	500	2,970,490	218,753.00	13.58	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,317,987	-1,651,629	1,666,358	93,121.00	17.89	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	782,523	1,651,629	2,434,152	155,525.00	15.65	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,020,080	500	2,020,580	43,673.00	46.27	38.00
39.00	Central Services and Supply	14.00	658,820	500	659,320	33,203.00	19.86	39.00
40.00	Pharmacy	15.00	7,333,563	0	7,333,563	169,471.00	43.27	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150024

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/31/2016 11:04 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,935,617	1,500	1,937,117	76,439.00	25.34	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150024

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/31/2016 11:04 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	223,374,008	-10,217,281	213,156,727	7,636,023.00	27.91	1.00
2.00	Excluded area salaries (see instructions)	49,205,438	382,648	49,588,086	2,129,460.00	23.29	2.00
3.00	Subtotal salaries (line 1 minus line 2)	174,168,570	-10,599,929	163,568,641	5,506,563.00	29.70	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,616,955	0	14,616,955	268,474.00	54.44	4.00
5.00	Subtotal wage-related costs (see inst.)	58,170,385	0	58,170,385	0.00	35.56	5.00
6.00	Total (sum of lines 3 thru 5)	246,955,910	-10,599,929	236,355,981	5,775,037.00	40.93	6.00
7.00	Total overhead cost (see instructions)	62,470,028	-1,136,032	61,333,996	2,154,510.00	28.47	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2016 11:04 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			5,381,993 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			1,012,691 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			23,813 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			50,316,535 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			161,973 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			0 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)			1,126,156 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			550,691 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			16,043,023 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			233,886 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			1,049,909 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			75,900,670 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	LIFE SERVICES EAP			82,920 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150024

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/31/2016 11:04 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	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	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	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/31/2016 11:04 am	
				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.324986	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			47,591,915	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			49,624,192	5.00
6.00	Medicaid charges			331,805,671	6.00
7.00	Medicaid cost (line 1 times line 6)			107,832,198	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			10,616,091	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			104,979,726	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			10,616,091	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	340,410,410	0	340,410,410	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	110,628,618	0	110,628,618	21.00
22.00	Partial payment by patients approved for charity care	3,420,765	0	3,420,765	22.00
23.00	Cost of charity care (line 21 minus line 22)	107,207,853	0	107,207,853	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)			112,050,657	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			2,064,095	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			109,986,562	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			35,744,093	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			142,951,946	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			153,568,037	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet A	
Date/Time Prepared: 5/31/2016 11:04 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT		44,177,099	44,177,099	0	44,177,099	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,299,759	9,143,227	11,442,986	0	11,442,986	4.00
5.01 00540	NONPATIENT TELEPHONES	310,181	1,818,626	2,128,807	0	2,128,807	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	1,957,608	3,299,451	5,257,059	0	5,257,059	5.02
5.03 00570	ADMINISTRATIVE	2,589,967	2,394,818	4,984,785	0	4,984,785	5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	5,402,631	4,789,508	10,192,139	0	10,192,139	5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	23,645,629	83,154,341	106,799,970	-14,357,036	92,442,934	5.05
6.00 00600	MAINTENANCE & REPAIRS	1,446,316	1,130,252	2,576,568	0	2,576,568	6.00
7.00 00700	OPERATION OF PLANT	4,025,275	17,770,400	21,795,675	0	21,795,675	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	864	1,241,956	1,242,820	0	1,242,820	8.00
9.00 00900	HOUSEKEEPING	2,969,990	2,344,143	5,314,133	0	5,314,133	9.00
10.00 01000	DIETARY	3,317,987	4,185,587	7,503,574	-3,885,106	3,618,468	10.00
11.00 01100	CAFETERIA	782,523	1,265,338	2,047,861	3,885,106	5,932,967	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,020,080	612,016	2,632,096	0	2,632,096	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	658,820	749,675	1,408,495	0	1,408,495	14.00
15.00 01500	PHARMACY	7,333,563	24,124,820	31,458,383	0	31,458,383	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,935,617	1,524,959	3,460,576	0	3,460,576	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	10,369,513	10,369,513	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300	PARAMEDICAL PRGM-AMBULANCE	863,829	343,801	1,207,630	0	1,207,630	23.00
23.01 02301	PARAMEDICAL PRGM-PHARMACY	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	21,620,843	9,636,638	31,257,481	-2,518,130	28,739,351	30.00
31.00 03100	INTENSIVE CARE UNIT	9,816,900	4,921,220	14,738,120	-17,298	14,720,822	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	2,120,020	1,615,609	3,735,629	-5,359	3,730,270	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	3,242,571	1,501,580	4,744,151	1,465	4,745,616	34.01
40.00 04000	SUBPROVIDER - IPF	2,355,611	772,492	3,128,103	297,281	3,425,384	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	2,711,049	2,711,049	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	5,571,354	21,242,732	26,814,086	-10,499,285	16,314,801	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	378,879	1,034,309	1,413,188	-15,526	1,397,662	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,287,974	7,928,491	13,216,465	-1,410,376	11,806,089	54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	194,288	481,377	675,665	-15	675,650	56.00
57.00 05700	CT SCAN	834,996	481,713	1,316,709	-120	1,316,589	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,649	8,447	11,096	-7,546	3,550	59.00
60.00 06000	LABORATORY	4,793,393	8,130,812	12,924,205	-93	12,924,112	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	225	1,834,901	1,835,126	1,292	1,836,418	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	3,038,021	1,482,943	4,520,964	-276	4,520,688	65.00
65.01 03560	PULMONARY FUNCTION TESTING	224,915	105,160	330,075	178	330,253	65.01
66.00 06600	PHYSICAL THERAPY	2,768,516	1,012,269	3,780,785	-404,227	3,376,558	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,262,439	491,098	1,753,537	241,321	1,994,858	67.00
68.00 06800	SPEECH PATHOLOGY	382,771	162,680	545,451	74,672	620,123	68.00
69.00 06900	ELECTROCARDIOLOGY	1,791,874	1,223,211	3,015,085	87	3,015,172	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	794,909	794,909	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,121,691	11,121,691	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	140,670	140,670	73.00
73.01 07301	RETAIL PHARMACIES	4,483,682	20,372,159	24,855,841	0	24,855,841	73.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
74.00	07400	RENAL DIALYSIS	65,987	1,143,721	1,209,708	532	1,210,240	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	09001	MEDICINE CLINIC	3,664,381	1,664,617	5,328,998	-1,525,821	3,803,177	90.01
90.02	09002	OB/GYN CLINIC	797,186	378,727	1,175,913	88,863	1,264,776	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	369,061	309,646	678,707	111,442	790,149	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,382,266	1,149,684	2,531,950	244,600	2,776,550	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,095,786	1,685,452	2,781,238	513,995	3,295,233	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	228,610	341,100	569,710	56,554	626,264	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	4,671,718	7,241,732	11,913,450	84,476	11,997,926	90.17
90.18	09018	PSYCHIATRIC CLINIC	19,223,259	12,037,943	31,261,202	931,994	32,193,196	90.18
90.19	09019	ORAL SURGERY CLINIC	0	-30,372	-30,372	30,372	0	90.19
90.20	09020	DIETARY CLINIC	510,469	211,943	722,412	0	722,412	90.20
90.21	09021	CENTER OF EXCELLENCE	0	-768	-768	0	-768	90.21
90.22	09022	OP BURN CLINIC	209,259	275,381	484,640	63,093	547,733	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	130,603	91,833	222,436	2,014	224,450	90.24
90.25	09025	WOUND/OSTOMY CLINIC	134,734	105,900	240,634	-1,529	239,105	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	2,460,349	3,715,484	6,175,833	29,078	6,204,911	90.26
91.00	09100	EMERGENCY	11,101,396	5,450,361	16,551,757	2,140,494	18,692,251	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	1,115,666	362,595	1,478,261	0	1,478,261	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	14,444,386	10,973,653	25,418,039	-7,460	25,410,579	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	193,337,676	335,618,490	528,956,166	-718,462	528,237,704	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	175,195	348,568	523,763	0	523,763	190.00
190.01	19001	RETAIL SPA	59,878	65,652	125,530	0	125,530	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	242,825	488,930	731,755	0	731,755	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	285,262	191,252	476,514	1,606,779	2,083,293	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	7,502,023	5,206,117	12,708,140	-977,225	11,730,915	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTRS	6,557,823	5,186,409	11,744,232	0	11,744,232	193.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet A Date/Time Prepared: 5/31/2016 11:04 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	
193.09	19309	DME	107,547	653,681	761,228	88,908	850,136	193.09
193.10	19310	PROFESSIONAL BILLING	1,027,690	2,205,550	3,233,240	0	3,233,240	193.10
193.11	19311	FQHC	15,583,369	28,956,105	44,539,474	0	44,539,474	193.11
200.00		TOTAL (SUM OF LINES 118-199)	224,879,288	378,920,754	603,800,042	0	603,800,042	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150024

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

Worksheet A  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	9,460,872	53,637,971	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-842,954	10,600,032	4.00
5.01	00540	NONPATIENT TELEPHONES	-60	2,128,747	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-4,116	5,252,943	5.02
5.03	00570	ADMINISTRATIVE	0	4,984,785	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	-19,099	10,173,040	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	-10,584,447	81,858,487	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	2,576,568	6.00
7.00	00700	OPERATION OF PLANT	-1,210,343	20,585,332	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,242,820	8.00
9.00	00900	HOUSEKEEPING	0	5,314,133	9.00
10.00	01000	DIETARY	-2,091,443	1,527,025	10.00
11.00	01100	CAFETERIA	-1,521,339	4,411,628	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,632,096	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-327	1,408,168	14.00
15.00	01500	PHARMACY	12,675	31,471,058	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-33,641	3,426,935	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	10,369,513	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	-80,844	1,126,786	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-630,394	28,108,957	30.00
31.00	03100	INTENSIVE CARE UNIT	-118,045	14,602,777	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	-1,691	3,728,579	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-251,503	4,494,113	34.01
40.00	04000	SUBPROVIDER - IPF	0	3,425,384	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	2,711,049	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-4,549	16,310,252	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,397,662	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-585	11,805,504	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	675,650	56.00
57.00	05700	CT SCAN	0	1,316,589	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,550	59.00
60.00	06000	LABORATORY	-461	12,923,651	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,836,418	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,520,688	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	330,253	65.01
66.00	06600	PHYSICAL THERAPY	0	3,376,558	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,994,858	67.00
68.00	06800	SPEECH PATHOLOGY	0	620,123	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,015,172	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	794,909	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,121,691	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	140,670	73.00
73.01	07301	RETAIL PHARMACIES	0	24,855,841	73.01
74.00	07400	RENAL DIALYSIS	0	1,210,240	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150024

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

Worksheet A  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	09001	MEDICINE CLINIC	-2,273,009	1,530,168	90.01
90.02	09002	OB/GYN CLINIC	-2,884	1,261,892	90.02
90.03	09003	ORTHO CLINIC	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	-138,044	652,105	90.07
90.08	09008	ENT CLINIC	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	90.09
90.10	09010	SPECIALTY CLINIC	-33,649	2,742,901	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	3,295,233	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	-286,687	339,577	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	90.16
90.17	09017	CHC CLINIC	-2,383,363	9,614,563	90.17
90.18	09018	PSYCHIATRIC CLINIC	-7,062,069	25,131,127	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	90.19
90.20	09020	DIETARY CLINIC	-8,000	714,412	90.20
90.21	09021	CENTER OF EXCELLENCE	0	-768	90.21
90.22	09022	OP BURN CLINIC	0	547,733	90.22
90.23	09023	BARIATRIC CLINIC	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	224,450	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	239,105	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	-2,613,532	3,591,379	90.26
91.00	09100	EMERGENCY	-829,335	17,862,916	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0	1,478,261	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	-1,455,619	23,954,960	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-25,008,485	503,229,219	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	523,763	190.00
190.01	19001	RETAIL SPA	0	125,530	190.01
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	731,755	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	2,083,293	193.01
193.02	19302	RENTAL SPACE	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	193.04
193.05	19305	LV BEAUTY	0	0	193.05
193.06	19306	LV DAYCARE	0	0	193.06
193.07	19307	MIDTOWN NRCCS	0	11,730,915	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTRS	0	11,744,232	193.08
193.09	19309	DME	0	850,136	193.09
193.10	19310	PROFESSIONAL BILLING	0	3,233,240	193.10
193.11	19311	FQHC	-15,664,417	28,875,057	193.11
200.00		TOTAL (SUM OF LINES 118-199)	-40,672,902	563,127,140	200.00

RECLASSIFICATIONS

Provider CCN: 150024

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

Worksheet A-6

Date/Time Prepared:  
5/31/2016 11:04 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	1,651,629	2,233,477	1.00
	TOTALS		1,651,629	2,233,477	
<b>B - INTERNS AND RESIDENTS EXPENSE</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	10,369,513	1.00
	TOTALS		0	10,369,513	
<b>C - CLEAR NEGATIVE COST CENTERS</b>					
1.00	WCOE/SENIOR CARE CLINIC	90.26	0	768	1.00
2.00	ORAL SURGERY CLINIC	90.19	0	30,372	2.00
	TOTALS		0	31,140	
<b>E - DEFAULT</b>					
1.00	SUBPROVIDER - IPF	40.00	164,267	133,017	1.00
2.00	PSYCHIATRIC CLINIC	90.18	1,520,194	475,454	2.00
3.00	MIDTOWN NRCCS	193.07	562,739	455,684	3.00
	TOTALS		2,247,200	1,064,155	
<b>G - THERAPY ADMINISTRATION RECLASS</b>					
1.00	OCCUPATIONAL THERAPY	67.00	186,334	54,793	1.00
2.00	SPEECH PATHOLOGY	68.00	56,496	18,176	2.00
3.00	DME	193.09	15,874	73,034	3.00
	TOTALS		258,704	146,003	
<b>I - SPECIALTY CLINIC ADMIN RECLASS</b>					
1.00	OB/GYN CLINIC	90.02	70,196	17,401	1.00
2.00	OPHTHALMOLOGY CLINIC	90.07	59,109	14,652	2.00
3.00	SPECIALTY CLINIC	90.10	168,209	41,697	3.00
4.00	ENDOSCOPY CLINIC	90.12	324,791	80,512	4.00
5.00	OCCUPATIONAL THERAPY CLINIC	90.13	33,791	8,376	5.00
6.00	OP BURN CLINIC	90.22	40,838	10,123	6.00
7.00	PLASTICS CLINIC	90.24	1,267	314	7.00
8.00	WOUND/OSTOMY CLINIC	90.25	843	209	8.00
	TOTALS		699,044	173,284	
<b>K - PICC LINE EXPENSE</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	208,744	1.00
	TOTALS		0	208,744	
<b>P - DEFAULT</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	794,909	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,121,691	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	140,670	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	1,465	4.00
5.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,292	5.00
6.00	PULMONARY FUNCTION TESTING	65.01	0	178	6.00
7.00	PHYSICAL THERAPY	66.00	0	480	7.00
8.00	OCCUPATIONAL THERAPY	67.00	0	194	8.00
9.00	ELECTROCARDIOLOGY	69.00	0	87	9.00
10.00	RENAL DIALYSIS	74.00	0	532	10.00
11.00	OPHTHALMOLOGY CLINIC	90.07	0	12	11.00
12.00	OCCUPATIONAL THERAPY CLINIC	90.13	0	88	12.00
13.00	CHC CLINIC	90.17	0	188	13.00
14.00	WCOE/SENIOR CARE CLINIC	90.26	0	4,681	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
	TOTALS		0	12,066,467	
<b>Q - FAMILY BEGINNINGS</b>					
1.00	NURSERY	43.00	1,816,816	894,233	1.00
	TOTALS		1,816,816	894,233	
<b>R - HEALTH CONNECTIONS</b>					
1.00	OB/GYN CLINIC	90.02	16,262	13,341	1.00
2.00	OPHTHALMOLOGY CLINIC	90.07	20,693	16,976	2.00
3.00	SPECIALTY CLINIC	90.10	40,459	33,193	3.00
4.00	ENDOSCOPY CLINIC	90.12	68,459	56,164	4.00
5.00	OCCUPATIONAL THERAPY CLINIC	90.13	7,855	6,444	5.00
6.00	CHC CLINIC	90.17	46,302	37,986	6.00
7.00	PSYCHIATRIC CLINIC	90.18	138,468	113,599	7.00
8.00	OP BURN CLINIC	90.22	6,664	5,468	8.00
9.00	PLASTICS CLINIC	90.24	238	195	9.00
10.00	WOUND/OSTOMY CLINIC	90.25	51	42	10.00
11.00	WCOE/SENIOR CARE CLINIC	90.26	13,402	10,995	11.00

RECLASSIFICATIONS

Provider CCN: 150024

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To 12/31/2015

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	TOTALS		358,853	294,403	
<b>T - REFERRAL BONUS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	500	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	500	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.02	500	0	3.00
4.00	ADMINISTRATIVE	5.03	500	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	3,000	0	5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	6,500	0	6.00
7.00	OPERATION OF PLANT	7.00	1,000	0	7.00
8.00	HOUSEKEEPING	9.00	500	0	8.00
9.00	NURSING ADMINISTRATION	13.00	500	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	500	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	1,500	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	5,000	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	3,250	0	13.00
14.00	NEONATAL INTENSIVE CARE UNIT	34.01	1,000	0	14.00
15.00	SUBPROVIDER - IPF	40.00	500	0	15.00
16.00	OPERATING ROOM	50.00	1,750	0	16.00
17.00	OCCUPATIONAL THERAPY	67.00	1,000	0	17.00
18.00	MEDICINE CLINIC	90.01	500	0	18.00
19.00	ENDOSCOPY CLINIC	90.12	500	0	19.00
20.00	OCCUPATIONAL THERAPY CLINIC	90.13	1,000	0	20.00
21.00	CHC CLINIC	90.17	1,500	0	21.00
22.00	PSYCHIATRIC CLINIC	90.18	1,070	0	22.00
23.00	EMERGENCY	91.00	9,000	0	23.00
24.00	OBSERVATION BEDS (DISTINCT PART)-CDU	92.01	500	0	24.00
25.00	AMBULANCE SERVICES	95.00	2,000	0	25.00
26.00	MIDTOWN NRCCS	193.07	1,430	0	26.00
27.00	RESTRICTED AND OTHER GRANT COST CTRS	193.08	1,000	0	27.00
28.00	DME	193.09	500	0	28.00
29.00	FQHC	193.11	3,000	0	29.00
	TOTALS		50,000	0	
<b>U - TRAUMA ONCALL</b>					
1.00	EMERGENCY	91.00	0	2,172,000	1.00
	TOTALS		0	2,172,000	
<b>V - MD WISE MEDICAL MANAGEMENT</b>					
1.00	OTHER NON-REIMBURSABLE COST CENTERS	193.01	1,151,532	455,247	1.00
	TOTALS		1,151,532	455,247	
500.00	Grand Total: Increases		8,233,778	30,108,666	500.00

RECLASSIFICATIONS

Provider CCN: 150024

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

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - CAFETERIA RECLASS</b>						
1.00	DIETARY	10.00	1,651,629	2,233,477	0	1.00
	TOTALS		1,651,629	2,233,477		
<b>B - INTERNS AND RESIDENTS EXPENSE</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	10,369,513	0	1.00
	TOTALS		0	10,369,513		
<b>C - CLEAR NEGATIVE COST CENTERS</b>						
1.00	WCOE/SENIOR CARE CLINIC	90.26	0	768	0	1.00
2.00	SPECIALTY CLINIC	90.10	0	30,372	0	2.00
	TOTALS		0	31,140		
<b>E - DEFAULT</b>						
1.00	PSYCHIATRIC CLINIC	90.18	727,006	588,701	0	1.00
2.00	MIDTOWN NRCCS	193.07	1,520,194	475,454	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		2,247,200	1,064,155		
<b>G - THERAPY ADMINISTRATION RECLASS</b>						
1.00	PHYSICAL THERAPY	66.00	258,704	146,003	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		258,704	146,003		
<b>I - SPECIALTY CLINIC ADMIN RECLASS</b>						
1.00	MEDICINE CLINIC	90.01	699,044	173,284	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
	TOTALS		699,044	173,284		
<b>K - PICC LINE EXPENSE</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	208,744	0	1.00
	TOTALS		0	208,744		
<b>P - DEFAULT</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	15,825	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	17,298	0	2.00
3.00	SUBPROVIDER - IPF	40.00	0	3	0	3.00
4.00	OPERATING ROOM	50.00	0	10,499,285	0	4.00
5.00	ANESTHESIOLOGY	53.00	0	15,526	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,410,376	0	6.00
7.00	RADIOISOPE	56.00	0	15	0	7.00
8.00	CT SCAN	57.00	0	120	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	7,546	0	9.00
10.00	LABORATORY	60.00	0	93	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	276	0	11.00
12.00	MEDICINE CLINIC	90.01	0	237	0	12.00
13.00	OB/GYN CLINIC	90.02	0	28,337	0	13.00
14.00	SPECIALTY CLINIC	90.10	0	8,586	0	14.00
15.00	ENDOSCOPY CLINIC	90.12	0	15,931	0	15.00
16.00	PSYCHIATRIC CLINIC	90.18	0	14	0	16.00
17.00	WOUND/OSTOMY CLINIC	90.25	0	2,674	0	17.00
18.00	EMERGENCY	91.00	0	31,506	0	18.00
19.00	AMBULANCE SERVICES	95.00	0	7,460	0	19.00
20.00	BURN INTENSIVE CARE UNIT	33.00	0	5,359	0	20.00
	TOTALS		0	12,066,467		
<b>Q - FAMILY BEGINNINGS</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,816,816	894,233	0	1.00
	TOTALS		1,816,816	894,233		
<b>R - HEALTH CONNECTIONS</b>						
1.00	MEDICINE CLINIC	90.01	358,853	294,403	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
	TOTALS		358,853	294,403		

RECLASSIFICATIONS

Provider CCN: 150024

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		Decreases			Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
<b>T - REFERRAL BONUS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	500	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	500	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.02	0	500	0		3.00
4.00	ADMINISTRATIVE AND GENERAL	5.03	0	500	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	3,000	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	6,500	0		6.00
7.00	OPERATION OF PLANT	7.00	0	1,000	0		7.00
8.00	HOUSEKEEPING	9.00	0	500	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	500	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	500	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,500	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	5,000	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	3,250	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	1,000	0		14.00
15.00	SUBPROVIDER - IPF	40.00	0	500	0		15.00
16.00	OPERATING ROOM	50.00	0	1,750	0		16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	1,000	0		17.00
18.00	MEDICINE CLINIC	90.01	0	500	0		18.00
19.00	ENDOSCOPY CLINIC	90.12	0	500	0		19.00
20.00	OCCUPATIONAL THERAPY CLINIC	90.13	0	1,000	0		20.00
21.00	CHC CLINIC	90.17	0	1,500	0		21.00
22.00	PSYCHIATRIC CLINIC	90.18	0	1,070	0		22.00
23.00	EMERGENCY	91.00	0	9,000	0		23.00
24.00	OBSERVATION BEDS (DISTINCT PART) -CDU	92.01	0	500	0		24.00
25.00	AMBULANCE SERVICES	95.00	0	2,000	0		25.00
26.00	MIDTOWN NRCCS	193.07	0	1,430	0		26.00
27.00	RESTRICTED AND OTHER GRANT COST CTRS	193.08	0	1,000	0		27.00
28.00	DME	193.09	0	500	0		28.00
29.00	FQHC	193.11	0	3,000	0		29.00
	<b>TOTALS</b>		0	50,000			
<b>U - TRAUMA ONCALL</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,172,000	0		1.00
	<b>TOTALS</b>		0	2,172,000			
<b>V - MD WISE MEDICAL MANAGEMENT</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	1,151,532	455,247	0		1.00
	<b>TOTALS</b>		1,151,532	455,247			
500.00	<b>Grand Total: Decreases</b>		8,183,778	30,158,666			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150024

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	9,722,914	0	0	0	0	1.00
2.00	Land Improvements	82,176,027	321,284	-5,212,545	-4,891,261	0	2.00
3.00	Buildings and Fixtures	564,642,985	1,724,656	-144,996,141	-143,271,485	0	3.00
4.00	Building Improvements	1,818,534	0	0	0	0	4.00
5.00	Fixed Equipment	302,545,352	905,227	-64,457,132	-63,551,905	0	5.00
6.00	Movable Equipment	282,982,411	20,008,900	-125,600,337	-105,591,437	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,243,888,223	22,960,067	-340,266,155	-317,306,088	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,243,888,223	22,960,067	-340,266,155	-317,306,088	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	9,722,914	0				1.00
2.00	Land Improvements	77,284,766	0				2.00
3.00	Buildings and Fixtures	421,371,500	0				3.00
4.00	Building Improvements	1,818,534	0				4.00
5.00	Fixed Equipment	238,993,447	0				5.00
6.00	Movable Equipment	177,390,974	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	926,582,135	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	926,582,135	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150024

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
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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	44,177,099	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)	44,177,099	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	44,177,099				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	44,177,099				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150024

Period:  
From 01/01/2015  
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Worksheet A-7  
Part III  
Date/Time Prepared:  
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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	44,177,099	0	44,177,099	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	44,177,099	0	44,177,099	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	53,637,971	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	53,637,971	0	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	0	0	0	0	53,637,971	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	53,637,971	3.00



ADJUSTMENTS TO EXPENSES

Provider CCN: 150024

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			3.00	4.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP 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	-32,993,961			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	42,413,611			0 12.00
13.00 Laundry and linen service		0		0.00	0 13.00
14.00 Cafeteria-employees and guests		0		0.00	0 14.00
15.00 Rental of quarters to employee and others		0		0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00 Sale of drugs to other than patients		0		0.00	0 17.00
18.00 Sale of medical records and abstracts		0		0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00 Vending machines		0		0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0UTILIZATION REVIEW-SNF	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00 Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00 Physicians' assistant			0	0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00 CABLE TV COSTS	A		-60NONPATIENT TELEPHONES	5.01	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150024

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

Worksheet A-8

Date/Time Prepared:  
5/31/2016 11:04 am

33.01	CABLE TV COSTS	A	-51,892	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		5.05	0	33.01			
				Basis/Code (2)	Amount				Cost Center	Line #	Wkst. A-7 Ref.
				OTHER ADMINISTRATIVE AND GENERAL							
33.02	CABLE TV COSTS	A	-585	RADIOLOGY-DIAGNOSTIC	54.00		0	33.02			
33.03	CABLE TV COSTS	A	-888	AMBULANCE SERVICES	95.00		0	33.03			
33.04	NON ALLOWABLE ADVERTISING	A	-50	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.04			
33.05	NON ALLOWABLE ADVERTISING	A	-3,454	PURCHASING RECEIVING AND STORES	5.02		0	33.05			
33.06	NON ALLOWABLE ADVERTISING	A	-17,700	CASHIERING/ACCOUNTS RECEIVABLE	5.04		0	33.06			
33.07	NON ALLOWABLE ADVERTISING	A	-1,075,240	OTHER ADMINISTRATIVE AND GENERAL	5.05		0	33.07			
33.09	NON ALLOWABLE ADVERTISING	A	-4,872	CAFETERIA	11.00		0	33.09			
33.10	NON ALLOWABLE ADVERTISING	A	-1,900	PSYCHIATRIC CLINIC	90.18		0	33.10			
33.11	NON ALLOWABLE ADVERTISING	A	-11,576	AMBULANCE SERVICES	95.00		0	33.11			
33.12	PARKING LOTS AND GARAGE	A	-1,657,506	CAP REL COSTS-BLDG & FIXT	1.00		9	33.12			
33.13	PARKING LOTS AND GARAGE	A	-640,399	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.13			
33.14	IUHP SERVICES	A	-7,422,835	OTHER ADMINISTRATIVE AND GENERAL	5.05		0	33.14			
33.15	IUHP SERVICES	A	-615,744	ADULTS & PEDIATRICS	30.00		0	33.15			
33.16	IUHP SERVICES	A	-251,503	NEONATAL INTENSIVE CARE UNIT	34.01		0	33.16			
33.17	IUHP SERVICES	A	-33,649	SPECIALTY CLINIC	90.10		0	33.17			
33.18	IUHP SERVICES	A	-30,303	OPHTHALMOLOGY CLINIC	90.07		0	33.18			
33.19	IUHP SERVICES	A	-286,687	OCCUPATIONAL THERAPY CLINIC	90.13		0	33.19			
33.20	IUHP SERVICES	A	-2,781,354	CHC CLINIC	90.17		0	33.20			
33.21	IUHP SERVICES	A	-295,693	PSYCHIATRIC CLINIC	90.18		0	33.21			
33.22	IUHP SERVICES	A	-2,613,524	WCOE/SENIOR CARE CLINIC	90.26		0	33.22			
33.23	IUHP SERVICES	A	-15,664,417	FQHC	193.11		0	33.23			
33.24	HEALTH CONNECTIONS	A	-2,196,942	MEDICINE CLINIC	90.01		0	33.24			
33.25	NON PHYSICIAN PRACTITIONERS	A	-4,451	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.25			
33.26	NON PHYSICIAN PRACTITIONERS	A	-3,286,225	OTHER ADMINISTRATIVE AND GENERAL	5.05		0	33.26			
33.27	NON PHYSICIAN PRACTITIONERS	A	-111,231	INTENSIVE CARE UNIT	31.00		0	33.27			
33.28	NON PHYSICIAN PRACTITIONERS	A	-2,884	OB/GYN CLINIC	90.02		0	33.28			
33.29	NON PHYSICIAN PRACTITIONERS	A	-977,728	PSYCHIATRIC CLINIC	90.18		0	33.29			
33.30	NON PHYSICIAN PRACTITIONERS	A	-86,680	EMERGENCY	91.00		0	33.30			
33.31	MISCELLANEOUS REVENUE	B	9,676	CAP REL COSTS-BLDG & FIXT	1.00		9	33.31			
33.32	MISCELLANEOUS REVENUE	B	-198,054	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.32			
33.33	MISCELLANEOUS REVENUE	B	-662	PURCHASING RECEIVING AND STORES	5.02		0	33.33			
33.34	MISCELLANEOUS REVENUE	B	-1,399	CASHIERING/ACCOUNTS RECEIVABLE	5.04		0	33.34			
33.35	MISCELLANEOUS REVENUE	B	-3,458,913	OTHER ADMINISTRATIVE AND GENERAL	5.05		0	33.35			
33.36	MISCELLANEOUS REVENUE	B	-1,210,343	OPERATION OF PLANT	7.00		0	33.36			
33.37	MISCELLANEOUS REVENUE	B	-2,091,443	DIETARY	10.00		0	33.37			
33.38	MISCELLANEOUS REVENUE	B	-1,516,467	CAFETERIA	11.00		0	33.38			
33.39	MISCELLANEOUS REVENUE	B	-327	CENTRAL SERVICES & SUPPLY	14.00		0	33.39			
33.40	MISCELLANEOUS REVENUE	B	12,675	PHARMACY	15.00		0	33.40			
33.41	MISCELLANEOUS REVENUE	B	-33,641	MEDICAL RECORDS & LIBRARY	16.00		0	33.41			
33.42	MISCELLANEOUS REVENUE	B	-80,844	PARAMEDICAL PRGM-AMBULANCE	23.00		0	33.42			
33.43	MISCELLANEOUS REVENUE	B	-14,650	ADULTS & PEDIATRICS	30.00		0	33.43			
33.44	MISCELLANEOUS REVENUE	B	-6,814	INTENSIVE CARE UNIT	31.00		0	33.44			
33.45	MISCELLANEOUS REVENUE	B	-1,691	BURN INTENSIVE CARE UNIT	33.00		0	33.45			
33.46	MISCELLANEOUS REVENUE	B	-4,549	OPERATING ROOM	50.00		0	33.46			
33.47	MISCELLANEOUS REVENUE	B	-461	LABORATORY	60.00		0	33.47			
33.48	MISCELLANEOUS REVENUE	B	-41,728	MEDICINE CLINIC	90.01		0	33.48			
33.49	MISCELLANEOUS REVENUE	B	-89,759	OPHTHALMOLOGY CLINIC	90.07		0	33.49			
33.50	MISCELLANEOUS REVENUE	B	397,991	CHC CLINIC	90.17		0	33.50			
33.51	MISCELLANEOUS REVENUE	B	-167,644	PSYCHIATRIC CLINIC	90.18		0	33.51			
33.52	MISCELLANEOUS REVENUE	B	-8,000	DIETARY CLINIC	90.20		0	33.52			
33.53	MISCELLANEOUS REVENUE	B	-8	WCOE/SENIOR CARE CLINIC	90.26		0	33.53			
33.54	MISCELLANEOUS REVENUE	B	-14,370	EMERGENCY	91.00		0	33.54			
33.55	MISCELLANEOUS REVENUE	B	-1,443,155	AMBULANCE SERVICES	95.00		0	33.55			
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-40,672,902					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.

ADJUSTMENTS TO EXPENSES

Provider CCN: 150024

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

Worksheet A-8

Date/Time Prepared:  
5/31/2016 11:04 am

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

B. Amount Received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 33 thru 49 and subscribers 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: 150024

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

Worksheet A-8-1

Date/Time Prepared:  
5/31/2016 11:04 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5
1.00	2.00	3.00	4.00	5.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	CAP REL COSTS-BLDG & FIXT	11,108,702	0
2.00	5.05	OTHER ADMINISTRATIVE AND GEN	31,304,909	0
3.00	0.00		0	0
4.00	0.00		0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		42,413,611	0

\* 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	G	HEALTH AND HOSP	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:	FINANCIAL			100.00

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

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

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

Provider CCN: 150024

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

Worksheet A-8-1

Date/Time Prepared:  
5/31/2016 11:04 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	11,108,702	9		1.00
2.00	31,304,909	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	42,413,611			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the 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: 150024

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2016 11:04 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	5.05	OTHER ADMINISTRATIVE AND GENERAL	26,594,251	26,594,251	0	0	0	1.00
2.00	90.01	MEDICINE CLINIC	34,339	34,339	0	0	0	2.00
3.00	90.07	OPHTHALMOLOGY CLINIC	17,982	17,982	0	0	0	3.00
4.00	90.18	PSYCHIATRIC CLINIC	5,619,104	5,619,104	0	0	0	4.00
5.00	91.00	EMERGENCY	2,172,000	-715,785	2,172,000	171,400	17,520	5.00
6.00	0.00		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			34,437,676	31,549,891	2,172,000		17,520	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	90.01	MEDICINE CLINIC	0	0	0	0	0	2.00
3.00	90.07	OPHTHALMOLOGY CLINIC	0	0	0	0	0	3.00
4.00	90.18	PSYCHIATRIC CLINIC	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	1,443,715	72,186	0	0	0	5.00
6.00	0.00		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			1,443,715	72,186	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	26,594,251		1.00
2.00	90.01	MEDICINE CLINIC	0	0	0	34,339		2.00
3.00	90.07	OPHTHALMOLOGY CLINIC	0	0	0	17,982		3.00
4.00	90.18	PSYCHIATRIC CLINIC	0	0	0	5,619,104		4.00
5.00	91.00	EMERGENCY	0	1,443,715	728,285	728,285		5.00
6.00	0.00		0	0	0	0		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	1,443,715	728,285	32,993,961		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	53,637,971	53,637,971			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,600,032	360,198	0	10,960,230	4.00
5.01 00540	NONPATIENT TELEPHONES	2,128,747	13,550	0	15,650	2,157,947 5.01
5.02 00560	PURCHASING RECEIVING AND STORES	5,252,943	813,372	0	98,634	16,856 5.02
5.03 00570	ADMITTING	4,984,785	69,494	0	130,487	36,120 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	10,173,040	574,764	0	272,292	56,989 5.04
5.05 00591	OTHER ADMINISTRATION AND GENERAL	81,858,487	3,437,993	0	1,003,569	259,259 5.05
6.00 00600	MAINTENANCE & REPAIRS	2,576,568	222,854	0	72,854	1,605 6.00
7.00 00700	OPERATION OF PLANT	20,585,332	5,942,739	0	202,812	47,357 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,242,820	8,781	0	44	0 8.00
9.00 00900	HOUSEKEEPING	5,314,133	411,767	0	149,630	9,231 9.00
10.00 01000	DIETARY	1,527,025	424,988	0	83,938	10,836 10.00
11.00 01100	CAFETERIA	4,411,628	970,679	0	122,613	8,428 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	2,632,096	110,473	0	101,781	8,428 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,408,168	15,885	0	33,211	6,421 14.00
15.00 01500	PHARMACY	31,471,058	478,794	0	369,406	31,304 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,426,935	158,984	0	97,576	27,692 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	10,369,513	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-AMBULANCE	1,126,786	0	0	43,513	0 23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	28,108,957	5,215,301	0	997,820	123,208 30.00
31.00 03100	INTENSIVE CARE UNIT	14,602,777	1,976,811	0	490,496	80,266 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	3,728,579	856,259	0	106,790	39,732 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	4,494,113	678,988	0	163,385	30,902 34.01
40.00 04000	SUBPROVIDER - I PF	3,425,384	560,523	0	126,956	39,330 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	2,711,049	434,066	0	91,517	8,829 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	16,310,252	2,137,276	0	280,728	80,266 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	1,397,662	213,185	0	19,085	12,040 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,805,504	1,294,797	0	266,366	39,330 54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	675,650	154,544	0	9,787	4,013 56.00
57.00 05700	CT SCAN	1,316,589	117,544	0	42,060	4,013 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	3,550	0	0	133	4,013 59.00
60.00 06000	LABORATORY	12,923,651	687,638	0	241,453	28,494 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,836,418	67,159	0	11	2,809 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	4,520,688	100,245	0	153,031	9,231 65.00
65.01 03560	PULMONARY FUNCTION TESTING	330,253	0	0	11,329	2,809 65.01
66.00 06600	PHYSICAL THERAPY	3,376,558	265,149	0	126,424	6,421 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,994,858	0	0	73,028	6,823 67.00
68.00 06800	SPEECH PATHOLOGY	620,123	0	0	22,127	2,408 68.00
69.00 06900	ELECTROCARDIOLOGY	3,015,172	538,553	0	90,260	22,073 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	794,909	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,121,691	0	0	0	0 72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
73.00	07300 DRUGS CHARGED TO PATIENTS	140,670	0	0	0	0	73.00
73.01	07301 RETAIL PHARMACIES	24,855,841	700,859	0	225,852	10,033	73.01
74.00	07400 RENAL DIALYSIS	1,210,240	163,589	0	3,324	1,605	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	09001 MEDICINE CLINIC	1,530,168	963,180	0	52,847	24,882	90.01
90.02	09002 OB/GYN CLINIC	1,261,892	421,173	0	44,404	24,882	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	652,105	290,901	0	22,610	10,033	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	2,742,901	795,053	0	80,139	49,765	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	3,295,233	581,802	0	75,031	25,284	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	339,577	171,745	0	13,664	5,619	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	9,614,563	1,791,154	0	199,336	105,951	90.17
90.18	09018 PSYCHIATRIC CLINIC	25,131,127	2,968,177	0	1,015,290	231,166	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	714,412	0	0	25,713	0	90.20
90.21	09021 CENTER OF EXCELLENCE	-768	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	547,733	99,390	0	12,934	803	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	224,450	230	0	6,655	4,013	90.24
90.25	09025 WOUND/OSTOMY CLINIC	239,105	8,584	0	6,832	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	3,591,379	212,363	0	124,608	58,193	90.26
91.00	09100 EMERGENCY	17,862,916	2,683,788	0	556,593	87,088	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	1,478,261	199,174	0	56,220	4,816	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	23,954,960	50,747	0	727,693	4,816	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	503,229,219	41,415,262	0	9,360,541	1,716,485	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	523,763	145,335	0	8,825	2,408	190.00
190.01	19001 RETAIL SPA	125,530	23,713	0	3,016	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	731,755	1,959,907	0	12,232	41,337	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	2,083,293	2,386,342	0	72,374	4,816	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	2,157,469	0	0	0	193.03



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

Worksheet B  
Part I  
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5/31/2016 11:04 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	11,730,915	321,356	0	329,735	30,501	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTRS	11,744,232	201,772	0	330,381	43,745	193.08
193.09 19309 DME	850,136	38,907	0	6,242	10,836	193.09
193.10 19310 PROFESSIONAL BILLING	3,233,240	67,915	0	51,767	11,639	193.10
193.11 19311 FOHC	28,875,057	4,919,993	0	785,117	296,180	193.11
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)	563,127,140	53,637,971	0	10,960,230	2,157,947	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

Worksheet B  
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5/31/2016 11:04 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5.04	5.05	6.00	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	6,181,805					5.02
5.03	00570	ADMINITTING	1,227	5,222,113				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	26,299	0	11,103,384			5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	133,247	0	0	86,692,555		5.05
6.00	00600	MAINTENANCE & REPAIRS	43,130	0	0	562,242	3,479,253	6.00
7.00	00700	OPERATION OF PLANT	165,858	0	0	5,193,367	565,084	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,312	0	0	242,466	835	8.00
9.00	00900	HOUSEKEEPING	29,104	0	0	1,139,874	39,154	9.00
10.00	01000	DIETARY	13,325	0	0	397,078	40,411	10.00
11.00	01100	CAFETERIA	26,649	0	0	1,067,812	87,956	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,208	0	0	550,673	10,505	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,169	0	0	284,079	1,510	14.00
15.00	01500	PHARMACY	193,209	0	0	6,272,682	45,528	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,104	0	0	715,722	15,118	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,998,682	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	12,097	0	0	227,902	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	720,238	441,103	663,495	6,990,848	493,693	30.00
31.00	03100	INTENSIVE CARE UNIT	356,437	345,710	520,008	3,541,227	187,971	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	184,968	124,217	186,844	1,007,558	81,420	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	178,481	81,436	122,494	1,108,251	64,564	34.01
40.00	04000	SUBPROVIDER - IPF	26,825	52,336	78,722	830,750	53,299	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	92,572	26,092	39,247	655,986	41,274	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	429,898	467,693	703,492	3,933,870	203,229	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	117,819	140,026	210,623	406,779	20,271	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	372,742	520,323	782,656	2,906,941	120,183	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	7,013	23,209	34,910	175,230	14,695	56.00
57.00	05700	CT SCAN	22,091	343,773	517,093	455,490	11,177	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	351	0	0	1,551	0	59.00
60.00	06000	LABORATORY	170,942	870,243	1,309,217	3,128,583	65,386	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,234	55,572	83,589	397,788	6,386	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	239,495	278,674	419,174	1,102,611	9,532	65.00
65.01	03560	PULMONARY FUNCTION TESTING	6,662	5,861	8,816	70,493	0	65.01
66.00	06600	PHYSICAL THERAPY	25,598	74,729	112,405	768,533	1,998	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,500	43,762	65,825	423,616	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,734	11,732	17,647	130,830	0	68.00
69.00	06900	ELECTROCARDIOLOGY	71,533	81,963	123,286	759,967	51,210	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	85,559	291,235	438,068	310,277	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	276,839	177,564	267,088	2,282,726	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,396	244,040	367,079	152,305	0	73.00
73.01	07301	RETAIL PHARMACIES	69,078	179,110	269,412	5,071,183	34,007	73.01
74.00	07400	RENAL DIALYSIS	15,078	25,232	37,954	280,835	15,555	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/31/2016 11:04 am	
Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.02	5.03	5.04	5.05	6.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	09001 MEDICINE CLINIC	79,948	37,061	55,746	528,863	91,587	90.01
90.02	09002 OB/GYN CLINIC	46,987	0	40,907	354,700	40,049	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	19,461	34,605	52,052	208,506	27,661	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	96,780	67,662	101,775	758,277	75,600	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	113,260	114,488	172,211	843,709	55,322	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	14,552	13,136	19,759	111,417	16,331	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	126,760	0	116,473	2,304,131	3,843	90.17
90.18	09018 PSYCHIATRIC CLINIC	127,462	0	348,319	5,747,983	31,755	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	351	0	0	142,872	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	30,507	0	16,765	136,490	9,451	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	2,455	398	599	46,028	22	90.24
90.25	09025 WOUND/OSTOMY CLINIC	32,435	85	128	55,351	816	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	56,280	0	33,712	785,589	20,193	90.26
91.00	09100 EMERGENCY	496,522	0	1,082,462	4,388,705	255,196	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	46,724	70,281	357,636	18,939	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	142,715	0	1,171,030	5,021,411	1,839	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	5,598,496	5,219,794	10,661,363	77,338,475	2,930,555	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,890	0	0	132,652	13,820	190.00
190.01	19001 RETAIL SPA	9,818	179	269	31,326	2,255	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	175	2,140	3,220	530,199	186,364	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	5,260	0	0	877,396	66,812	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	415,844	205,150	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	114,488	0	115,329	2,436,757	2,890	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTRS	71,007	0	49	2,388,352	9,454	193.08
193.09	19309 DME	23,844	0	3,122	179,849	3,700	193.09
193.10	19310 PROFESSIONAL BILLING	2,104	0	0	648,911	6,458	193.10
193.11	19311 FOHC	348,723	0	320,032	1,712,794	51,795	193.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.02	5.03	5.04	5.05	6.00	
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)	6,181,805	5,222,113	11,103,384	86,692,555	3,479,253	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	32,702,549				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,370	1,510,628			8.00
9.00	00900	HOUSEKEEPING	439,384	0	7,532,277		9.00
10.00	01000	DIETARY	453,492	0	294,104	3,245,197	10.00
11.00	01100	CAFETERIA	987,036	0	0	0	7,682,801
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	117,883	0	19,103	0	88,047
14.00	01400	CENTRAL SERVICES & SUPPLY	16,951	230,833	0	0	66,939
15.00	01500	PHARMACY	510,907	0	147,493	0	341,664
16.00	01600	MEDICAL RECORDS & LIBRARY	169,647	0	0	0	154,106
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	57,641
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	5,540,175	381,764	1,745,614	1,971,778	1,033,596
31.00	03100	INTENSIVE CARE UNIT	2,109,396	224,227	613,339	783,435	502,436
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	913,688	83,214	265,681	142,751	124,369
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	724,528	14,280	210,644	0	157,809
40.00	04000	SUBPROVIDER - I/PF	598,117	0	173,922	347,233	186,143
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	463,178	0	0	0	10,173
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,280,622	127,130	663,091	0	436,336
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	227,483	0	66,119	0	22,804
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,348,685	50,027	392,124	0	323,989
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	164,910	0	47,943	0	8,766
57.00	05700	CT SCAN	125,428	0	36,491	0	45,384
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	246
60.00	06000	LABORATORY	733,758	0	213,333	0	349,248
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	71,663	0	20,819	0	16
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	106,968	0	31,112	0	181,643
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	13,248
66.00	06600	PHYSICAL THERAPY	22,425	0	6,538	0	148,815
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	80,110
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	23,249
69.00	06900	ELECTROCARDIOLOGY	574,674	0	167,106	0	111,377
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	RETAIL PHARMACIES	381,619	0	0	0	272,527
74.00	07400	RENAL DIALYSIS	174,561	18,845	50,772	0	4,183
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/31/2016 11:04 am		
Cost Center Description				OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
				7.00	8.00	9.00	10.00	11.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0	0
90.01	09001	MEDICINE CLINIC	1,027,780	0	296,747	0	232,359	0
90.02	09002	OB/GYN CLINIC	449,421	0	126,071	0	73,582	0
90.03	09003	ORTHO CLINIC	0	0	0	0	0	0
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	0
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	0
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	0
90.07	09007	OPHTHALMOLOGY CLINIC	310,412	0	85,037	0	46,464	0
90.08	09008	ENT CLINIC	0	0	0	0	0	0
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	0
90.10	09010	SPECIALTY CLINIC	848,377	0	235,404	0	140,878	0
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	0
90.12	09012	ENDOSCOPY CLINIC	620,823	29,472	160,707	0	102,660	0
90.13	09013	OCCUPATIONAL THERAPY CLINIC	183,264	0	0	0	22,866	0
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	0
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	0
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	0
90.17	09017	CHC CLINIC	43,131	0	0	0	392,039	0
90.18	09018	PSYCHIATRIC CLINIC	356,351	0	76,273	0	280,174	0
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	0
90.20	09020	DIETARY CLINIC	0	0	0	0	37,509	0
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	0
90.22	09022	OP BURN CLINIC	106,056	0	28,701	0	21,858	0
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	0
90.24	09024	PLASTICS CLINIC	246	0	0	0	8,808	0
90.25	09025	WOUND/OSTOMY CLINIC	9,160	0	0	0	6,478	0
90.26	09026	WCOE/SENIOR CARE CLINIC	226,606	0	65,887	0	219,113	0
91.00	09100	EMERGENCY	2,863,789	306,067	832,654	0	727,036	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	212,533	0	61,807	0	54,049	0
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	20,636	44,769	5,981	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,545,133	1,510,628	7,140,617	3,245,197	7,110,737	0
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	155,083	0	43,214	0	26,731	0
190.01	19001	RETAIL SPA	25,303	0	0	0	5,197	0
191.00	19100	RESEARCH	0	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,091,357	0	0	0	18,215	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	749,761	0	0	0	15,943	0
193.02	19302	RENTAL SPACE	0	0	0	0	0	0
193.03	19303	UNUSED SPACE	2,302,170	0	229,701	0	0	0
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	0
193.05	19305	LV BEAUTY	0	0	0	0	0	0
193.06	19306	LV DAYCARE	0	0	0	0	0	0
193.07	19307	MIDTOWN NRCCS	32,427	0	0	0	18,761	0
193.08	19308	RESTRICTED AND OTHER GRANT COST CTES	106,091	0	6,677	0	0	0
193.09	19309	DME	41,517	0	12,055	0	9,514	0
193.10	19310	PROFESSIONAL BILLING	72,470	0	0	0	97,535	0
193.11	19311	FQHC	581,237	0	100,013	0	380,168	0
200.00		Cross Foot Adjustments	0	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	32,702,549	1,510,628	7,532,277	3,245,197	7,682,801	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
13.00	01300	0	3,643,197				13.00
14.00	01400	0	0	2,074,166			14.00
15.00	01500	0	0	0	39,862,045		15.00
16.00	01600	0	0	0	0	4,767,884	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	1,089,773	0	0	284,894	30.00
31.00	03100	0	529,744	0	0	223,282	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	131,128	0	0	80,228	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	0	166,386	0	0	52,597	34.01
40.00	04000	0	0	0	0	33,802	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	10,726	0	0	16,852	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	460,051	0	0	302,067	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	90,438	53.00
54.00	05400	0	0	0	0	336,059	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	14,990	56.00
57.00	05700	0	0	0	0	222,031	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	562,437	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	35,892	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	0	179,986	65.00
65.01	03560	0	0	0	0	3,786	65.01
66.00	06600	0	0	0	0	48,265	66.00
67.00	06700	0	0	0	0	28,264	67.00
68.00	06800	0	0	0	0	7,577	68.00
69.00	06900	0	0	0	0	52,937	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	489,692	0	188,099	71.00
72.00	07200	0	0	1,584,474	0	114,683	72.00
73.00	07300	0	0	0	39,862,045	157,617	73.00
73.01	07301	0	0	0	0	115,681	73.01
74.00	07400	0	4,411	0	0	16,297	74.00
75.00	07500	0	0	0	0	0	75.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

Worksheet B Part I Date/Time Prepared: 5/31/2016 11:04 am

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	09001 MEDICINE CLINIC	0	0	0	0	23,937	90.01
90.02	09002 OB/GYN CLINIC	0	0	0	0	17,565	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0	0	0	22,350	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0	0	0	0	43,701	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	0	0	0	73,944	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	8,484	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0	0	0	0	50,012	90.17
90.18	09018 PSYCHIATRIC CLINIC	0	0	0	0	149,562	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0	0	0	0	7,198	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	0	0	0	0	257	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	6,830	0	0	55	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	14,475	90.26
91.00	09100 EMERGENCY	0	766,550	0	0	464,791	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	56,986	0	0	30,177	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	502,820	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	3,222,585	2,074,166	39,862,045	4,578,089	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 RETAIL SPA	0	0	0	0	116	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,382	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDDLETOWN NRCCS	0	19,781	0	0	49,520	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTES	0	0	0	0	21	193.08
193.09	19309 DME	0	0	0	0	1,340	193.09
193.10	19310 PROFESSIONAL BILLING	0	0	0	0	0	193.10
193.11	19311 FQHC	0	400,831	0	0	137,416	193.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

Worksheet B  
Part I  
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5/31/2016 11:04 am

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
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)	0	3,643,197	2,074,166	39,862,045	4,767,884	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
		(SPECIFY)			SERVICES-SALARY & FRINGES	
	17.00	18.00	19.00	20.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00560 PURCHASING RECEIVING AND STORES						5.02
5.03 00570 ADMITTING						5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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	0					17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0		0			19.00
20.00 02000 NURSING SCHOOL	0			0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0				12,368,195	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0					22.00
23.00 02300 PARAMED ED PRGM-AMBULANCE	0					23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0					23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	3,895,979	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	556,569	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	61,841	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	123,682	34.01
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	61,841	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	185,523	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	865,774	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	247,364	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	494,728	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
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
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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	61,841	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
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

Worksheet B  
Part I  
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5/31/2016 11:04 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
		(SPECIFY)			SERVICES-SALARY & FRINGES	
	17.00	18.00	19.00	20.00	21.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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 09001 MEDICINE CLINIC	0	0	0	0	618,410	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	0	61,841	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	0	185,523	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	0	432,887	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	123,682	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	61,841	90.26
91.00 09100 EMERGENCY	0	0	0	0	1,113,138	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	9,152,464	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 RETAIL SPA	0	0	0	0	0	190.01
191.00 19100 RESEARCH	0	0	0	0	556,569	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	61,841	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	193.01
193.02 19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03 19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	0	0	0	0	0	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTES	0	0	0	0	0	193.08
193.09 19309 DME	0	0	0	0	0	193.09

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
		(SPECIFY)			SERVICES-SALARY & FRINGES	
	17.00	18.00	19.00	20.00	21.00	
193.10 19310 PROFESSIONAL BILLING	0	0	0	0	0	0 193.10
193.11 19311 FQHC	0	0	0	0	2,597,321	193.11
200.00 Cross Foot Adjustments			0	0		0 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	12,368,195	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMITTING					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
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 (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				22.00
23.00 02300	PARAMED PRGM-AMBULANCE		1,467,939			23.00
23.01 02301	PARAMED PRGM-PHARMACY			0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	59,698,236	-3,895,979 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	27,644,131	-556,569 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	8,119,267	-61,841 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	8,372,540	-123,682 34.01
40.00 04000	SUBPROVIDER - I/PF	0	0	0	6,595,183	-61,841 40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	4,787,084	-185,523 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	29,681,775	-865,774 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	3,191,698	-247,364 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	21,054,454	-494,728 54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	1,335,660	0 56.00
57.00 05700	CT SCAN	0	0	0	3,259,164	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	9,844	0 59.00
60.00 06000	LABORATORY	0	0	0	21,284,383	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,596,356	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	7,332,390	0 65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	0	0	453,257	0 65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	4,983,858	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	2,729,786	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	840,427	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	5,721,952	-61,841 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,597,839	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,825,065	0 72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	40,962,152	0	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	32,185,202	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	2,022,481	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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 09001 MEDICINE CLINIC	0	0	0	5,563,515	-618,410	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	2,963,474	-61,841	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	1,782,197	0	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	6,221,835	-185,523	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	6,263,946	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	920,414	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	15,180,280	-432,887	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	36,587,321	-123,682	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	920,857	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	-768	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	1,017,886	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	294,161	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	365,859	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	5,470,239	-61,841	90.26
91.00 09100 EMERGENCY	0	1,467,939	0	35,955,234	-1,113,138	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	0	2,647,603	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	31,649,417	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	0	1,467,939	0	467,087,654	-9,152,464	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,059,721	0	190.00
190.01 19001 RETAIL SPA	0	0	0	226,722	0	190.01
191.00 19100 RESEARCH	0	0	0	556,569	-556,569	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	5,640,124	-61,841	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	6,261,997	0	193.01
193.02 19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03 19303 UNUSED SPACE	0	0	0	5,310,334	0	193.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM-AMBULANCE	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-OTHER PRGM COSTS					
		22.00	23.00	23.01	24.00	25.00	
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	0	0	0	15,202,460	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTRS	0	0	0	14,901,781	193.08
193.09	19309	DME	0	0	0	1,181,062	193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	4,192,039	193.10
193.11	19311	FQHC	0	0	0	41,506,677	193.11
200.00		Cross Foot Adjustments	0	0	0	-2,597,321	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	1,467,939	0	563,127,140	202.00



COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/31/2016 11:04 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00560 PURCHASING RECEIVING AND STORES		5.02
5.03	00570 ADMITTING		5.03
5.04	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00591 OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
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 (SPECIFY)		18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
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 PARAMED ED PRGM-AMBULANCE		23.00
23.01	02301 PARAMED ED PRGM-PHARMACY		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	55,802,257	30.00
31.00	03100 INTENSIVE CARE UNIT	27,087,562	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	8,057,426	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT	8,248,858	34.01
40.00	04000 SUBPROVIDER - I PF	6,533,342	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	4,601,561	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	28,816,001	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300 ANESTHESIOLOGY	2,944,334	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	20,559,726	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600 RADIOISOTOPE	1,335,660	56.00
57.00	05700 CT SCAN	3,259,164	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,844	59.00
60.00	06000 LABORATORY	21,284,383	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,596,356	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	7,332,390	65.00
65.01	03560 PULMONARY FUNCTION TESTING	453,257	65.01
66.00	06600 PHYSICAL THERAPY	4,983,858	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,729,786	67.00
68.00	06800 SPEECH PATHOLOGY	840,427	68.00
69.00	06900 ELECTROCARDIOLOGY	5,660,111	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,597,839	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,825,065	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,962,152	73.00
73.01	07301 RETAIL PHARMACIES	32,185,202	73.01
74.00	07400 RENAL DIALYSIS	2,022,481	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description			Total	
			26.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	MEDICINE CLINIC	4,945,105	90.01
90.02	09002	OB/GYN CLINIC	2,901,633	90.02
90.03	09003	ORTHO CLINIC	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	90.04
90.05	09005	DENTISTRY CLINIC	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,782,197	90.07
90.08	09008	ENT CLINIC	0	90.08
90.09	09009	GERIATRIC CLINIC	0	90.09
90.10	09010	SPECIALTY CLINIC	6,036,312	90.10
90.11	09011	NEUROLOGY CLINIC	0	90.11
90.12	09012	ENDOSCOPY CLINIC	6,263,946	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	920,414	90.13
90.14	09014	URGENT VISIT CLINIC	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	90.16
90.17	09017	CHC CLINIC	14,747,393	90.17
90.18	09018	PSYCHIATRIC CLINIC	36,463,639	90.18
90.19	09019	ORAL SURGERY CLINIC	0	90.19
90.20	09020	DIETARY CLINIC	920,857	90.20
90.21	09021	CENTER OF EXCELLENCE	-768	90.21
90.22	09022	OP BURN CLINIC	1,017,886	90.22
90.23	09023	BARIATRIC CLINIC	0	90.23
90.24	09024	PLASTICS CLINIC	294,161	90.24
90.25	09025	WOUND/OSTOMY CLINIC	365,859	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	5,408,398	90.26
91.00	09100	EMERGENCY	34,842,096	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	2,647,603	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	31,649,417	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	457,935,190	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,059,721	190.00
190.01	19001	RETAIL SPA	226,722	190.01
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,578,283	192.00
193.00	19300	NONPAID WORKERS	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	6,261,997	193.01
193.02	19302	RENTAL SPACE	0	193.02
193.03	19303	UNUSED SPACE	5,310,334	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	193.04
193.05	19305	LV BEAUTY	0	193.05
193.06	19306	LV DAYCARE	0	193.06
193.07	19307	MIDTOWN NRCCS	15,202,460	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTRS	14,901,781	193.08
193.09	19309	DME	1,181,062	193.09
193.10	19310	PROFESSIONAL BILLING	4,192,039	193.10
193.11	19311	FOHC	38,909,356	193.11
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	550,758,945	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2. 00			
<b>GENERAL SERVICE COST CENTERS</b>						
1. 00 00100	CAP REL COSTS-BLDG & FIXT					1. 00
2. 00 00200	CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	360,198	0	360,198	4. 00
5. 01 00540	NONPATIENT TELEPHONES	0	13,550	0	13,550	5. 01
5. 02 00560	PURCHASING RECEIVING AND STORES	0	813,372	0	813,372	5. 02
5. 03 00570	ADMITTING	0	69,494	0	69,494	5. 03
5. 04 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	574,764	0	574,764	5. 04
5. 05 00591	OTHER ADMINISTRATIVE AND GENERAL	0	3,437,993	0	3,437,993	5. 05
6. 00 00600	MAINTENANCE & REPAIRS	0	222,854	0	222,854	6. 00
7. 00 00700	OPERATION OF PLANT	0	5,942,739	0	5,942,739	7. 00
8. 00 00800	LAUNDRY & LINEN SERVICE	0	8,781	0	8,781	8. 00
9. 00 00900	HOUSEKEEPING	0	411,767	0	411,767	9. 00
10. 00 01000	DIETARY	0	424,988	0	424,988	10. 00
11. 00 01100	CAFETERIA	0	970,679	0	970,679	11. 00
12. 00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12. 00
13. 00 01300	NURSING ADMINISTRATION	0	110,473	0	110,473	13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	0	15,885	0	15,885	14. 00
15. 00 01500	PHARMACY	0	478,794	0	478,794	15. 00
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	158,984	0	158,984	16. 00
17. 00 01700	SOCIAL SERVICE	0	0	0	0	17. 00
18. 00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18. 00
19. 00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19. 00
20. 00 02000	NURSING SCHOOL	0	0	0	0	20. 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	0	0	0	22. 00
23. 00 02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	23. 00
23. 01 02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23. 01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30. 00 03000	ADULTS & PEDIATRICS	0	5,215,301	0	5,215,301	30. 00
31. 00 03100	INTENSIVE CARE UNIT	0	1,976,811	0	1,976,811	31. 00
32. 00 03200	CORONARY CARE UNIT	0	0	0	0	32. 00
33. 00 03300	BURN INTENSIVE CARE UNIT	0	856,259	0	856,259	33. 00
34. 00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34. 00
34. 01 02060	NEONATAL INTENSIVE CARE UNIT	0	678,988	0	678,988	34. 01
40. 00 04000	SUBPROVIDER - I PF	0	560,523	0	560,523	40. 00
41. 00 04100	SUBPROVIDER - I RF	0	0	0	0	41. 00
42. 00 04200	SUBPROVIDER	0	0	0	0	42. 00
43. 00 04300	NURSERY	0	434,066	0	434,066	43. 00
44. 00 04400	SKILLED NURSING FACILITY	0	0	0	0	44. 00
45. 00 04500	NURSING FACILITY	0	0	0	0	45. 00
46. 00 04600	OTHER LONG TERM CARE	0	0	0	0	46. 00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50. 00 05000	OPERATING ROOM	0	2,137,276	0	2,137,276	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
53. 00 05300	ANESTHESIOLOGY	0	213,185	0	213,185	53. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	0	1,294,797	0	1,294,797	54. 00
54. 01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54. 01
55. 00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55. 00
56. 00 05600	RADIOISOTOPE	0	154,544	0	154,544	56. 00
57. 00 05700	CT SCAN	0	117,544	0	117,544	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	687,638	0	687,638	60. 00
60. 01 06001	BLOOD LABORATORY	0	0	0	0	60. 01
61. 00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61. 00
62. 00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62. 00
63. 00 06300	BLOOD STORING, PROCESSING & TRANS.	0	67,159	0	67,159	63. 00
64. 00 06400	INTRAVENOUS THERAPY	0	0	0	0	64. 00
65. 00 06500	RESPIRATORY THERAPY	0	100,245	0	100,245	65. 00
65. 01 03560	PULMONARY FUNCTION TESTING	0	0	0	0	65. 01
66. 00 06600	PHYSICAL THERAPY	0	265,149	0	265,149	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	538,553	0	538,553	69. 00
70. 00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70. 00
71. 00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71. 00
72. 00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72. 00
73. 00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
73.01 07301 RETAIL PHARMACIES	0	700,859	0	700,859	7,420	73.01
74.00 07400 RENAL DIALYSIS	0	163,589	0	163,589	109	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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 09001 MEDICINE CLINIC	0	963,180	0	963,180	1,736	90.01
90.02 09002 OB/GYN CLINIC	0	421,173	0	421,173	1,459	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	290,901	0	290,901	743	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	795,053	0	795,053	2,633	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	581,802	0	581,802	2,465	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	171,745	0	171,745	449	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	1,791,154	0	1,791,154	6,549	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	2,968,177	0	2,968,177	33,452	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	845	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	99,390	0	99,390	425	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	230	0	230	219	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	8,584	0	8,584	224	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	212,363	0	212,363	4,094	90.26
91.00 09100 EMERGENCY	0	2,683,788	0	2,683,788	18,287	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	199,174	0	199,174	1,847	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	50,747	0	50,747	23,909	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	0	41,415,262	0	41,415,262	307,639	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	145,335	0	145,335	290	190.00
190.01 19001 RETAIL SPA	0	23,713	0	23,713	99	190.01
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	1,959,907	0	1,959,907	402	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	2,386,342	0	2,386,342	2,378	193.01
193.02 19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03 19303 UNUSED SPACE	0	2,157,469	0	2,157,469	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	0	321,356	0	321,356	10,834	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTRS	0	201,772	0	201,772	10,855	193.08
193.09 19309 DME	0	38,907	0	38,907	205	193.09
193.10 19310 PROFESSIONAL BILLING	0	67,915	0	67,915	1,701	193.10
193.11 19311 FQHC	0	4,919,993	0	4,919,993	25,795	193.11
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	53,637,971	0	53,637,971	360,198	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/31/2016 11:04 am	
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	14,064					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	110	816,723				5.02
5.03	00570	ADMINITTING	235	162	74,178			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	371	3,475	0	587,556		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	1,690	17,604	0	0	3,490,260	5.05
6.00	00600	MAINTENANCE & REPAIRS	10	5,698	0	0	22,636	6.00
7.00	00700	OPERATION OF PLANT	309	21,913	0	0	209,086	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	834	0	0	9,762	8.00
9.00	00900	HOUSEKEEPING	60	3,845	0	0	45,892	9.00
10.00	01000	DIETARY	71	1,760	0	0	15,986	10.00
11.00	01100	CAFETERIA	55	3,521	0	0	42,990	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	55	556	0	0	22,170	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	42	1,343	0	0	11,437	14.00
15.00	01500	PHARMACY	204	25,526	0	0	252,540	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	180	278	0	0	28,815	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	80,467	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	1,598	0	0	9,175	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	803	95,160	6,224	35,151	281,455	30.00
31.00	03100	INTENSIVE CARE UNIT	523	47,091	4,878	27,550	142,571	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	259	24,438	1,753	9,899	40,565	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	201	23,580	1,149	6,490	44,618	34.01
40.00	04000	SUBPROVIDER - IPF	256	3,544	738	4,171	33,446	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	58	12,230	368	2,079	26,410	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	523	56,797	6,599	37,270	158,379	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	78	15,566	1,976	11,159	16,377	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	256	49,246	7,342	41,465	117,034	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	26	927	327	1,850	7,055	56.00
57.00	05700	CT SCAN	26	2,919	4,851	27,395	18,338	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	26	46	0	0	62	59.00
60.00	06000	LABORATORY	186	22,584	12,776	68,665	125,958	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18	2,409	784	4,429	16,015	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	60	31,641	3,932	22,208	44,391	65.00
65.01	03560	PULMONARY FUNCTION TESTING	18	880	83	467	2,838	65.01
66.00	06600	PHYSICAL THERAPY	42	3,382	1,054	5,955	30,941	66.00
67.00	06700	OCCUPATIONAL THERAPY	44	1,784	617	3,487	17,055	67.00
68.00	06800	SPEECH PATHOLOGY	16	625	166	935	5,267	68.00
69.00	06900	ELECTROCARDIOLOGY	144	9,451	1,156	6,532	30,596	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,304	4,109	23,209	12,492	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	36,575	2,505	14,150	91,903	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,073	3,443	19,448	6,132	73.00
73.01	07301	RETAIL PHARMACIES	65	9,126	2,527	14,273	204,167	73.01
74.00	07400	RENAL DIALYSIS	10	1,992	356	2,011	11,306	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 150024		Peri od: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/31/2016 11:04 am	
Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINI NG	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5.02	5.03	5.04	5.05	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	09001 MEDICINE CLINIC	162	10,563	523	2,953	21,292	90.01
90.02	09002 OB/GYN CLINIC	162	6,208	0	2,167	14,280	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	65	2,571	488	2,758	8,395	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	324	12,786	955	5,392	30,528	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	165	14,964	1,615	9,124	33,968	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	37	1,923	185	1,047	4,486	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	691	16,747	0	6,171	92,765	90.17
90.18	09018 PSYCHIATRIC CLINIC	1,507	16,840	0	18,454	231,415	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0	46	0	0	5,752	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	5	4,030	0	888	5,495	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	26	324	6	32	1,853	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	4,285	1	7	2,228	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	379	7,435	0	1,786	31,628	90.26
91.00	09100 EMERGENCY	568	65,599	0	57,348	176,690	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	31	0	659	3,723	14,398	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	31	18,855	0	62,040	202,163	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	11,183	739,659	74,145	564,138	3,113,663	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	16	1,042	0	0	5,341	190.00
190.01	19001 RETAIL SPA	0	1,297	3	14	1,261	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	269	23	30	171	21,346	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	31	695	0	0	35,324	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	16,742	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDDLETOWN NRCCS	199	15,126	0	6,110	98,104	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTES	285	9,381	0	3	96,156	193.08
193.09	19309 DME	71	3,150	0	165	7,241	193.09
193.10	19310 PROFESSIONAL BILLING	76	278	0	0	26,125	193.10
193.11	19311 FQHC	1,934	46,072	0	16,955	68,957	193.11

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150024			Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/31/2016 11:04 am	
Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL		
		5.01	5.02	5.03	5.04	5.05		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	14,064	816,723	74,178	587,556	3,490,260		202.00



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 11:04 am			
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS	253,592				6.00
7.00	00700	OPERATION OF PLANT	41,186	6,221,896			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	61	1,783	21,222		8.00
9.00	00900	HOUSEKEEPING	2,854	83,596	0	552,930	9.00
10.00	01000	DIETARY	2,945	86,280	0	21,590	556,378
11.00	01100	CAFETERIA	6,411	187,791	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	766	22,428	0	1,402	0
14.00	01400	CENTRAL SERVICES & SUPPLY	110	3,225	3,243	0	0
15.00	01500	PHARMACY	3,318	97,204	0	10,827	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,102	32,277	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM-AMBULANCE	0	0	0	0	0
23.01	02301	PARAMED PRGM-PHARMACY	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	35,984	1,054,055	5,362	128,142	338,055
31.00	03100	INTENSIVE CARE UNIT	13,701	401,328	3,150	45,024	134,317
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	5,934	173,836	1,169	19,503	24,474
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	4,706	137,847	201	15,463	0
40.00	04000	SUBPROVIDER - I PF	3,885	113,796	0	12,767	59,532
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	3,008	88,123	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	14,813	433,905	1,786	48,676	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	1,478	43,280	0	4,854	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,760	256,597	703	28,785	0
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	1,071	31,375	0	3,519	0
57.00	05700	CT SCAN	815	23,864	0	2,679	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	4,766	139,603	0	15,660	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	465	13,634	0	1,528	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	695	20,351	0	2,284	0
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	146	4,267	0	480	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,733	109,336	0	12,267	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	RETAIL PHARMACIES	2,479	72,606	0	0	0
74.00	07400	RENAL DIALYSIS	1,134	33,211	265	3,727	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 150024		Peri od: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/31/2016 11:04 am	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	09001 MEDICINE CLINIC	6,675	195,543	0	21,784	0	90.01
90.02	09002 OB/GYN CLINIC	2,919	85,506	0	9,255	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	2,016	59,058	0	6,242	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	5,510	161,410	0	17,281	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	4,032	118,116	414	11,797	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	1,190	34,867	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	280	8,206	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	2,315	67,798	0	5,599	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	689	20,178	0	2,107	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	2	47	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	59	1,743	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	1,472	43,113	0	4,837	0	90.26
91.00	09100 EMERGENCY	18,600	544,857	4,300	61,124	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	1,380	40,436	0	4,537	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	134	3,926	629	439	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	213,599	5,050,402	21,222	524,179	556,378	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,007	29,506	0	3,172	0	190.00
190.01	19001 RETAIL SPA	164	4,814	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	13,583	397,896	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	4,870	142,647	0	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	14,953	438,005	0	16,862	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	211	6,170	0	0	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTES	689	20,185	0	490	0	193.08
193.09	19309 DME	270	7,899	0	885	0	193.09
193.10	19310 PROFESSIONAL BILLING	471	13,788	0	0	0	193.10
193.11	19311 FOHC	3,775	110,584	0	7,342	0	193.11
200.00	Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	253,592	6,221,896	21,222	552,930	556,378	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/31/2016 11:04 am	
Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,215,476					11.00
12.00	01200	0	0				12.00
13.00	01300	13,930	0	175,124			13.00
14.00	01400	10,590	0	0	46,966		14.00
15.00	01500	54,054	0	0	0	934,604	15.00
16.00	01600	24,381	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	9,119	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	163,517	0	52,384	0	0	30.00
31.00	03100	79,489	0	25,464	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	19,676	0	6,303	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	24,967	0	7,998	0	0	34.01
40.00	04000	29,449	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,609	0	516	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	69,032	0	22,114	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	3,608	0	0	0	0	53.00
54.00	05400	51,258	0	0	0	0	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	1,387	0	0	0	0	56.00
57.00	05700	7,180	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	39	0	0	0	0	59.00
60.00	06000	55,254	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	3	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	28,737	0	0	0	0	65.00
65.01	03560	2,096	0	0	0	0	65.01
66.00	06600	23,544	0	0	0	0	66.00
67.00	06700	12,674	0	0	0	0	67.00
68.00	06800	3,678	0	0	0	0	68.00
69.00	06900	17,621	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	11,088	0	71.00
72.00	07200	0	0	0	35,878	0	72.00
73.00	07300	0	0	0	0	934,604	73.00
73.01	07301	43,116	0	0	0	0	73.01
74.00	07400	662	0	212	0	0	74.00
75.00	07500	0	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	09001 MEDICINE CLINIC	36,761	0	0	0	0	90.01
90.02	09002 OB/GYN CLINIC	11,641	0	0	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	7,351	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	22,288	0	0	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	16,242	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	3,618	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	62,024	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	44,326	0	0	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	5,934	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	3,458	0	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	1,394	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	1,025	0	328	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	34,665	0	0	34,665	0	90.26
91.00	09100 EMERGENCY	115,023	0	36,847	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	8,551	0	2,739	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	1,124,971	0	154,905	46,966	934,604	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,229	0	0	0	0	190.00
190.01	19001 RETAIL SPA	822	0	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,882	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	2,522	0	0	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDDLETOWN NRCCS	2,968	0	951	0	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTES	0	0	0	0	0	193.08
193.09	19309 DME	1,505	0	0	0	0	193.09
193.10	19310 PROFESSIONAL BILLING	15,431	0	0	0	0	193.10
193.11	19311 FQHC	60,146	0	19,268	0	0	193.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
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)	1,215,476	0	175,124	46,966	934,604	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 11:04 am			
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	18.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMINISTRATIVE					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
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	249,223				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	0	0	0		23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	14,902	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	11,679	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,197	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	2,751	0	0		34.01
40.00	04000	SUBPROVIDER - IPF	1,768	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	881	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	15,800	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	4,731	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,578	0	0		54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	784	0	0		56.00
57.00	05700	CT SCAN	11,614	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	29,248	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,877	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	9,415	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	198	0	0		65.01
66.00	06600	PHYSICAL THERAPY	2,525	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,478	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	396	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	2,769	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,839	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,999	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,245	0	0		73.00
73.01	07301	RETAIL PHARMACIES	6,051	0	0		73.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/31/2016 11:04 am	
74.00	07400	RENAL DIALYSIS	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	74.00
			16.00	17.00	18.00	19.00	20.00	
75.00	07500	ASC (NON-DISTINCT PART)	852	0	0	0		74.00
		0	0	0	0			75.00
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	09001	MEDICINE CLINIC	1,252	0	0			90.01
90.02	09002	OB/GYN CLINIC	919	0	0			90.02
90.03	09003	ORTHO CLINIC	0	0	0			90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0			90.04
90.05	09005	DENTISTRY CLINIC	0	0	0			90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0			90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,169	0	0			90.07
90.08	09008	ENT CLINIC	0	0	0			90.08
90.09	09009	GERIATRIC CLINIC	0	0	0			90.09
90.10	09010	SPECIALTY CLINIC	2,286	0	0			90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0			90.11
90.12	09012	ENDOSCOPY CLINIC	3,868	0	0			90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	444	0	0			90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0			90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0			90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0			90.16
90.17	09017	CHC CLINIC	2,616	0	0			90.17
90.18	09018	PSYCHIATRIC CLINIC	7,823	0	0			90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0			90.19
90.20	09020	DIETARY CLINIC	0	0	0			90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0			90.21
90.22	09022	OP BURN CLINIC	377	0	0			90.22
90.23	09023	BARIATRIC CLINIC	0	0	0			90.23
90.24	09024	PLASTICS CLINIC	13	0	0			90.24
90.25	09025	WOUND/OSTOMY CLINIC	3	0	0			90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	757	0	0			90.26
91.00	09100	EMERGENCY	24,312	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	1,579	0	0			92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	09500	AMBULANCE SERVICES	26,301	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	239,296	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	RETAIL SPA	6	0	0			190.01
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	72	0	0			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0			193.01
193.02	19302	RENTAL SPACE	0	0	0			193.02
193.03	19303	UNUSED SPACE	0	0	0			193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0			193.04
193.05	19305	LV BEAUTY	0	0	0			193.05
193.06	19306	LV DAYCARE	0	0	0			193.06
193.07	19307	MIDTOWN NRCCS	2,590	0	0			193.07



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150024

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
					(SPECIFY)			
			16.00	17.00	18.00	19.00	20.00	
193.08	19308	RESTRICTED AND OTHER GRANT COST CTRS	1	0	0	0		193.08
193.09	19309	DME	70	0	0	0		193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	0		193.10
193.11	19311	FQHC	7,188	0	0	0		193.11
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	249,223	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 11:04 am
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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY		
	21.00	22.00	23.00	23.01		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMITTING					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
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 (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	80,467				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 02300	PARAMED PRGM-AMBULANCE			21,322		23.00
23.01 02301	PARAMED PRGM-PHARMACY				0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS				7,459,279	30.00
31.00 03100	INTENSIVE CARE UNIT				2,929,692	31.00
32.00 03200	CORONARY CARE UNIT				0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT				1,191,774	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT				0	34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT				954,327	34.01
40.00 04000	SUBPROVIDER - I PF				828,046	40.00
41.00 04100	SUBPROVIDER - I RF				0	41.00
42.00 04200	SUBPROVIDER				0	42.00
43.00 04300	NURSERY				572,355	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
45.00 04500	NURSING FACILITY				0	45.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM				3,012,193	50.00
51.00 05100	RECOVERY ROOM				0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				0	52.00
53.00 05300	ANESTHESIOLOGY				316,919	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				1,882,573	54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC				0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC				0	55.00
56.00 05600	RADIOISOTOPE				203,187	56.00
57.00 05700	CT SCAN				218,607	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)				0	58.00
59.00 05900	CARDIAC CATHETERIZATION				177	59.00
60.00 06000	LABORATORY				1,170,271	60.00
60.01 06001	BLOOD LABORATORY				0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				108,321	63.00
64.00 06400	INTRAVENOUS THERAPY				0	64.00
65.00 06500	RESPIRATORY THERAPY				268,987	65.00
65.01 03560	PULMONARY FUNCTION TESTING				6,952	65.01
66.00 06600	PHYSICAL THERAPY				341,639	66.00
67.00 06700	OCCUPATIONAL THERAPY				39,538	67.00
68.00 06800	SPEECH PATHOLOGY				11,810	68.00
69.00 06900	ELECTROCARDIOLOGY				735,124	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				72,041	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				187,010	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				976,945	73.00
73.01 07301	RETAIL PHARMACIES				1,062,689	73.01
74.00 07400	RENAL DIALYSIS				219,436	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM-AMBULANCE	PARAMED ED PRGM-PHARMACY	Subtotal	
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00	23.00	23.01	24.00	
75.00 07500 ASC (NON-DISTINCT PART)					0	75.00
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 09001 MEDICINE CLINIC					1,262,424	90.01
90.02 09002 OB/GYN CLINIC					555,689	90.02
90.03 09003 ORTHO CLINIC					0	90.03
90.04 09004 PEDIATRICS CLINIC					0	90.04
90.05 09005 DENTISTRY CLINIC					0	90.05
90.06 09006 DERMATOLOGY CLINIC					0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC					381,757	90.07
90.08 09008 ENT CLINIC					0	90.08
90.09 09009 GERIATRIC CLINIC					0	90.09
90.10 09010 SPECIALTY CLINIC					1,056,446	90.10
90.11 09011 NEUROLOGY CLINIC					0	90.11
90.12 09012 ENDOSCOPY CLINIC					798,572	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC					219,991	90.13
90.14 09014 URGENT VISIT CLINIC					0	90.14
90.15 09015 SENIOR CARE CLINIC					0	90.15
90.16 09016 WOMENS VISIT CLINIC					0	90.16
90.17 09017 CHC CLINIC					1,987,203	90.17
90.18 09018 PSYCHIATRIC CLINIC					3,397,706	90.18
90.19 09019 ORAL SURGERY CLINIC					0	90.19
90.20 09020 DIETARY CLINIC					12,577	90.20
90.21 09021 CENTER OF EXCELLENCE					0	90.21
90.22 09022 OP BURN CLINIC					137,042	90.22
90.23 09023 BARIATRIC CLINIC					0	90.23
90.24 09024 PLASTICS CLINIC					4,146	90.24
90.25 09025 WOUND/OSTOMY CLINIC					18,487	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC					342,529	90.26
91.00 09100 EMERGENCY					3,807,343	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU					279,054	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS					0	94.00
95.00 09500 AMBULANCE SERVICES					389,174	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD					0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS					0	98.00
99.00 09900 CMHC					0	99.00
99.10 09910 CORF					0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00 10100 HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION					0	105.00
106.00 10600 HEART ACQUISITION					0	106.00
107.00 10700 LIVER ACQUISITION					0	107.00
108.00 10800 LUNG ACQUISITION					0	108.00
109.00 10900 PANCREAS ACQUISITION					0	109.00
110.00 11000 INTESTINAL ACQUISITION					0	110.00
111.00 11100 ISLET ACQUISITION					0	111.00
113.00 11300 INTEREST EXPENSE					0	113.00
114.00 11400 UTILIZATION REVIEW-SNF					0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00 11600 HOSPICE					0	116.00
118.00					0	118.00
		0	0	0	0	39,420,032
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					189,938	190.00
190.01 19001 RETAIL SPA					32,193	190.01
191.00 19100 RESEARCH					0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					2,396,581	192.00
193.00 19300 NONPAID WORKERS					0	193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS					2,574,809	193.01
193.02 19302 RENTAL SPACE					0	193.02
193.03 19303 UNUSED SPACE					2,644,031	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC					0	193.04
193.05 19305 LV BEAUTY					0	193.05
193.06 19306 LV DAYCARE					0	193.06
193.07 19307 MIDTOWN NRCCS					464,619	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTRS					339,817	193.08
193.09 19309 DME					60,368	193.09

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/31/2016 11:04 am	
Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-AMBULANCE	PARAMED ED PRGM-PHARMACY	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	23.01	24.00	
193.10	19310	PROFESSIONAL BILLING					125,785	193.10
193.11	19311	FQHC					5,288,009	193.11
200.00		Cross Foot Adjustments	80,467	0	21,322	0	101,789	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	80,467	0	21,322	0	53,637,971	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 11:04 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00560	PURCHASING RECEIVING AND STORES		5.02
5.03	00570	ADMINISTRATIVE		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
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 (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
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	PARAMED ED PRGM-AMBULANCE		23.00
23.01	02301	PARAMED ED PRGM-PHARMACY		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
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
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	65.01
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
73.01	07301	RETAIL PHARMACIES	0	73.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 11:04 am
Cost Center	Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
74.00	07400	RENAL DIALYSIS	0	219,436	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
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	09001	MEDICINE CLINIC	0	1,262,424	90.01
90.02	09002	OB/GYN CLINIC	0	555,689	90.02
90.03	09003	ORTHO CLINIC	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	381,757	90.07
90.08	09008	ENT CLINIC	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	1,056,446	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	798,572	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	219,991	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	90.16
90.17	09017	CHC CLINIC	0	1,987,203	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	3,397,706	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	90.19
90.20	09020	DIETARY CLINIC	0	12,577	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	90.21
90.22	09022	OP BURN CLINIC	0	137,042	90.22
90.23	09023	BARIATRIC CLINIC	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	4,146	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	18,487	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	342,529	90.26
91.00	09100	EMERGENCY	0	3,807,343	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CDU	0	279,054	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	389,174	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	39,420,032	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	189,938	190.00
190.01	19001	RETAIL SPA	0	32,193	190.01
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,396,581	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	2,574,809	193.01
193.02	19302	RENTAL SPACE	0	0	193.02
193.03	19303	UNUSED SPACE	0	2,644,031	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	193.04
193.05	19305	LV BEAUTY	0	0	193.05
193.06	19306	LV DAYCARE	0	0	193.06
193.07	19307	MIDTOWN NRCCS	0	464,619	193.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
193.08	19308	RESTRICTED AND OTHER GRANT COST CTRS	0	339,817	193.08
193.09	19309	DME	0	60,368	193.09
193.10	19310	PROFESSIONAL BILLING	0	125,785	193.10
193.11	19311	FQHC	0	5,288,009	193.11
200.00		Cross Foot Adjustments	0	101,789	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	53,637,971	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description	CAPITAL RELATED COSTS				
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUI S.)
	1.00	2.00	4.00	5.01	5.02
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT	1,630,891	0			
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0			
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	10,952	0	217,585,882		
5.01 00540 NONPATIENT TELEPHONES	412	0	310,681	5,377	
5.02 00560 PURCHASING RECEIVING AND STORES	24,731	0	1,958,108	42	35,259
5.03 00570 ADMITTING	2,113	0	2,590,467	90	7
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE	17,476	0	5,405,631	142	150
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL	104,534	0	19,923,156	646	760
6.00 00600 MAINTENANCE & REPAIRS	6,776	0	1,446,316	4	246
7.00 00700 OPERATION OF PLANT	180,692	0	4,026,275	118	946
8.00 00800 LAUNDRY & LINEN SERVICE	267	0	864	0	36
9.00 00900 HOUSEKEEPING	12,520	0	2,970,490	23	166
10.00 01000 DIETARY	12,922	0	1,666,358	27	76
11.00 01100 CAFETERIA	29,514	0	2,434,152	21	152
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300 NURSING ADMINISTRATION	3,359	0	2,020,580	21	24
14.00 01400 CENTRAL SERVICES & SUPPLY	483	0	659,320	16	58
15.00 01500 PHARMACY	14,558	0	7,333,563	78	1,102
16.00 01600 MEDICAL RECORDS & LIBRARY	4,834	0	1,937,117	69	12
17.00 01700 SOCIAL SERVICE	0	0	0	0	0
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000 NURSING SCHOOL	0	0	0	0	0
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300 PARAMED ED PRGM-AMBULANCE	0	0	863,829	0	69
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	158,574	0	19,809,027	307	4,108
31.00 03100 INTENSIVE CARE UNIT	60,106	0	9,737,466	200	2,033
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0
33.00 03300 BURN INTENSIVE CARE UNIT	26,035	0	2,120,020	99	1,055
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01 02060 NEONATAL INTENSIVE CARE UNIT	20,645	0	3,243,571	77	1,018
40.00 04000 SUBPROVIDER - I/PF	17,043	0	2,520,378	98	153
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	13,198	0	1,816,816	22	528
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500 NURSING FACILITY	0	0	0	0	0
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	64,985	0	5,573,104	200	2,452
51.00 05100 RECOVERY ROOM	0	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300 ANESTHESIOLOGY	6,482	0	378,879	30	672
54.00 05400 RADIOLOGY-DIAGNOSTIC	39,369	0	5,287,974	98	2,126
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600 RADIOISOTOPE	4,699	0	194,288	10	40
57.00 05700 CT SCAN	3,574	0	834,996	10	126
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0	0	2,649	10	2
60.00 06000 LABORATORY	20,908	0	4,793,393	71	975
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,042	0	225	7	104
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	3,048	0	3,038,021	23	1,366
65.01 03560 PULMONARY FUNCTION TESTING	0	0	224,915	7	38
66.00 06600 PHYSICAL THERAPY	8,062	0	2,509,812	16	146
67.00 06700 OCCUPATIONAL THERAPY	0	0	1,449,773	17	77
68.00 06800 SPEECH PATHOLOGY	0	0	439,267	6	27
69.00 06900 ELECTROCARDIOLOGY	16,375	0	1,791,874	55	408
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	488
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,579



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	219	73.00
73.01	07301	RETAIL PHARMACIES	21,310	0	4,483,682	25	394	73.01
74.00	07400	RENAL DIALYSIS	4,974	0	65,987	4	86	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	09001	MEDICINE CLINIC	29,286	0	1,049,137	62	456	90.01
90.02	09002	OB/GYN CLINIC	12,806	0	881,529	62	268	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	8,845	0	448,863	25	111	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	24,174	0	1,590,934	124	552	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	17,690	0	1,489,536	63	646	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	5,222	0	271,256	14	83	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	54,461	0	3,957,282	264	723	90.17
90.18	09018	PSYCHIATRIC CLINIC	90,249	0	20,155,985	576	727	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	510,469	0	2	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	3,022	0	256,761	2	174	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	7	0	132,108	10	14	90.24
90.25	09025	WOUND/OSTOMY CLINIC	261	0	135,628	0	185	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	6,457	0	2,473,751	145	321	90.26
91.00	09100	EMERGENCY	81,602	0	11,049,652	217	2,832	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	6,056	0	1,116,088	12	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,543	0	14,446,386	12	814	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,259,253	0	185,828,389	4,277	31,932	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,419	0	175,195	6	45	190.00
190.01	19001	RETAIL SPA	721	0	59,878	0	56	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	59,592	0	242,825	103	1	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	72,558	0	1,436,794	12	30	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	65,599	0	0	0	0	193.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					4.00
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	9,771	0	6,545,998	76	653	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTRS	6,135	0	6,558,823	109	405	193.08
193.09	19309	DME	1,183	0	123,921	27	136	193.09
193.10	19310	PROFESSIONAL BILLING	2,065	0	1,027,690	29	12	193.10
193.11	19311	FQHC	149,595	0	15,586,369	738	1,989	193.11
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)	53,637,971	0	10,960,230	2,157,947	6,181,805	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	32.888753	0.000000	0.050372	401.329180	175.325591	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			360,198	14,064	816,723	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001655	2.615585	23.163533	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5.05	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMINISTRATIVE	1,037,755,099					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,466,900,280				5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	449,776,534			5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	2,917,011	1,112,532		6.00
7.00	00700	OPERATION OF PLANT	0	0	26,944,098	180,692	931,840	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,257,957	267	267	8.00
9.00	00900	HOUSEKEEPING	0	0	5,913,865	12,520	12,520	9.00
10.00	01000	DIETARY	0	0	2,060,112	12,922	12,922	10.00
11.00	01100	CAFETERIA	0	0	5,539,997	28,125	28,125	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,856,986	3,359	3,359	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,473,854	483	483	14.00
15.00	01500	PHARMACY	0	0	32,543,771	14,558	14,558	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,713,291	4,834	4,834	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	10,369,513	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	1,182,396	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	87,659,556	87,659,556	36,270,122	157,864	157,864	30.00
31.00	03100	INTENSIVE CARE UNIT	68,702,285	68,702,285	18,372,505	60,106	60,106	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	24,685,411	24,685,411	5,227,389	26,035	26,035	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	16,183,633	16,183,633	5,749,799	20,645	20,645	34.01
40.00	04000	SUBPROVIDER - I/PF	10,400,610	10,400,610	4,310,076	17,043	17,043	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,185,233	5,185,233	3,403,372	13,198	13,198	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	92,943,824	92,943,824	20,409,605	64,985	64,985	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	27,827,020	27,827,020	2,110,440	6,482	6,482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	103,402,881	103,402,881	15,081,718	38,430	38,430	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	4,612,261	4,612,261	909,126	4,699	4,699	56.00
57.00	05700	CT SCAN	68,317,278	68,317,278	2,363,163	3,574	3,574	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	8,047	0	0	59.00
60.00	06000	LABORATORY	172,915,717	172,915,717	16,231,638	20,908	20,908	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,043,662	11,043,662	2,063,792	2,042	2,042	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	55,380,360	55,380,360	5,720,538	3,048	3,048	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,164,804	1,164,804	365,730	0	0	65.01
66.00	06600	PHYSICAL THERAPY	14,850,733	14,850,733	3,987,284	639	639	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,696,671	8,696,671	2,197,796	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,331,491	2,331,491	678,771	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,288,271	16,288,271	3,942,840	16,375	16,375	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	57,876,643	57,876,643	1,609,771	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,287,061	35,287,061	11,843,182	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,497,662	48,497,662	790,185	0	0	73.00
73.01	07301	RETAIL PHARMACIES	35,594,166	35,594,166	26,310,185	10,874	10,874	73.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5.05	6.00	7.00	
74.00	07400	RENAL DIALYSIS	5,014,368	5,014,368	1,457,022	4,974	4,974	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	09001	MEDICINE CLINIC	7,365,098	7,365,098	2,743,832	29,286	29,286	90.01
90.02	09002	OB/GYN CLINIC	0	5,404,569	1,840,245	12,806	12,806	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	6,877,031	6,877,031	1,081,767	8,845	8,845	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	13,446,317	13,446,317	3,934,075	24,174	24,174	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	22,752,086	22,752,086	4,377,309	17,690	17,690	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	2,610,571	2,610,571	578,052	5,222	5,222	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	15,388,217	11,954,237	1,229	1,229	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	46,019,112	29,821,541	10,154	10,154	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	741,244	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	2,214,903	708,132	3,022	3,022	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	79,133	79,133	238,800	7	7	90.24
90.25	09025	WOUND/OSTOMY CLINIC	16,971	16,971	287,169	261	261	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	4,453,960	4,075,775	6,457	6,457	90.26
91.00	09100	EMERGENCY	0	143,012,616	22,769,369	81,602	81,602	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CDU	9,285,358	9,285,358	1,855,476	6,056	6,056	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	154,713,957	26,051,961	588	588	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,037,294,166	1,408,501,500	401,245,931	937,080	756,388	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	688,221	4,419	4,419	190.00
190.01	19001	RETAIL SPA	35,561	35,561	162,525	721	721	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	425,372	425,372	2,750,766	59,592	59,592	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	4,552,085	21,364	21,364	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	2,157,469	65,599	65,599	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	0	15,237,065	12,642,324	924	924	193.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5.04	5.05	6.00	7.00	
193.08	19308 RESTRICTED AND OTHER GRANT COST CTRS	0	6,436	12,391,186	3,023	3,023	193.08
193.09	19309 DME	0	412,423	933,087	1,183	1,183	193.09
193.10	19310 PROFESSIONAL BILLING	0	0	3,366,665	2,065	2,065	193.10
193.11	19311 FOHC	0	42,281,923	8,886,275	16,562	16,562	193.11
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)	5,222,113	11,103,384	86,692,555	3,479,253	32,702,549	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.005032	0.007569	0.192746	3.127328	35.094597	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	74,178	587,556	3,490,260	253,592	6,221,896	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000071	0.000401	0.007760	0.227941	6.677000	205.00

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Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800	1,791,438					8.00
9.00	00900	0	162,450				9.00
10.00	01000	0	6,343	360,162			10.00
11.00	01100	0	0	0	3,810,800		11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	412	0	43,673	0	13.00
14.00	01400	273,742	0	0	33,203	0	14.00
15.00	01500	0	3,181	0	169,471	0	15.00
16.00	01600	0	0	0	76,439	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	28,591	0	23.00
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	452,731	37,648	218,834	512,681	0	30.00
31.00	03100	265,909	13,228	86,948	249,217	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	98,683	5,730	15,843	61,689	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	16,934	4,543	0	78,276	0	34.01
40.00	04000	0	3,751	38,537	92,330	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	5,046	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	150,762	14,301	0	216,430	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	1,426	0	11,311	0	53.00
54.00	05400	59,326	8,457	0	160,704	0	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	1,034	0	4,348	0	56.00
57.00	05700	0	787	0	22,511	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	122	0	59.00
60.00	06000	0	4,601	0	173,233	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	449	0	8	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	671	0	90,098	0	65.00
65.01	03560	0	0	0	6,571	0	65.01
66.00	06600	0	141	0	73,815	0	66.00
67.00	06700	0	0	0	39,736	0	67.00
68.00	06800	0	0	0	11,532	0	68.00
69.00	06900	0	3,604	0	55,245	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
73.01	07301	0	0	0	135,178	0	73.01
74.00	07400	22,348	1,095	0	2,075	0	74.00

COST ALLOCATION - STATISTICAL BASIS

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

Worksheet B-1

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5/31/2016 11:04 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	09001 MEDICINE CLINIC	0	6,400	0	115,254	0	90.01
90.02	09002 OB/GYN CLINIC	0	2,719	0	36,498	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	1,834	0	23,047	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0	5,077	0	69,878	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	34,950	3,466	0	50,921	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	11,342	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0	0	0	194,458	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	0	1,645	0	138,971	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0	0	0	18,605	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0	619	0	10,842	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	0	0	0	4,369	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	0	0	3,213	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	1,421	0	108,684	0	90.26
91.00	09100 EMERGENCY	362,962	17,958	0	360,622	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	1,333	0	26,809	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	53,091	129	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,791,438	154,003	360,162	3,527,046	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	932	0	13,259	0	190.00
190.01	19001 RETAIL SPA	0	0	0	2,578	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	9,035	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	7,908	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	4,954	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	0	0	9,306	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTES	0	144	0	0	0	193.08
193.09	19309 DME	0	260	0	4,719	0	193.09

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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
193.10	19310	PROFESSIONAL BILLING	0	0	0	48,379	0
193.11	19311	FQHC	0	2,157	0	188,570	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,510,628	7,532,277	3,245,197	7,682,801	0
203.00		Unit cost multiplier (Wkst. B, Part I)	0.843249	46.366741	9.010381	2.016060	0.000000
204.00		Cost to be allocated (per Wkst. B, Part II)	21,222	552,930	556,378	1,215,476	0
205.00		Unit cost multiplier (Wkst. B, Part II)	0.011846	3.403693	1.544799	0.318956	0.000000



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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300	1,713,934					13.00
14.00	01400	0	2,067				14.00
15.00	01500	0	0	100			15.00
16.00	01600	0	0	0	1,466,900,280		16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	512,681	0	0	87,659,556	0	30.00
31.00	03100	249,217	0	0	68,702,285	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	61,689	0	0	24,685,411	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	78,276	0	0	16,183,633	0	34.01
40.00	04000	0	0	0	10,400,610	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	5,046	0	0	5,185,233	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	216,430	0	0	92,943,824	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	27,827,020	0	53.00
54.00	05400	0	0	0	103,402,881	0	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	4,612,261	0	56.00
57.00	05700	0	0	0	68,317,278	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	172,915,717	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	11,043,662	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	55,380,360	0	65.00
65.01	03560	0	0	0	1,164,804	0	65.01
66.00	06600	0	0	0	14,850,733	0	66.00
67.00	06700	0	0	0	8,696,671	0	67.00
68.00	06800	0	0	0	2,331,491	0	68.00
69.00	06900	0	0	0	16,288,271	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	488	0	57,876,643	0	71.00
72.00	07200	0	1,579	0	35,287,061	0	72.00
73.00	07300	0	0	100	48,497,662	0	73.00
73.01	07301	0	0	0	35,594,166	0	73.01

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Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
74.00	07400	RENAL DIALYSIS	2,075	0	0	5,014,368	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	09001	MEDICINE CLINIC	0	0	0	7,365,098	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	5,404,569	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	6,877,031	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	13,446,317	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	22,752,086	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	2,610,571	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	15,388,217	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	46,019,112	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	2,214,903	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	79,133	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	3,213	0	0	16,971	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	4,453,960	0	90.26
91.00	09100	EMERGENCY	360,622	0	0	143,012,616	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CDU	26,809	0	0	9,285,358	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	154,713,957	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,516,058	2,067	100	1,408,501,500	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	RETAIL SPA	0	0	0	35,561	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	425,372	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	9,306	0	0	15,237,065	0	193.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
193.08	19308 RESTRICTED AND OTHER GRANT COST CTRS	0	0	0	6,436	0	193.08
193.09	19309 DME	0	0	0	412,423	0	193.09
193.10	19310 PROFESSIONAL BILLING	0	0	0	0	0	193.10
193.11	19311 FOHC	188,570	0	0	42,281,923	0	193.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,643,197	2,074,166	39,862,045	4,767,884	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.125634	1,003.466860	398,620.450000	0.003250	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	175,124	46,966	934,604	249,223	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.102177	22.721819	9,346.040000	0.000170	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
	(SPECIFY) (TIME SPENT)			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	18.00			19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMITTING					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
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 (SPECIFY)	0				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00 02000	NURSING SCHOOL	0		0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			200	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				22.00
23.00 02300	PARAMED ED PRGM-AMBULANCE	0				23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	63	63 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	9	9 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	1	1 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	2	2 34.01
40.00 04000	SUBPROVIDER - I PF	0	0	0	1	1 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	3	3 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	14	14 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	4	4 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	8	8 54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
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
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	0	0	0	0 65.01
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	1	1 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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1  
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Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)						INTERNS & RESIDENTS		
	18.00	19.00	20.00	21.00	22.00	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	0	0	73.01	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	0	0	90.00	
90.01 09001 MEDICINE CLINIC	0	0	0	0	10	10	0	90.01	
90.02 09002 OB/GYN CLINIC	0	0	0	0	1	1	0	90.02	
90.03 09003 ORTHO CLINIC	0	0	0	0	0	0	0	90.03	
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	0	0	90.04	
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	0	0	90.05	
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	0	0	90.06	
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	0	0	90.07	
90.08 09008 ENT CLINIC	0	0	0	0	0	0	0	90.08	
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	0	0	90.09	
90.10 09010 SPECIALTY CLINIC	0	0	0	0	3	3	0	90.10	
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	0	0	90.11	
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0	0	0	90.12	
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	0	0	90.13	
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	0	0	90.14	
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	0	0	90.15	
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	0	0	90.16	
90.17 09017 CHC CLINIC	0	0	0	0	7	7	0	90.17	
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	2	2	0	90.18	
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	0	0	90.19	
90.20 09020 DIETARY CLINIC	0	0	0	0	0	0	0	90.20	
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	0	0	90.21	
90.22 09022 OP BURN CLINIC	0	0	0	0	0	0	0	90.22	
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	0	0	90.23	
90.24 09024 PLASTICS CLINIC	0	0	0	0	0	0	0	90.24	
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	0	0	90.25	
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	1	1	0	90.26	
91.00 09100 EMERGENCY	0	0	0	0	18	18	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	0	0	0	0	0	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	0	97.00	
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	98.00	
99.00 09900 CMHC	0	0	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	0	0	113.00	
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	0	114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	0	0	0	0	0	0	0	116.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	148	148	0	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>									
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	0	190.00	
190.01 19001 RETAIL SPA	0	0	0	0	0	0	0	190.01	
191.00 19100 RESEARCH	0	0	0	0	0	9	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	1	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	0	193.00	
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	193.01	
193.02 19302 RENTAL SPACE	0	0	0	0	0	0	0	193.02	
193.03 19303 UNUSED SPACE	0	0	0	0	0	0	0	193.03	
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	0	0	193.04	
193.05 19305 LV BEAUTY	0	0	0	0	0	0	0	193.05	

COST ALLOCATION - STATISTICAL BASIS

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
	(SPECIFY) (TIME SPENT)			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	18.00			19.00	20.00	
193.06 19306 LV DAYCARE	0	0	0	0	0	0 193.06
193.07 19307 MIDTOWN NRCCS	0	0	0	0	0	0 193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTRS	0	0	0	0	0	0 193.08
193.09 19309 DME	0	0	0	0	0	0 193.09
193.10 19310 PROFESSIONAL BILLING	0	0	0	0	0	0 193.10
193.11 19311 FOHC	0	0	0	42	42	42 193.11
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	0	12,368,195	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	61,840.975000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	80,467	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	402.335000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description		PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00560	PURCHASING RECEIVING AND STORES		5.02
5.03	00570	ADMINISTRATIVE		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
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 (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
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	PARAMED PRGM-AMBULANCE	100	23.00
23.01	02301	PARAMED PRGM-PHARMACY		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
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
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	65.01
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
73.01	07301	RETAIL PHARMACIES	0	73.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
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	09001 MEDICINE CLINIC	0	0	90.01
90.02	09002 OB/GYN CLINIC	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0	90.07
90.08	09008 ENT CLINIC	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	90.16
90.17	09017 CHC CLINIC	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	90.19
90.20	09020 DIETARY CLINIC	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	90.21
90.22	09022 OP BURN CLINIC	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	90.23
90.24	09024 PLASTICS CLINIC	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	0	90.26
91.00	09100 EMERGENCY	100	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	100	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 RETAIL SPA	0	0	190.01
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	193.04
193.05	19305 LV BEAUTY	0	0	193.05
193.06	19306 LV DAYCARE	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	0	193.07



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		PARAMED ED PRGM-AMBULANCE  (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY  (ASSIGNED TIME)	
		23.00	23.01	
193.08	19308 RESTRICTED AND OTHER GRANT COST CTRS	0	0	193.08
193.09	19309 DME	0	0	193.09
193.10	19310 PROFESSIONAL BILLING	0	0	193.10
193.11	19311 FOHC	0	0	193.11
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,467,939	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14,679.390000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	21,322	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	213.220000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	55,802,257		55,802,257	0	55,802,257	30.00
31.00	03100 INTENSIVE CARE UNIT	27,087,562		27,087,562	0	27,087,562	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	8,057,426		8,057,426	0	8,057,426	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT	8,248,858		8,248,858	0	8,248,858	34.01
40.00	04000 SUBPROVIDER - IPF	6,533,342		6,533,342	0	6,533,342	40.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	4,601,561		4,601,561	0	4,601,561	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	28,816,001		28,816,001	0	28,816,001	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
53.00	05300 ANESTHESIOLOGY	2,944,334		2,944,334	0	2,944,334	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	20,559,726		20,559,726	0	20,559,726	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0		0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	1,335,660		1,335,660	0	1,335,660	56.00
57.00	05700 CT SCAN	3,259,164		3,259,164	0	3,259,164	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,844		9,844	0	9,844	59.00
60.00	06000 LABORATORY	21,284,383		21,284,383	0	21,284,383	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,596,356		2,596,356	0	2,596,356	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	7,332,390	0	7,332,390	0	7,332,390	65.00
65.01	03560 PULMONARY FUNCTION TESTING	453,257	0	453,257	0	453,257	65.01
66.00	06600 PHYSICAL THERAPY	4,983,858	0	4,983,858	0	4,983,858	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,729,786	0	2,729,786	0	2,729,786	67.00
68.00	06800 SPEECH PATHOLOGY	840,427	0	840,427	0	840,427	68.00
69.00	06900 ELECTROCARDIOLOGY	5,660,111		5,660,111	0	5,660,111	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,597,839		2,597,839	0	2,597,839	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,825,065		15,825,065	0	15,825,065	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,962,152		40,962,152	0	40,962,152	73.00
73.01	07301 RETAIL PHARMACIES	32,185,202		32,185,202	0	32,185,202	73.01
74.00	07400 RENAL DIALYSIS	2,022,481		2,022,481	0	2,022,481	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	09001 MEDICINE CLINIC	4,945,105		4,945,105	0	4,945,105	90.01
90.02	09002 OB/GYN CLINIC	2,901,633		2,901,633	0	2,901,633	90.02
90.03	09003 ORTHO CLINIC	0		0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0		0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0		0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0		0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	1,782,197		1,782,197	0	1,782,197	90.07
90.08	09008 ENT CLINIC	0		0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0		0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	6,036,312		6,036,312	0	6,036,312	90.10
90.11	09011 NEUROLOGY CLINIC	0		0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	6,263,946		6,263,946	0	6,263,946	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	920,414		920,414	0	920,414	90.13
90.14	09014 URGENT VISIT CLINIC	0		0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0		0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0		0	0	0	90.16
90.17	09017 CHC CLINIC	14,747,393		14,747,393	0	14,747,393	90.17
90.18	09018 PSYCHIATRIC CLINIC	36,463,639		36,463,639	0	36,463,639	90.18
90.19	09019 ORAL SURGERY CLINIC	0		0	0	0	90.19
90.20	09020 DIETARY CLINIC	920,857		920,857	0	920,857	90.20
90.21	09021 CENTER OF EXCELLENCE	0		0	0	0	90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

Title XVIII

Hospital

PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
			1.00	4.00	5.00	
90.22 09022 OP BURN CLINIC	1,017,886		1,017,886	0	1,017,886	90.22
90.23 09023 BARIATRIC CLINIC	0		0	0	0	90.23
90.24 09024 PLASTICS CLINIC	294,161		294,161	0	294,161	90.24
90.25 09025 WOUND/OSTOMY CLINIC	365,859		365,859	0	365,859	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	5,408,398		5,408,398	0	5,408,398	90.26
91.00 09100 EMERGENCY	34,842,096		34,842,096	728,285	35,570,381	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,501,198		3,501,198		3,501,198	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	2,647,603		2,647,603	0	2,647,603	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	31,649,417		31,649,417	0	31,649,417	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00 09900 CMHC	0		0	0	0	99.00
99.10 09910 CORF	0		0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0		0		0	105.00
106.00 10600 HEART ACQUISITION	0		0		0	106.00
107.00 10700 LIVER ACQUISITION	0		0		0	107.00
108.00 10800 LUNG ACQUISITION	0		0		0	108.00
109.00 10900 PANCREAS ACQUISITION	0		0		0	109.00
110.00 11000 INTESTINAL ACQUISITION	0		0		0	110.00
111.00 11100 ISLET ACQUISITION	0		0		0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00 11600 HOSPICE	0		0		0	116.00
200.00 Subtotal (see instructions)	461,437,156	0	461,437,156	728,285	462,165,441	200.00
201.00 Less Observation Beds	3,501,198		3,501,198		3,501,198	201.00
202.00 Total (see instructions)	457,935,958	0	457,935,958	728,285	458,664,243	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

		Title XVIIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	87,659,556		87,659,556		30.00
31.00	03100	INTENSIVE CARE UNIT	68,702,285		68,702,285		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	24,685,411		24,685,411		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	16,183,633		16,183,633		34.01
40.00	04000	SUBPROVIDER - I/PF	10,400,610		10,400,610		40.00
41.00	04100	SUBPROVIDER - I/RP	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	5,185,233		5,185,233		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	47,087,634	45,856,191	92,943,825	0.310037	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	15,876,876	11,950,144	27,827,020	0.105808	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,909,444	67,493,437	103,402,881	0.198831	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	847,291	3,764,970	4,612,261	0.289589	56.00
57.00	05700	CT SCAN	21,384,309	46,932,969	68,317,278	0.047706	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	62,869,046	110,046,671	172,915,717	0.123091	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,747,140	2,296,522	11,043,662	0.235099	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	52,243,964	3,136,396	55,380,360	0.132401	65.00
65.01	03560	PULMONARY FUNCTION TESTING	167,914	996,890	1,164,804	0.389127	65.01
66.00	06600	PHYSICAL THERAPY	6,244,542	8,606,191	14,850,733	0.335597	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,077,207	3,619,464	8,696,671	0.313889	67.00
68.00	06800	SPEECH PATHOLOGY	1,439,714	891,777	2,331,491	0.360468	68.00
69.00	06900	ELECTROCARDIOLOGY	6,938,150	9,350,121	16,288,271	0.347496	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,948,211	20,928,431	57,876,642	0.044886	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,065,408	8,221,653	35,287,061	0.448467	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,637,669	22,859,993	48,497,662	0.844621	73.00
73.01	07301	RETAIL PHARMACIES	701	35,593,465	35,594,166	0.904227	73.01
74.00	07400	RENAL DIALYSIS	4,963,436	50,932	5,014,368	0.403337	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	90.00
90.01	09001	MEDICINE CLINIC	35,573	7,329,525	7,365,098	0.671424	90.01
90.02	09002	OB/GYN CLINIC	48,478	5,356,091	5,404,569	0.536885	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	46,962	6,830,069	6,877,031	0.259152	90.07
90.08	09008	ENT CLINIC	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	1,447,904	11,998,413	13,446,317	0.448919	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	3,160,111	19,591,975	22,752,086	0.275313	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	2,610,571	2,610,571	0.352572	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	34,351	15,353,866	15,388,217	0.958356	90.17
90.18	09018	PSYCHIATRIC CLINIC	2,742	46,016,369	46,019,111	0.792359	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0.000000	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0.000000	90.21
90.22	09022	OP BURN CLINIC	55,911	2,158,992	2,214,903	0.459562	90.22

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

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

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			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
90.23	09023	BARIATRIC CLINIC	0	0	0	0.000000	0.000000	90.23	
90.24	09024	PLASTICS CLINIC	15,755	63,378	79,133	3.717299	0.000000	90.24	
90.25	09025	WOUND/OSTOMY CLINIC	14,831	2,140	16,971	21.557893	0.000000	90.25	
90.26	09026	WCOE/SENIOR CARE CLINIC	2,815	4,451,145	4,453,960	1.214290	0.000000	90.26	
91.00	09100	EMERGENCY	42,836,912	100,175,704	143,012,616	0.243630	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	592,625	0	592,625	5.907949	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CDU	550,480	8,734,878	9,285,358	0.285137	0.000000	92.01	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	0	154,713,957	154,713,957	0.204567	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00	
99.00	09900	CMHC	0	0	0			99.00	
99.10	09910	CORF	0	0	0			99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00	
106.00	10600	HEART ACQUISITION	0	0	0			106.00	
107.00	10700	LIVER ACQUISITION	0	0	0			107.00	
108.00	10800	LUNG ACQUISITION	0	0	0			108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00	
116.00	11600	HOSPICE	0	0	0			116.00	
200.00		Subtotal (see instructions)	621,110,834	787,983,290	1,409,094,124			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	621,110,834	787,983,290	1,409,094,124			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

Period:  
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Cost Center Description		PPS Inpatient Ratio	Title XVII I	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
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT				34.01
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.310037			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.105808			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.198831			54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0.000000			54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.289589			56.00
57.00	05700 CT SCAN	0.047706			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.123091			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.235099			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.132401			65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.389127			65.01
66.00	06600 PHYSICAL THERAPY	0.335597			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.313889			67.00
68.00	06800 SPEECH PATHOLOGY	0.360468			68.00
69.00	06900 ELECTROCARDIOLOGY	0.347496			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.044886			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.448467			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.844621			73.00
73.01	07301 RETAIL PHARMACIES	0.904227			73.01
74.00	07400 RENAL DIALYSIS	0.403337			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
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	09001 MEDICINE CLINIC	0.671424			90.01
90.02	09002 OB/GYN CLINIC	0.536885			90.02
90.03	09003 ORTHO CLINIC	0.000000			90.03
90.04	09004 PEDIATRICS CLINIC	0.000000			90.04
90.05	09005 DENTISTRY CLINIC	0.000000			90.05
90.06	09006 DERMATOLOGY CLINIC	0.000000			90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0.259152			90.07
90.08	09008 ENT CLINIC	0.000000			90.08
90.09	09009 GERIATRIC CLINIC	0.000000			90.09
90.10	09010 SPECIALTY CLINIC	0.448919			90.10
90.11	09011 NEUROLOGY CLINIC	0.000000			90.11
90.12	09012 ENDOSCOPY CLINIC	0.275313			90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0.352572			90.13
90.14	09014 URGENT VISIT CLINIC	0.000000			90.14
90.15	09015 SENIOR CARE CLINIC	0.000000			90.15
90.16	09016 WOMENS VISIT CLINIC	0.000000			90.16
90.17	09017 CHC CLINIC	0.958356			90.17
90.18	09018 PSYCHIATRIC CLINIC	0.792359			90.18
90.19	09019 ORAL SURGERY CLINIC	0.000000			90.19
90.20	09020 DIETARY CLINIC	0.000000			90.20
90.21	09021 CENTER OF EXCELLENCE	0.000000			90.21
90.22	09022 OP BURN CLINIC	0.459562			90.22
90.23	09023 BARIATRIC CLINIC	0.000000			90.23
90.24	09024 PLASTICS CLINIC	3.717299			90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

Period:  
From 01/01/2015  
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
90.25	09025	WOUND/OSTOMY CLINIC	21.557893			90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.214290			90.26
91.00	09100	EMERGENCY	0.248722			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5.907949			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CDU	0.285137			92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.204567			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
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: 150024

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

Worksheet C  
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		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	59,698,236		59,698,236	0	59,698,236	30.00
31.00	03100 INTENSIVE CARE UNIT	27,644,131		27,644,131	0	27,644,131	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	8,119,267		8,119,267	0	8,119,267	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT	8,372,540		8,372,540	0	8,372,540	34.01
40.00	04000 SUBPROVIDER - IPF	6,595,183		6,595,183	0	6,595,183	40.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	4,787,084		4,787,084	0	4,787,084	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	29,681,775		29,681,775	0	29,681,775	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
53.00	05300 ANESTHESIOLOGY	3,191,698		3,191,698	0	3,191,698	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,054,454		21,054,454	0	21,054,454	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0		0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	1,335,660		1,335,660	0	1,335,660	56.00
57.00	05700 CT SCAN	3,259,164		3,259,164	0	3,259,164	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,844		9,844	0	9,844	59.00
60.00	06000 LABORATORY	21,284,383		21,284,383	0	21,284,383	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,596,356		2,596,356	0	2,596,356	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	7,332,390	0	7,332,390	0	7,332,390	65.00
65.01	03560 PULMONARY FUNCTION TESTING	453,257	0	453,257	0	453,257	65.01
66.00	06600 PHYSICAL THERAPY	4,983,858	0	4,983,858	0	4,983,858	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,729,786	0	2,729,786	0	2,729,786	67.00
68.00	06800 SPEECH PATHOLOGY	840,427	0	840,427	0	840,427	68.00
69.00	06900 ELECTROCARDIOLOGY	5,721,952		5,721,952	0	5,721,952	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,597,839		2,597,839	0	2,597,839	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,825,065		15,825,065	0	15,825,065	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,962,152		40,962,152	0	40,962,152	73.00
73.01	07301 RETAIL PHARMACIES	32,185,202		32,185,202	0	32,185,202	73.01
74.00	07400 RENAL DIALYSIS	2,022,481		2,022,481	0	2,022,481	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	09001 MEDICINE CLINIC	5,563,515		5,563,515	0	5,563,515	90.01
90.02	09002 OB/GYN CLINIC	2,963,474		2,963,474	0	2,963,474	90.02
90.03	09003 ORTHO CLINIC	0		0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0		0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0		0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0		0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	1,782,197		1,782,197	0	1,782,197	90.07
90.08	09008 ENT CLINIC	0		0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0		0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	6,221,835		6,221,835	0	6,221,835	90.10
90.11	09011 NEUROLOGY CLINIC	0		0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	6,263,946		6,263,946	0	6,263,946	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	920,414		920,414	0	920,414	90.13
90.14	09014 URGENT VISIT CLINIC	0		0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0		0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0		0	0	0	90.16
90.17	09017 CHC CLINIC	15,180,280		15,180,280	0	15,180,280	90.17
90.18	09018 PSYCHIATRIC CLINIC	36,587,321		36,587,321	0	36,587,321	90.18
90.19	09019 ORAL SURGERY CLINIC	0		0	0	0	90.19
90.20	09020 DIETARY CLINIC	920,857		920,857	0	920,857	90.20
90.21	09021 CENTER OF EXCELLENCE	0		0	0	0	90.21



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

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

Worksheet C  
Part I  
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			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.22	09022	OP BURN CLINIC	1,017,886		1,017,886	0	1,017,886	90.22
90.23	09023	BARIATRIC CLINIC	0		0	0	0	90.23
90.24	09024	PLASTICS CLINIC	294,161		294,161	0	294,161	90.24
90.25	09025	WOUND/OSTOMY CLINIC	365,859		365,859	0	365,859	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	5,470,239		5,470,239	0	5,470,239	90.26
91.00	09100	EMERGENCY	35,955,234		35,955,234	728,285	36,683,519	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,745,625		3,745,625		3,745,625	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	2,647,603		2,647,603	0	2,647,603	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	31,649,417		31,649,417	0	31,649,417	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0		0	105.00
106.00	10600	HEART ACQUISITION	0		0		0	106.00
107.00	10700	LIVER ACQUISITION	0		0		0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	470,834,047	0	470,834,047	728,285	471,562,332	200.00
201.00		Less Observation Beds	3,745,625		3,745,625		3,745,625	201.00
202.00		Total (see instructions)	467,088,422	0	467,088,422	728,285	467,816,707	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	87,659,556		87,659,556		30.00
31.00	03100	INTENSIVE CARE UNIT	68,702,285		68,702,285		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	24,685,411		24,685,411		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	16,183,633		16,183,633		34.01
40.00	04000	SUBPROVIDER - I/PF	10,400,610		10,400,610		40.00
41.00	04100	SUBPROVIDER - I/RP	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	5,185,233		5,185,233		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	47,087,634	45,856,191	92,943,825	0.319352	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	15,876,876	11,950,144	27,827,020	0.114698	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,909,444	67,493,437	103,402,881	0.203616	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	847,291	3,764,970	4,612,261	0.289589	56.00
57.00	05700	CT SCAN	21,384,309	46,932,969	68,317,278	0.047706	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	62,869,046	110,046,671	172,915,717	0.123091	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,747,140	2,296,522	11,043,662	0.235099	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	52,243,964	3,136,396	55,380,360	0.132401	65.00
65.01	03560	PULMONARY FUNCTION TESTING	167,914	996,890	1,164,804	0.389127	65.01
66.00	06600	PHYSICAL THERAPY	6,244,542	8,606,191	14,850,733	0.335597	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,077,207	3,619,464	8,696,671	0.313889	67.00
68.00	06800	SPEECH PATHOLOGY	1,439,714	891,777	2,331,491	0.360468	68.00
69.00	06900	ELECTROCARDIOLOGY	6,938,150	9,350,121	16,288,271	0.351293	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,948,211	20,928,431	57,876,642	0.044886	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,065,408	8,221,653	35,287,061	0.448467	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,637,669	22,859,993	48,497,662	0.844621	73.00
73.01	07301	RETAIL PHARMACIES	701	35,593,465	35,594,166	0.904227	73.01
74.00	07400	RENAL DIALYSIS	4,963,436	50,932	5,014,368	0.403337	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	35,573	7,329,525	7,365,098	0.755389	90.01
90.02	09002	OB/GYN CLINIC	48,478	5,356,091	5,404,569	0.548328	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	46,962	6,830,069	6,877,031	0.259152	90.07
90.08	09008	ENT CLINIC	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	1,447,904	11,998,413	13,446,317	0.462717	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	3,160,111	19,591,975	22,752,086	0.275313	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	2,610,571	2,610,571	0.352572	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	34,351	15,353,866	15,388,217	0.986487	90.17
90.18	09018	PSYCHIATRIC CLINIC	2,742	46,016,369	46,019,111	0.795046	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0.000000	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0.000000	90.21
90.22	09022	OP BURN CLINIC	55,911	2,158,992	2,214,903	0.459562	90.22

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 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		
90.23	09023	BARIATRIC CLINIC	0	0	0	0.000000	0.000000	90.23	
90.24	09024	PLASTICS CLINIC	15,755	63,378	79,133	3.717299	0.000000	90.24	
90.25	09025	WOUND/OSTOMY CLINIC	14,831	2,140	16,971	21.557893	0.000000	90.25	
90.26	09026	WCOE/SENIOR CARE CLINIC	2,815	4,451,145	4,453,960	1.228174	0.000000	90.26	
91.00	09100	EMERGENCY	42,836,912	100,175,704	143,012,616	0.251413	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	592,625	0	592,625	6.320397	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CDU	550,480	8,734,878	9,285,358	0.285137	0.000000	92.01	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	0	154,713,957	154,713,957	0.204567	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00	
99.00	09900	CMHC	0	0	0			99.00	
99.10	09910	CORF	0	0	0			99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00	
106.00	10600	HEART ACQUISITION	0	0	0			106.00	
107.00	10700	LIVER ACQUISITION	0	0	0			107.00	
108.00	10800	LUNG ACQUISITION	0	0	0			108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00	
116.00	11600	HOSPICE	0	0	0			116.00	
200.00		Subtotal (see instructions)	621,110,834	787,983,290	1,409,094,124			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	621,110,834	787,983,290	1,409,094,124			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

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

Worksheet C  
Part I  
Date/Time Prepared:  
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	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
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT				34.01
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.319352			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.114698			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203616			54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0.000000			54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.289589			56.00
57.00	05700 CT SCAN	0.047706			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.123091			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.235099			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.132401			65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.389127			65.01
66.00	06600 PHYSICAL THERAPY	0.335597			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.313889			67.00
68.00	06800 SPEECH PATHOLOGY	0.360468			68.00
69.00	06900 ELECTROCARDIOLOGY	0.351293			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.044886			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.448467			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.844621			73.00
73.01	07301 RETAIL PHARMACIES	0.904227			73.01
74.00	07400 RENAL DIALYSIS	0.403337			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
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	09001 MEDICINE CLINIC	0.755389			90.01
90.02	09002 OB/GYN CLINIC	0.548328			90.02
90.03	09003 ORTHO CLINIC	0.000000			90.03
90.04	09004 PEDIATRICS CLINIC	0.000000			90.04
90.05	09005 DENTISTRY CLINIC	0.000000			90.05
90.06	09006 DERMATOLOGY CLINIC	0.000000			90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0.259152			90.07
90.08	09008 ENT CLINIC	0.000000			90.08
90.09	09009 GERIATRIC CLINIC	0.000000			90.09
90.10	09010 SPECIALTY CLINIC	0.462717			90.10
90.11	09011 NEUROLOGY CLINIC	0.000000			90.11
90.12	09012 ENDOSCOPY CLINIC	0.275313			90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0.352572			90.13
90.14	09014 URGENT VISIT CLINIC	0.000000			90.14
90.15	09015 SENIOR CARE CLINIC	0.000000			90.15
90.16	09016 WOMENS VISIT CLINIC	0.000000			90.16
90.17	09017 CHC CLINIC	0.986487			90.17
90.18	09018 PSYCHIATRIC CLINIC	0.795046			90.18
90.19	09019 ORAL SURGERY CLINIC	0.000000			90.19
90.20	09020 DIETARY CLINIC	0.000000			90.20
90.21	09021 CENTER OF EXCELLENCE	0.000000			90.21
90.22	09022 OP BURN CLINIC	0.459562			90.22
90.23	09023 BARIATRIC CLINIC	0.000000			90.23
90.24	09024 PLASTICS CLINIC	3.717299			90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
90.25	09025	WOUND/OSTOMY CLINIC	21.557893			90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.228174			90.26
91.00	09100	EMERGENCY	0.256505			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6.320397			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CDU	0.285137			92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.204567			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
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: 150024  
 Period: From 01/01/2015 To 12/31/2015  
 Worksheet C Part II Date/Time Prepared: 5/31/2016 11:04 am

Cost Center Description		Total Cost (Wkst. B, Part 1, col. 26)	Capital Cost (Wkst. B, Part 11 col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Hospital		PPS
					Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	29,681,775	3,012,193	26,669,582	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	3,191,698	316,919	2,874,779	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,054,454	1,882,573	19,171,881	0	0	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	1,335,660	203,187	1,132,473	0	0	56.00
57.00	05700 CT SCAN	3,259,164	218,607	3,040,557	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,844	177	9,667	0	0	59.00
60.00	06000 LABORATORY	21,284,383	1,170,271	20,114,112	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,596,356	108,321	2,488,035	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	7,332,390	268,987	7,063,403	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	453,257	6,952	446,305	0	0	65.01
66.00	06600 PHYSICAL THERAPY	4,983,858	341,639	4,642,219	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,729,786	39,538	2,690,248	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	840,427	11,810	828,617	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	5,721,952	735,124	4,986,828	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,597,839	72,041	2,525,798	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,825,065	187,010	15,638,055	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,962,152	976,945	39,985,207	0	0	73.00
73.01	07301 RETAIL PHARMACIES	32,185,202	1,062,689	31,122,513	0	0	73.01
74.00	07400 RENAL DIALYSIS	2,022,481	219,436	1,803,045	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	09001 MEDICINE CLINIC	5,563,515	1,262,424	4,301,091	0	0	90.01
90.02	09002 OB/GYN CLINIC	2,963,474	555,689	2,407,785	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	1,782,197	381,757	1,400,440	0	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	6,221,835	1,056,446	5,165,389	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	6,263,946	798,572	5,465,374	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	920,414	219,991	700,423	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	15,180,280	1,987,203	13,193,077	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	36,587,321	3,397,706	33,189,615	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	920,857	12,577	908,280	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	1,017,886	137,042	880,844	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	294,161	4,146	290,015	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	365,859	18,487	347,372	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	5,470,239	342,529	5,127,710	0	0	90.26
91.00	09100 EMERGENCY	35,955,234	3,807,343	32,147,891	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,745,625	468,016	3,277,609	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	2,647,603	279,054	2,368,549	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	31,649,417	389,174	31,260,243	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00

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

Provider CCN: 150024

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/31/2016 11:04 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		
99.10	09910	CORF	0	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	355,617,606	25,952,575	329,665,031	0	0	0	200.00
201.00		Less Observation Beds	3,745,625	468,016	3,277,609	0	0	0	201.00
202.00		Total (line 200 minus line 201)	351,871,981	25,484,559	326,387,422	0	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part II Date/Time Prepared: 5/31/2016 11:04 am
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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)	Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	29,681,775	92,943,825	0.319352		50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	3,191,698	27,827,020	0.114698		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,054,454	103,402,881	0.203616		54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	1,335,660	4,612,261	0.289589		56.00
57.00	05700 CT SCAN	3,259,164	68,317,278	0.047706		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	9,844	0	0.000000		59.00
60.00	06000 LABORATORY	21,284,383	172,915,717	0.123091		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,596,356	11,043,662	0.235099		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	7,332,390	55,380,360	0.132401		65.00
65.01	03560 PULMONARY FUNCTION TESTING	453,257	1,164,804	0.389127		65.01
66.00	06600 PHYSICAL THERAPY	4,983,858	14,850,733	0.335597		66.00
67.00	06700 OCCUPATIONAL THERAPY	2,729,786	8,696,671	0.313889		67.00
68.00	06800 SPEECH PATHOLOGY	840,427	2,331,491	0.360468		68.00
69.00	06900 ELECTROCARDIOLOGY	5,721,952	16,288,271	0.351293		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,597,839	57,876,642	0.044886		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,825,065	35,287,061	0.448467		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,962,152	48,497,662	0.844621		73.00
73.01	07301 RETAIL PHARMACIES	32,185,202	35,594,166	0.904227		73.01
74.00	07400 RENAL DIALYSIS	2,022,481	5,014,368	0.403337		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	09001 MEDICINE CLINIC	5,563,515	7,365,098	0.755389		90.01
90.02	09002 OB/GYN CLINIC	2,963,474	5,404,569	0.548328		90.02
90.03	09003 ORTHO CLINIC	0	0	0.000000		90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0.000000		90.04
90.05	09005 DENTISTRY CLINIC	0	0	0.000000		90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0.000000		90.06
90.07	09007 OPHTHALMOLOGY CLINIC	1,782,197	6,877,031	0.259152		90.07
90.08	09008 ENT CLINIC	0	0	0.000000		90.08
90.09	09009 GERIATRIC CLINIC	0	0	0.000000		90.09
90.10	09010 SPECIALTY CLINIC	6,221,835	13,446,317	0.462717		90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0.000000		90.11
90.12	09012 ENDOSCOPY CLINIC	6,263,946	22,752,086	0.275313		90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	920,414	2,610,571	0.352572		90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0.000000		90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0.000000		90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0.000000		90.16
90.17	09017 CHC CLINIC	15,180,280	15,388,217	0.986487		90.17
90.18	09018 PSYCHIATRIC CLINIC	36,587,321	46,019,111	0.795046		90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0.000000		90.19
90.20	09020 DIETARY CLINIC	920,857	0	0.000000		90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0.000000		90.21
90.22	09022 OP BURN CLINIC	1,017,886	2,214,903	0.459562		90.22
90.23	09023 BARIATRIC CLINIC	0	0	0.000000		90.23
90.24	09024 PLASTICS CLINIC	294,161	79,133	3.717299		90.24
90.25	09025 WOUND/OSTOMY CLINIC	365,859	16,971	21.557893		90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	5,470,239	4,453,960	1.228174		90.26
91.00	09100 EMERGENCY	35,955,234	143,012,616	0.251413		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,745,625	592,625	6.320397		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CDU	2,647,603	9,285,358	0.285137		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	31,649,417	154,713,957	0.204567		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
99.00	09900 CMHC	0	0	0.000000		99.00



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

Provider CCN: 150024

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/31/2016 11:04 am

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	
99.10	09910	CORF	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0.000000	105.00
106.00	10600	HEART ACQUISITION	0	0	0.000000	106.00
107.00	10700	LIVER ACQUISITION	0	0	0.000000	107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000	115.00
116.00	11600	HOSPICE	0	0	0.000000	116.00
200.00		Subtotal (sum of lines 50 thru 199)	355,617,606	1,196,277,396		200.00
201.00		Less Observation Beds	3,745,625	0		201.00
202.00		Total (line 200 minus line 201)	351,871,981	1,196,277,396		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150024

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	7,459,279	0	7,459,279	42,730	174.57	30.00	
31.00	INTENSIVE CARE UNIT	2,929,692		2,929,692	16,272	180.04	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	1,191,774		1,191,774	2,965	401.95	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
34.01	NEONATAL INTENSIVE CARE UNIT	954,327		954,327	6,725	141.91	34.01	
40.00	SUBPROVIDER - IPF	828,046	0	828,046	7,212	114.82	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	572,355		572,355	3,910	146.38	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (Lines 30-199)	13,935,473		13,935,473	79,814		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	9,367	1,635,197					
31.00	INTENSIVE CARE UNIT	4,186	753,647					
32.00	CORONARY CARE UNIT	0	0					
33.00	BURN INTENSIVE CARE UNIT	311	125,006					
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					
34.01	NEONATAL INTENSIVE CARE UNIT	0	0					
40.00	SUBPROVIDER - IPF	2,056	236,070					
41.00	SUBPROVIDER - IRF	0	0					
42.00	SUBPROVIDER	0	0					
43.00	NURSERY	0	0					
44.00	SKILLED NURSING FACILITY	0	0					
45.00	NURSING FACILITY	0	0					
200.00	Total (Lines 30-199)	15,920	2,749,920					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/31/2016 11:04 am	
Title VIII			Hospital		PPS			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,012,193	92,943,825	0.032409	7,852,147	254,480	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	316,919	27,827,020	0.011389	1,609,480	18,330	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,882,573	103,402,881	0.018206	9,621,949	175,177	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	203,187	4,612,261	0.044054	292,430	12,883	56.00
57.00	05700	CT SCAN	218,607	68,317,278	0.003200	5,603,629	17,932	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	177	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,170,271	172,915,717	0.006768	15,727,280	106,442	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	108,321	11,043,662	0.009808	1,233,921	12,102	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	268,987	55,380,360	0.004857	13,188,833	64,058	65.00
65.01	03560	PULMONARY FUNCTION TESTING	6,952	1,164,804	0.005968	0	0	65.01
66.00	06600	PHYSICAL THERAPY	341,639	14,850,733	0.023005	1,547,669	35,604	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,538	8,696,671	0.004546	1,077,192	4,897	67.00
68.00	06800	SPEECH PATHOLOGY	11,810	2,331,491	0.005065	420,708	2,131	68.00
69.00	06900	ELECTROCARDIOLOGY	735,124	16,288,271	0.045132	2,161,629	97,559	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	72,041	57,876,642	0.001245	7,293,461	9,080	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	187,010	35,287,061	0.005300	6,057,576	32,105	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	976,945	48,497,662	0.020144	5,742,310	115,673	73.00
73.01	07301	RETAIL PHARMACIES	1,062,689	35,594,166	0.029856	0	0	73.01
74.00	07400	RENAL DIALYSIS	219,436	5,014,368	0.043761	1,286,950	56,318	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	09001	MEDICINE CLINIC	1,262,424	7,365,098	0.171406	16,117	2,763	90.01
90.02	09002	OB/GYN CLINIC	555,689	5,404,569	0.102818	883	91	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	381,757	6,877,031	0.055512	14,159	786	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,056,446	13,446,317	0.078568	520,174	40,869	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	798,572	22,752,086	0.035099	500,183	17,556	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	219,991	2,610,571	0.084269	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	1,987,203	15,388,217	0.129138	6,068	784	90.17
90.18	09018	PSYCHIATRIC CLINIC	3,397,706	46,019,111	0.073832	1,005	74	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	12,577	0	0.000000	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	137,042	2,214,903	0.061873	17,265	1,068	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	4,146	79,133	0.052393	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	18,487	16,971	1.089329	6,100	6,645	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	342,529	4,453,960	0.076904	0	0	90.26
91.00	09100	EMERGENCY	3,807,343	143,012,616	0.026622	8,847,029	235,526	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	468,016	592,625	0.789734	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	279,054	9,285,358	0.030053	59,596	1,791	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/31/2016 11:04 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	Total (lines 50-199)	25,563,401	1,041,563,439		90,705,743	1,322,724	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/31/2016 11:04 am
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Cost Center Description	Title XVIII				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
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
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	42,730	0.00	9,367	0	30.00
31.00 03100 INTENSIVE CARE UNIT	16,272	0.00	4,186	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	2,965	0.00	311	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	6,725	0.00	0	0	34.01
40.00 04000 SUBPROVIDER - IPF	7,212	0.00	2,056	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00 04200 SUBPROVIDER	0	0.00	0	0	42.00
43.00 04300 NURSERY	3,910	0.00	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00 04500 NURSING FACILITY	0	0.00	0	0	45.00
200.00 Total (lines 30-199)	79,814		15,920	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
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
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
73.01	07301 RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	09001 MEDICINE CLINIC	0	0	0	0	0	90.01
90.02	09002 OB/GYN CLINIC	0	0	0	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0	0	0	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	0	0	0	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0	0	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	0	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	0	90.26
91.00	09100 EMERGENCY	0	0	1,467,939	0	1,467,939	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (Lines 50-199)	0	0	1,467,939	0	1,467,939	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	92,943,825	0.000000	0.000000	7,852,147	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	27,827,020	0.000000	0.000000	1,609,480	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	103,402,881	0.000000	0.000000	9,621,949	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	4,612,261	0.000000	0.000000	292,430	56.00
57.00	05700 CT SCAN	0	68,317,278	0.000000	0.000000	5,603,629	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	172,915,717	0.000000	0.000000	15,727,280	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	11,043,662	0.000000	0.000000	1,233,921	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	55,380,360	0.000000	0.000000	13,188,833	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	1,164,804	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	14,850,733	0.000000	0.000000	1,547,669	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,696,671	0.000000	0.000000	1,077,192	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,331,491	0.000000	0.000000	420,708	68.00
69.00	06900 ELECTROCARDIOLOGY	0	16,288,271	0.000000	0.000000	2,161,629	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,876,642	0.000000	0.000000	7,293,461	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	35,287,061	0.000000	0.000000	6,057,576	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	48,497,662	0.000000	0.000000	5,742,310	73.00
73.01	07301 RETAIL PHARMACIES	0	35,594,166	0.000000	0.000000	0	73.01
74.00	07400 RENAL DIALYSIS	0	5,014,368	0.000000	0.000000	1,286,950	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	09001 MEDICINE CLINIC	0	7,365,098	0.000000	0.000000	16,117	90.01
90.02	09002 OB/GYN CLINIC	0	5,404,569	0.000000	0.000000	883	90.02
90.03	09003 ORTHO CLINIC	0	0	0.000000	0.000000	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0.000000	0.000000	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0.000000	0.000000	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	6,877,031	0.000000	0.000000	14,159	90.07
90.08	09008 ENT CLINIC	0	0	0.000000	0.000000	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0.000000	0.000000	0	90.09
90.10	09010 SPECIALTY CLINIC	0	13,446,317	0.000000	0.000000	520,174	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0.000000	0.000000	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	22,752,086	0.000000	0.000000	500,183	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	2,610,571	0.000000	0.000000	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0.000000	0.000000	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0.000000	0.000000	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0.000000	0.000000	0	90.16
90.17	09017 CHC CLINIC	0	15,388,217	0.000000	0.000000	6,068	90.17
90.18	09018 PSYCHIATRIC CLINIC	0	46,019,111	0.000000	0.000000	1,005	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0.000000	0.000000	0	90.19
90.20	09020 DIETARY CLINIC	0	0	0.000000	0.000000	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0.000000	0.000000	0	90.21
90.22	09022 OP BURN CLINIC	0	2,214,903	0.000000	0.000000	17,265	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0.000000	0.000000	0	90.23
90.24	09024 PLASTICS CLINIC	0	79,133	0.000000	0.000000	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	16,971	0.000000	0.000000	6,100	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	4,453,960	0.000000	0.000000	0	90.26
91.00	09100 EMERGENCY	1,467,939	143,012,616	0.010264	0.010264	8,847,029	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	592,625	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	9,285,358	0.000000	0.000000	59,596	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150024

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
200.00   Total (lines 50-199)	1,467,939	1,041,563,439	8.00	9.00	10.00	
					90,705,743	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 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			
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	6,614,895	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,230,821	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,178,236	0		54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	1,184,926	0		56.00
57.00	05700	CT SCAN	0	7,605,467	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	9,547,399	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	159,520	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	833,488	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	263,047	0		65.01
66.00	06600	PHYSICAL THERAPY	0	6,305	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,447	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,091,279	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,706,752	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,452,995	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,598,997	0		73.00
73.01	07301	RETAIL PHARMACIES	0	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	29,960	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	1,032	0		90.00
90.01	09001	MEDICINE CLINIC	0	2,018,136	0		90.01
90.02	09002	OB/GYN CLINIC	0	129,609	0		90.02
90.03	09003	ORTHO CLINIC	0	0	0		90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0		90.04
90.05	09005	DENTISTRY CLINIC	0	0	0		90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	1,854,879	0		90.07
90.08	09008	ENT CLINIC	0	0	0		90.08
90.09	09009	GERIATRIC CLINIC	0	0	0		90.09
90.10	09010	SPECIALTY CLINIC	0	3,681,769	0		90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0		90.11
90.12	09012	ENDOSCOPY CLINIC	0	2,854,980	0		90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0		90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0		90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0		90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0		90.16
90.17	09017	CHC CLINIC	0	1,729,826	0		90.17
90.18	09018	PSYCHIATRIC CLINIC	0	2,759,752	0		90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0		90.19
90.20	09020	DIETARY CLINIC	0	0	0		90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0		90.21
90.22	09022	OP BURN CLINIC	0	452,205	0		90.22
90.23	09023	BARIATRIC CLINIC	0	0	0		90.23
90.24	09024	PLASTICS CLINIC	0	0	0		90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0		90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0		90.26
91.00	09100	EMERGENCY	90,806	12,518,816	128,493		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0	1,473,623	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150024

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		Title XVIII			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
200.00	Total (lines 50-199)	90,806	80,981,161	128,493		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 11:04 am			
		Title XVIIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.310037	6,614,895	0	0	2,050,862	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.105808	1,230,821	0	0	130,231	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.198831	11,178,236	124	0	2,222,580	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.289589	1,184,926	0	0	343,142	56.00
57.00	05700 CT SCAN	0.047706	7,605,467	0	0	362,826	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.123091	9,547,399	31,338	0	1,175,199	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.235099	159,520	0	0	37,503	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.132401	833,488	0	0	110,355	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.389127	263,047	0	0	102,359	65.01
66.00	06600 PHYSICAL THERAPY	0.335597	6,305	0	0	2,116	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.313889	2,447	0	0	768	67.00
68.00	06800 SPEECH PATHOLOGY	0.360468	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.347496	2,091,279	0	0	726,711	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.044886	3,706,752	0	0	166,381	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.448467	1,452,995	0	0	651,620	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.844621	5,598,997	7,725	77,140	4,729,030	73.00
73.01	07301 RETAIL PHARMACIES	0.904227	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.403337	29,960	0	0	12,084	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	1,032	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	0.671424	2,018,136	0	617	1,355,025	90.01
90.02	09002 OB/GYN CLINIC	0.536885	129,609	0	0	69,585	90.02
90.03	09003 ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0.259152	1,854,879	0	0	480,696	90.07
90.08	09008 ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0.448919	3,681,769	0	0	1,652,816	90.10
90.11	09011 NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0.275313	2,854,980	0	0	786,013	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0.352572	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0.958356	1,729,826	0	355	1,657,789	90.17
90.18	09018 PSYCHIATRIC CLINIC	0.792359	2,759,752	0	0	2,186,714	90.18
90.19	09019 ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0.000000	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0.459562	452,205	0	0	207,816	90.22
90.23	09023 BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	3.717299	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	21.557893	0	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	1.214290	0	0	0	0	90.26
91.00	09100 EMERGENCY	0.243630	12,518,816	0	253	3,049,959	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5.907949	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0.285137	1,473,623	0	0	420,184	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.204567	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150024

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	0	98.00
200.00		Subtotal (see instructions)		80,981,161	39,187	78,365	24,690,364	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0			201.00
202.00		Net Charges (line 200 +/- line 201)		80,981,161	39,187	78,365	24,690,364	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 11:04 am
		Title XVII I	Hospital	PPS
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	25	0		54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
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	3,857	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		65.01
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	6,525	65,154		73.00
73.01 07301 RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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 09001 MEDICINE CLINIC	0	414		90.01
90.02 09002 OB/GYN CLINIC	0	0		90.02
90.03 09003 ORTHO CLINIC	0	0		90.03
90.04 09004 PEDIATRICS CLINIC	0	0		90.04
90.05 09005 DENTISTRY CLINIC	0	0		90.05
90.06 09006 DERMATOLOGY CLINIC	0	0		90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0		90.07
90.08 09008 ENT CLINIC	0	0		90.08
90.09 09009 GERIATRIC CLINIC	0	0		90.09
90.10 09010 SPECIALTY CLINIC	0	0		90.10
90.11 09011 NEUROLOGY CLINIC	0	0		90.11
90.12 09012 ENDOSCOPY CLINIC	0	0		90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0		90.13
90.14 09014 URGENT VISIT CLINIC	0	0		90.14
90.15 09015 SENIOR CARE CLINIC	0	0		90.15
90.16 09016 WOMENS VISIT CLINIC	0	0		90.16
90.17 09017 CHC CLINIC	0	340		90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0		90.18
90.19 09019 ORAL SURGERY CLINIC	0	0		90.19
90.20 09020 DIETARY CLINIC	0	0		90.20
90.21 09021 CENTER OF EXCELLENCE	0	0		90.21
90.22 09022 OP BURN CLINIC	0	0		90.22
90.23 09023 BARIATRIC CLINIC	0	0		90.23
90.24 09024 PLASTICS CLINIC	0	0		90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0		90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0		90.26
91.00 09100 EMERGENCY	0	62		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 11:04 am
		Title XVIII	Hospital	PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	6.00	7.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	97.00
200.00		Subtotal (see instructions)	10,407	65,970	98.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		200.00
202.00		Net Charges (line 200 +/- line 201)	10,407	65,970	201.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/31/2016 11:04 am		
		Component CCN: 15S024		Title XVIIII		Subprovider - IPF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,012,193	92,943,825	0.032409	10,513	341	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	316,919	27,827,020	0.011389	1,257	14	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,882,573	103,402,881	0.018206	20,994	382	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	203,187	4,612,261	0.044054	2,992	132	56.00
57.00	05700	CT SCAN	218,607	68,317,278	0.003200	29,101	93	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	177	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,170,271	172,915,717	0.006768	311,195	2,106	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	108,321	11,043,662	0.009808	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	268,987	55,380,360	0.004857	14,652	71	65.00
65.01	03560	PULMONARY FUNCTION TESTING	6,952	1,164,804	0.005968	0	0	65.01
66.00	06600	PHYSICAL THERAPY	341,639	14,850,733	0.023005	16,035	369	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,538	8,696,671	0.004546	389	2	67.00
68.00	06800	SPEECH PATHOLOGY	11,810	2,331,491	0.005065	4,483	23	68.00
69.00	06900	ELECTROCARDIOLOGY	735,124	16,288,271	0.045132	3,858	174	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	72,041	57,876,642	0.001245	3,588	4	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	187,010	35,287,061	0.005300	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	976,945	48,497,662	0.020144	374,628	7,547	73.00
73.01	07301	RETAIL PHARMACIES	1,062,689	35,594,166	0.029856	0	0	73.01
74.00	07400	RENAL DIALYSIS	219,436	5,014,368	0.043761	22,470	983	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	09001	MEDICINE CLINIC	1,262,424	7,365,098	0.171406	2,175	373	90.01
90.02	09002	OB/GYN CLINIC	555,689	5,404,569	0.102818	131	13	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	381,757	6,877,031	0.055512	1,359	75	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,056,446	13,446,317	0.078568	3,576	281	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	798,572	22,752,086	0.035099	10	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	219,991	2,610,571	0.084269	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	1,987,203	15,388,217	0.129138	1,496	193	90.17
90.18	09018	PSYCHIATRIC CLINIC	3,397,706	46,019,111	0.073832	270	20	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	12,577	0	0.000000	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	137,042	2,214,903	0.061873	1,125	70	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	4,146	79,133	0.052393	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	18,487	16,971	1.089329	15	16	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	342,529	4,453,960	0.076904	0	0	90.26
91.00	09100	EMERGENCY	3,807,343	143,012,616	0.026622	160,580	4,275	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	592,625	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	279,054	9,285,358	0.030053	37,991	1,142	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00





APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am	
		Title XVIIII		Subprovider - IPF		PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	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
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
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	0	0	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	09001	MEDICINE CLINIC	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	0	90.26
91.00	09100	EMERGENCY	0	0	1,467,939	0	1,467,939
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am	
				Title XVIII		Subprovider - IPF	
Cost Center Description		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	
200.00	Total (lines 50-199)	0	0	1,467,939	0	1,467,939	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am	
		Component CCN: 15S024	Title XVIII	Subprovider - IPF PPS	
Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges
	6.00	7.00	8.00	9.00	10.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	92,943,825	0.000000	0.000000	10,513
51.00 05100 RECOVERY ROOM	0	0	0.000000	0.000000	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0
53.00 05300 ANESTHESIOLOGY	0	27,827,020	0.000000	0.000000	1,257
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	103,402,881	0.000000	0.000000	20,994
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0.000000	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0
56.00 05600 RADIOISOTOPE	0	4,612,261	0.000000	0.000000	2,992
57.00 05700 CT SCAN	0	68,317,278	0.000000	0.000000	29,101
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0
60.00 06000 LABORATORY	0	172,915,717	0.000000	0.000000	311,195
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	11,043,662	0.000000	0.000000	0
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0
65.00 06500 RESPIRATORY THERAPY	0	55,380,360	0.000000	0.000000	14,652
65.01 03560 PULMONARY FUNCTION TESTING	0	1,164,804	0.000000	0.000000	0
66.00 06600 PHYSICAL THERAPY	0	14,850,733	0.000000	0.000000	16,035
67.00 06700 OCCUPATIONAL THERAPY	0	8,696,671	0.000000	0.000000	389
68.00 06800 SPEECH PATHOLOGY	0	2,331,491	0.000000	0.000000	4,483
69.00 06900 ELECTROCARDIOLOGY	0	16,288,271	0.000000	0.000000	3,858
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,876,642	0.000000	0.000000	3,588
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	35,287,061	0.000000	0.000000	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0	48,497,662	0.000000	0.000000	374,628
73.01 07301 RETAIL PHARMACIES	0	35,594,166	0.000000	0.000000	0
74.00 07400 RENAL DIALYSIS	0	5,014,368	0.000000	0.000000	22,470
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0
90.00 09000 CLINIC	0	0	0.000000	0.000000	0
90.01 09001 MEDICINE CLINIC	0	7,365,098	0.000000	0.000000	2,175
90.02 09002 OB/GYN CLINIC	0	5,404,569	0.000000	0.000000	131
90.03 09003 ORTHO CLINIC	0	0	0.000000	0.000000	0
90.04 09004 PEDIATRICS CLINIC	0	0	0.000000	0.000000	0
90.05 09005 DENTISTRY CLINIC	0	0	0.000000	0.000000	0
90.06 09006 DERMATOLOGY CLINIC	0	0	0.000000	0.000000	0
90.07 09007 OPHTHALMOLOGY CLINIC	0	6,877,031	0.000000	0.000000	1,359
90.08 09008 ENT CLINIC	0	0	0.000000	0.000000	0
90.09 09009 GERIATRIC CLINIC	0	0	0.000000	0.000000	0
90.10 09010 SPECIALTY CLINIC	0	13,446,317	0.000000	0.000000	3,576
90.11 09011 NEUROLOGY CLINIC	0	0	0.000000	0.000000	0
90.12 09012 ENDOSCOPY CLINIC	0	22,752,086	0.000000	0.000000	10
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	2,610,571	0.000000	0.000000	0
90.14 09014 URGENT VISIT CLINIC	0	0	0.000000	0.000000	0
90.15 09015 SENIOR CARE CLINIC	0	0	0.000000	0.000000	0
90.16 09016 WOMENS VISIT CLINIC	0	0	0.000000	0.000000	0
90.17 09017 CHC CLINIC	0	15,388,217	0.000000	0.000000	1,496
90.18 09018 PSYCHIATRIC CLINIC	0	46,019,111	0.000000	0.000000	270
90.19 09019 ORAL SURGERY CLINIC	0	0	0.000000	0.000000	0
90.20 09020 DIETARY CLINIC	0	0	0.000000	0.000000	0
90.21 09021 CENTER OF EXCELLENCE	0	0	0.000000	0.000000	0
90.22 09022 OP BURN CLINIC	0	2,214,903	0.000000	0.000000	1,125
90.23 09023 BARIATRIC CLINIC	0	0	0.000000	0.000000	0
90.24 09024 PLASTICS CLINIC	0	79,133	0.000000	0.000000	0
90.25 09025 WOUND/OSTOMY CLINIC	0	16,971	0.000000	0.000000	15
90.26 09026 WCOE/SENIOR CARE CLINIC	0	4,453,960	0.000000	0.000000	0
91.00 09100 EMERGENCY	1,467,939	143,012,616	0.010264	0.010264	160,580
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	592,625	0.000000	0.000000	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	9,285,358	0.000000	0.000000	37,991
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	1,467,939	1,041,563,439			1,024,883	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am
	Component CCN: 15S024	Title XVIIII	Subprovider - IPF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
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
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
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	0	0	0	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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 09001 MEDICINE CLINIC	0	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	90.26
91.00 09100 EMERGENCY	1,648	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
			11.00	12.00	13.00			
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
200.00		Total (lines 50-199)	1,648	0	0			200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150024

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	7,459,279	0	7,459,279	42,730	174.57	30.00	
31.00	INTENSIVE CARE UNIT	2,929,692		2,929,692	16,272	180.04	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	1,191,774		1,191,774	2,965	401.95	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
34.01	NEONATAL INTENSIVE CARE UNIT	954,327		954,327	6,725	141.91	34.01	
40.00	SUBPROVIDER - IPF	828,046	0	828,046	7,212	114.82	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	572,355		572,355	3,910	146.38	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (Lines 30-199)	13,935,473		13,935,473	79,814		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	10,030	1,750,937					30.00
31.00	INTENSIVE CARE UNIT	114	20,525					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	364	146,310					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,910	271,048					34.01
40.00	SUBPROVIDER - IPF	661	75,896					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	3,678	538,386					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (Lines 30-199)	16,757	2,803,102					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/31/2016 11:04 am		
Title XIX				Hospital		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,012,193	92,943,825	0.032409	10,733,538	347,863	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	316,919	27,827,020	0.011389	2,313,992	26,354	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,882,573	103,402,881	0.018206	5,662,523	103,092	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	203,187	4,612,261	0.044054	94,813	4,177	56.00
57.00	05700	CT SCAN	218,607	68,317,278	0.003200	2,738,489	8,763	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	177	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,170,271	172,915,717	0.006768	10,965,315	74,213	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	108,321	11,043,662	0.009808	1,452,798	14,249	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	268,987	55,380,360	0.004857	10,996,523	53,410	65.00
65.01	03560	PULMONARY FUNCTION TESTING	6,952	1,164,804	0.005968	15,637	93	65.01
66.00	06600	PHYSICAL THERAPY	341,639	14,850,733	0.023005	860,581	19,798	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,538	8,696,671	0.004546	818,631	3,721	67.00
68.00	06800	SPEECH PATHOLOGY	11,810	2,331,491	0.005065	278,234	1,409	68.00
69.00	06900	ELECTROCARDIOLOGY	735,124	16,288,271	0.045132	861,506	38,881	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	72,041	57,876,642	0.001245	736,047	916	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	187,010	35,287,061	0.005300	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	976,945	48,497,662	0.020144	4,704,649	94,770	73.00
73.01	07301	RETAIL PHARMACIES	1,062,689	35,594,166	0.029856	0	0	73.01
74.00	07400	RENAL DIALYSIS	219,436	5,014,368	0.043761	2,506,153	109,672	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	09001	MEDICINE CLINIC	1,262,424	7,365,098	0.171406	8,071	1,383	90.01
90.02	09002	OB/GYN CLINIC	555,689	5,404,569	0.102818	7,904	813	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	381,757	6,877,031	0.055512	5,396	300	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,056,446	13,446,317	0.078568	208,781	16,404	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	798,572	22,752,086	0.035099	519,011	18,217	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	219,991	2,610,571	0.084269	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	1,987,203	15,388,217	0.129138	7,051	911	90.17
90.18	09018	PSYCHIATRIC CLINIC	3,397,706	46,019,111	0.073832	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	12,577	0	0.000000	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	137,042	2,214,903	0.061873	2,802	173	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	4,146	79,133	0.052393	5,175	271	90.24
90.25	09025	WOUND/OSTOMY CLINIC	18,487	16,971	1.089329	3,636	3,961	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	342,529	4,453,960	0.076904	0	0	90.26
91.00	09100	EMERGENCY	3,807,343	143,012,616	0.026622	5,510,024	146,688	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	468,016	592,625	0.789734	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	279,054	9,285,358	0.030053	53,538	1,609	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/31/2016 11:04 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
200.00	Total (lines 50-199)	25,563,401	1,041,563,439		62,070,818	1,092,111	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/31/2016 11:04 am
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Cost Center Description	Title XIX			Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
	1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	0	0	0	0	0
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500 NURSING FACILITY	0	0	0	0	0
200.00 Total (lines 30-199)	0	0	0	0	0

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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	42,730	0.00	10,030	0	30.00
31.00 03100 INTENSIVE CARE UNIT	16,272	0.00	114	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	2,965	0.00	364	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	6,725	0.00	1,910	0	34.01
40.00 04000 SUBPROVIDER - IPF	7,212	0.00	661	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00 04200 SUBPROVIDER	0	0.00	0	0	42.00
43.00 04300 NURSERY	3,910	0.00	3,678	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00 04500 NURSING FACILITY	0	0.00	0	0	45.00
200.00 Total (lines 30-199)	79,814		16,757	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	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
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
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	0	0	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	09001	MEDICINE CLINIC	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	0	90.26
91.00	09100	EMERGENCY	0	0	1,467,939	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (Lines 50-199)	0	0	1,467,939	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	92,943,825	0.000000	0.000000	10,733,538	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	27,827,020	0.000000	0.000000	2,313,992	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	103,402,881	0.000000	0.000000	5,662,523	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	4,612,261	0.000000	0.000000	94,813	56.00
57.00	05700 CT SCAN	0	68,317,278	0.000000	0.000000	2,738,489	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	172,915,717	0.000000	0.000000	10,965,315	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	11,043,662	0.000000	0.000000	1,452,798	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	55,380,360	0.000000	0.000000	10,996,523	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	1,164,804	0.000000	0.000000	15,637	65.01
66.00	06600 PHYSICAL THERAPY	0	14,850,733	0.000000	0.000000	860,581	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,696,671	0.000000	0.000000	818,631	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,331,491	0.000000	0.000000	278,234	68.00
69.00	06900 ELECTROCARDIOLOGY	0	16,288,271	0.000000	0.000000	861,506	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,876,642	0.000000	0.000000	736,047	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	35,287,061	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	48,497,662	0.000000	0.000000	4,704,649	73.00
73.01	07301 RETAIL PHARMACIES	0	35,594,166	0.000000	0.000000	0	73.01
74.00	07400 RENAL DIALYSIS	0	5,014,368	0.000000	0.000000	2,506,153	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	09001 MEDICINE CLINIC	0	7,365,098	0.000000	0.000000	8,071	90.01
90.02	09002 OB/GYN CLINIC	0	5,404,569	0.000000	0.000000	7,904	90.02
90.03	09003 ORTHO CLINIC	0	0	0.000000	0.000000	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0.000000	0.000000	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0.000000	0.000000	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	6,877,031	0.000000	0.000000	5,396	90.07
90.08	09008 ENT CLINIC	0	0	0.000000	0.000000	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0.000000	0.000000	0	90.09
90.10	09010 SPECIALTY CLINIC	0	13,446,317	0.000000	0.000000	208,781	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0.000000	0.000000	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	22,752,086	0.000000	0.000000	519,011	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	2,610,571	0.000000	0.000000	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0.000000	0.000000	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0.000000	0.000000	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0.000000	0.000000	0	90.16
90.17	09017 CHC CLINIC	0	15,388,217	0.000000	0.000000	7,051	90.17
90.18	09018 PSYCHIATRIC CLINIC	0	46,019,111	0.000000	0.000000	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0.000000	0.000000	0	90.19
90.20	09020 DIETARY CLINIC	0	0	0.000000	0.000000	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0.000000	0.000000	0	90.21
90.22	09022 OP BURN CLINIC	0	2,214,903	0.000000	0.000000	2,802	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0.000000	0.000000	0	90.23
90.24	09024 PLASTICS CLINIC	0	79,133	0.000000	0.000000	5,175	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	16,971	0.000000	0.000000	3,636	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	4,453,960	0.000000	0.000000	0	90.26
91.00	09100 EMERGENCY	1,467,939	143,012,616	0.010264	0.010264	5,510,024	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	592,625	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	9,285,358	0.000000	0.000000	53,538	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
200.00	Total (lines 50-199)	1,467,939	1,041,563,439	8.00	9.00	10.00	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	4,937,946	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	883,174	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	5,120,894	0		54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	310,678	0		56.00
57.00	05700 CT SCAN	0	3,388,380	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	9,052,707	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	235,565	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	307,650	0		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	60,180	0		65.01
66.00	06600 PHYSICAL THERAPY	0	584,593	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	344,798	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	156,942	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	708,321	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,095	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,410,355	0		73.00
73.01	07301 RETAIL PHARMACIES	0	61,124	0		73.01
74.00	07400 RENAL DIALYSIS	0	10,486	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	09001 MEDICINE CLINIC	0	932,594	0		90.01
90.02	09002 OB/GYN CLINIC	0	343,657	0		90.02
90.03	09003 ORTHO CLINIC	0	0	0		90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0		90.04
90.05	09005 DENTISTRY CLINIC	0	0	0		90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0		90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	211,525	0		90.07
90.08	09008 ENT CLINIC	0	0	0		90.08
90.09	09009 GERIATRIC CLINIC	0	0	0		90.09
90.10	09010 SPECIALTY CLINIC	0	791,319	0		90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0		90.11
90.12	09012 ENDOSCOPY CLINIC	0	1,247,140	0		90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	0		90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0		90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0		90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0		90.16
90.17	09017 CHC CLINIC	0	1,165,367	0		90.17
90.18	09018 PSYCHIATRIC CLINIC	0	1,864,215	0		90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0		90.19
90.20	09020 DIETARY CLINIC	0	0	0		90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0		90.21
90.22	09022 OP BURN CLINIC	0	297,887	0		90.22
90.23	09023 BARIATRIC CLINIC	0	0	0		90.23
90.24	09024 PLASTICS CLINIC	0	2,463	0		90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	3,902	0		90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	352	0		90.26
91.00	09100 EMERGENCY	56,555	8,187,246	84,034		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	377,892	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150024

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		Title XIX			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
200.00	Total (lines 50-199)	56,555	44,048,447	84,034		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 11:04 am	
		Title XIX	Hospital	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.319352	4,937,946	0	1,576,943
51.00	05100 RECOVERY ROOM	0.000000	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0
53.00	05300 ANESTHESIOLOGY	0.114698	883,174	0	101,298
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203616	5,120,894	0	1,042,696
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0
56.00	05600 RADIOISOTOPE	0.289589	310,678	0	89,969
57.00	05700 CT SCAN	0.047706	3,388,380	0	161,646
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0
60.00	06000 LABORATORY	0.123091	9,052,707	0	1,114,307
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.235099	235,565	0	55,381
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.132401	307,650	0	40,733
65.01	03560 PULMONARY FUNCTION TESTING	0.389127	60,180	0	23,418
66.00	06600 PHYSICAL THERAPY	0.335597	584,593	0	196,188
67.00	06700 OCCUPATIONAL THERAPY	0.313889	344,798	0	108,228
68.00	06800 SPEECH PATHOLOGY	0.360468	156,942	0	56,573
69.00	06900 ELECTROCARDIOLOGY	0.351293	708,321	0	248,828
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.044886	49,095	0	2,204
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.448467	0	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.844621	2,410,355	0	2,035,836
73.01	07301 RETAIL PHARMACIES	0.904227	61,124	0	55,270
74.00	07400 RENAL DIALYSIS	0.403337	10,486	0	4,229
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0
90.00	09000 CLINIC	0.000000	0	0	0
90.01	09001 MEDICINE CLINIC	0.755389	932,594	0	704,471
90.02	09002 OB/GYN CLINIC	0.548328	343,657	0	188,437
90.03	09003 ORTHO CLINIC	0.000000	0	0	0
90.04	09004 PEDIATRICS CLINIC	0.000000	0	0	0
90.05	09005 DENTISTRY CLINIC	0.000000	0	0	0
90.06	09006 DERMATOLOGY CLINIC	0.000000	0	0	0
90.07	09007 OPHTHALMOLOGY CLINIC	0.259152	211,525	0	54,817
90.08	09008 ENT CLINIC	0.000000	0	0	0
90.09	09009 GERIATRIC CLINIC	0.000000	0	0	0
90.10	09010 SPECIALTY CLINIC	0.462717	791,319	0	366,157
90.11	09011 NEUROLOGY CLINIC	0.000000	0	0	0
90.12	09012 ENDOSCOPY CLINIC	0.275313	1,247,140	0	343,354
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0.352572	0	0	0
90.14	09014 URGENT VISIT CLINIC	0.000000	0	0	0
90.15	09015 SENIOR CARE CLINIC	0.000000	0	0	0
90.16	09016 WOMENS VISIT CLINIC	0.000000	0	0	0
90.17	09017 CHC CLINIC	0.986487	1,165,367	0	1,149,619
90.18	09018 PSYCHIATRIC CLINIC	0.795046	1,864,215	0	1,482,137
90.19	09019 ORAL SURGERY CLINIC	0.000000	0	0	0
90.20	09020 DIETARY CLINIC	0.000000	0	0	0
90.21	09021 CENTER OF EXCELLENCE	0.000000	0	0	0
90.22	09022 OP BURN CLINIC	0.459562	297,887	0	136,898
90.23	09023 BARIATRIC CLINIC	0.000000	0	0	0
90.24	09024 PLASTICS CLINIC	3.717299	2,463	0	9,156
90.25	09025 WOUND/OSTOMY CLINIC	21.557893	3,902	0	84,119
90.26	09026 WCOE/SENIOR CARE CLINIC	1.228174	352	0	432
91.00	09100 EMERGENCY	0.251413	8,187,246	0	2,058,380
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6.320397	0	0	0
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0.285137	377,892	0	107,751
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0
95.00	09500 AMBULANCE SERVICES	0.204567	0	0	0
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150024

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	0	98.00
200.00		Subtotal (see instructions)		44,048,447	0	0	13,599,475	200.00	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0			201.00
202.00		Net Charges (line 200 +/- line 201)		44,048,447	0	0	13,599,475	202.00	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 11:04 am
		Title XIX	Hospital	PPS
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
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
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		65.01
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
73.01 07301 RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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 09001 MEDICINE CLINIC	0	0		90.01
90.02 09002 OB/GYN CLINIC	0	0		90.02
90.03 09003 ORTHO CLINIC	0	0		90.03
90.04 09004 PEDIATRICS CLINIC	0	0		90.04
90.05 09005 DENTISTRY CLINIC	0	0		90.05
90.06 09006 DERMATOLOGY CLINIC	0	0		90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0		90.07
90.08 09008 ENT CLINIC	0	0		90.08
90.09 09009 GERIATRIC CLINIC	0	0		90.09
90.10 09010 SPECIALTY CLINIC	0	0		90.10
90.11 09011 NEUROLOGY CLINIC	0	0		90.11
90.12 09012 ENDOSCOPY CLINIC	0	0		90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0		90.13
90.14 09014 URGENT VISIT CLINIC	0	0		90.14
90.15 09015 SENIOR CARE CLINIC	0	0		90.15
90.16 09016 WOMENS VISIT CLINIC	0	0		90.16
90.17 09017 CHC CLINIC	0	0		90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0		90.18
90.19 09019 ORAL SURGERY CLINIC	0	0		90.19
90.20 09020 DIETARY CLINIC	0	0		90.20
90.21 09021 CENTER OF EXCELLENCE	0	0		90.21
90.22 09022 OP BURN CLINIC	0	0		90.22
90.23 09023 BARIATRIC CLINIC	0	0		90.23
90.24 09024 PLASTICS CLINIC	0	0		90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0		90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0		90.26
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 11:04 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.)		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	6.00	7.00		
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		97.00
200.00		Subtotal (see instructions)	0	0		98.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0		200.00
202.00		Net Charges (line 200 +/- line 201)	0	0		201.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/31/2016 11:04 am	
		Component CCN: 15S024		Title XIX		Subprovider - IPF PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	3,012,193	92,943,825	0.032409	0	0
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0
53.00	05300	ANESTHESIOLOGY	316,919	27,827,020	0.011389	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,882,573	103,402,881	0.018206	15,144	276
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0
56.00	05600	RADIOISOTOPE	203,187	4,612,261	0.044054	0	0
57.00	05700	CT SCAN	218,607	68,317,278	0.003200	20,905	67
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0
59.00	05900	CARDIAC CATHETERIZATION	177	0	0.000000	0	0
60.00	06000	LABORATORY	1,170,271	172,915,717	0.006768	142,769	966
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	108,321	11,043,662	0.009808	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	268,987	55,380,360	0.004857	0	0
65.01	03560	PULMONARY FUNCTION TESTING	6,952	1,164,804	0.005968	0	0
66.00	06600	PHYSICAL THERAPY	341,639	14,850,733	0.023005	2,452	56
67.00	06700	OCCUPATIONAL THERAPY	39,538	8,696,671	0.004546	0	0
68.00	06800	SPEECH PATHOLOGY	11,810	2,331,491	0.005065	936	5
69.00	06900	ELECTROCARDIOLOGY	735,124	16,288,271	0.045132	3,030	137
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	72,041	57,876,642	0.001245	75	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	187,010	35,287,061	0.005300	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	976,945	48,497,662	0.020144	110,973	2,235
73.01	07301	RETAIL PHARMACIES	1,062,689	35,594,166	0.029856	50	1
74.00	07400	RENAL DIALYSIS	219,436	5,014,368	0.043761	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	0	0	0.000000	0	0
90.01	09001	MEDICINE CLINIC	1,262,424	7,365,098	0.171406	0	0
90.02	09002	OB/GYN CLINIC	555,689	5,404,569	0.102818	0	0
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0
90.07	09007	OPHTHALMOLOGY CLINIC	381,757	6,877,031	0.055512	0	0
90.08	09008	ENT CLINIC	0	0	0.000000	0	0
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0
90.10	09010	SPECIALTY CLINIC	1,056,446	13,446,317	0.078568	0	0
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0
90.12	09012	ENDOSCOPY CLINIC	798,572	22,752,086	0.035099	0	0
90.13	09013	OCCUPATIONAL THERAPY CLINIC	219,991	2,610,571	0.084269	0	0
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0
90.17	09017	CHC CLINIC	1,987,203	15,388,217	0.129138	0	0
90.18	09018	PSYCHIATRIC CLINIC	3,397,706	46,019,111	0.073832	126	9
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0
90.20	09020	DIETARY CLINIC	12,577	0	0.000000	0	0
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0
90.22	09022	OP BURN CLINIC	137,042	2,214,903	0.061873	0	0
90.23	09023	BARITRIC CLINIC	0	0	0.000000	0	0
90.24	09024	PLASTICS CLINIC	4,146	79,133	0.052393	0	0
90.25	09025	WOUND/OSTOMY CLINIC	18,487	16,971	1.089329	185	202
90.26	09026	WCOE/SENIOR CARE CLINIC	342,529	4,453,960	0.076904	0	0
91.00	09100	EMERGENCY	3,807,343	143,012,616	0.026622	291,630	7,764
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	592,625	0.000000	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	279,054	9,285,358	0.030053	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am	
				Title XIX		Subprovider - IPF	PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	RETAIL PHARMACIES	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	09001	MEDICINE CLINIC	0	0	0	0	0
90.02	09002	OB/GYN CLINIC	0	0	0	0	0
90.03	09003	ORTHO CLINIC	0	0	0	0	0
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0
90.08	09008	ENT CLINIC	0	0	0	0	0
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0
90.10	09010	SPECIALTY CLINIC	0	0	0	0	0
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	0
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0
90.17	09017	CHC CLINIC	0	0	0	0	0
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	0	0
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0
90.20	09020	DIETARY CLINIC	0	0	0	0	0
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0
90.22	09022	OP BURN CLINIC	0	0	0	0	0
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0
90.24	09024	PLASTICS CLINIC	0	0	0	0	0
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	0
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	1,467,939	0	1,467,939
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am	
				Title XIX		Subprovider - IPF	
Cost Center Description		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	
200.00	Total (lines 50-199)	0	0	1,467,939	0	1,467,939	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am	
		Component CCN: 15S024	Title XIX	Subprovider - IPF	PPS
Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges
	6.00	7.00	8.00	9.00	10.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	92,943,825	0.000000	0.000000	0 50.00
51.00 05100 RECOVERY ROOM	0	0	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	27,827,020	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	103,402,881	0.000000	0.000000	15,144 54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0.000000	0 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0 55.00
56.00 05600 RADIOISOTOPE	0	4,612,261	0.000000	0.000000	0 56.00
57.00 05700 CT SCAN	0	68,317,278	0.000000	0.000000	20,905 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	172,915,717	0.000000	0.000000	142,769 60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0 60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0 61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0 62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	11,043,662	0.000000	0.000000	0 63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	55,380,360	0.000000	0.000000	0 65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	1,164,804	0.000000	0.000000	0 65.01
66.00 06600 PHYSICAL THERAPY	0	14,850,733	0.000000	0.000000	2,452 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	8,696,671	0.000000	0.000000	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	2,331,491	0.000000	0.000000	936 68.00
69.00 06900 ELECTROCARDIOLOGY	0	16,288,271	0.000000	0.000000	3,030 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,876,642	0.000000	0.000000	75 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	35,287,061	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	48,497,662	0.000000	0.000000	110,973 73.00
73.01 07301 RETAIL PHARMACIES	0	35,594,166	0.000000	0.000000	50 73.01
74.00 07400 RENAL DIALYSIS	0	5,014,368	0.000000	0.000000	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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 09001 MEDICINE CLINIC	0	7,365,098	0.000000	0.000000	0 90.01
90.02 09002 OB/GYN CLINIC	0	5,404,569	0.000000	0.000000	0 90.02
90.03 09003 ORTHO CLINIC	0	0	0.000000	0.000000	0 90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0.000000	0.000000	0 90.04
90.05 09005 DENTISTRY CLINIC	0	0	0.000000	0.000000	0 90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0.000000	0.000000	0 90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	6,877,031	0.000000	0.000000	0 90.07
90.08 09008 ENT CLINIC	0	0	0.000000	0.000000	0 90.08
90.09 09009 GERIATRIC CLINIC	0	0	0.000000	0.000000	0 90.09
90.10 09010 SPECIALTY CLINIC	0	13,446,317	0.000000	0.000000	0 90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0.000000	0.000000	0 90.11
90.12 09012 ENDOSCOPY CLINIC	0	22,752,086	0.000000	0.000000	0 90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	2,610,571	0.000000	0.000000	0 90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0.000000	0.000000	0 90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0.000000	0.000000	0 90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0.000000	0.000000	0 90.16
90.17 09017 CHC CLINIC	0	15,388,217	0.000000	0.000000	0 90.17
90.18 09018 PSYCHIATRIC CLINIC	0	46,019,111	0.000000	0.000000	126 90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0.000000	0.000000	0 90.19
90.20 09020 DIETARY CLINIC	0	0	0.000000	0.000000	0 90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0.000000	0.000000	0 90.21
90.22 09022 OP BURN CLINIC	0	2,214,903	0.000000	0.000000	0 90.22
90.23 09023 BARIATRIC CLINIC	0	0	0.000000	0.000000	0 90.23
90.24 09024 PLASTICS CLINIC	0	79,133	0.000000	0.000000	0 90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	16,971	0.000000	0.000000	185 90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	4,453,960	0.000000	0.000000	0 90.26
91.00 09100 EMERGENCY	1,467,939	143,012,616	0.010264	0.010264	291,630 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	592,625	0.000000	0.000000	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	9,285,358	0.000000	0.000000	0 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0 94.00
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0 95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0 96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0 97.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	1,467,939	1,041,563,439			588,275	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am
	Component CCN: 15S024	Title XIX	Subprovider - IPF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
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
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
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	0	0	0	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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 09001 MEDICINE CLINIC	0	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	90.26
91.00 09100 EMERGENCY	2,993	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:04 am	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
			11.00	12.00	13.00			
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
200.00		Total (lines 50-199)	2,993	0	0			200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2016 11:04 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		42,730	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		42,730	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)		40,049	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)		9,367	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		55,802,257	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)		55,802,257	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		55,802,257	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,305.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,232,646	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		12,232,646	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	27,087,562	16,272	1,664.67	4,186	6,968,309	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	8,057,426	2,965	2,717.51	311	845,146	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	8,248,858	6,725	1,226.60	0	0	46.01
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)					21,765,250	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					41,811,351	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)					2,513,850	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,413,530	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,927,380	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					37,883,971	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,681	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,305.93	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,501,198	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 11:04 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	7,459,279	55,802,257	0.133673	3,501,198	468,016	90.00
91.00	Nursing School cost	0	55,802,257	0.000000	3,501,198	0	91.00
92.00	Allied health cost	0	55,802,257	0.000000	3,501,198	0	92.00
93.00	All other Medical Education	0	55,802,257	0.000000	3,501,198	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024 Component CCN: 15S024	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/31/2016 11:04 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			7,212 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,212 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)			7,212 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)			2,056 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			6,533,342 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)			6,533,342 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			6,533,342 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			905.90 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,862,530 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,862,530 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15S024				Date/Time Prepared: 5/31/2016 11:04 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					440,919	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,303,449	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)					236,070	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					20,347	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					256,417	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,047,032	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 11:04 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	828,046	6,533,342	0.126742	0	0	90.00
91.00	Nursing School cost	0	6,533,342	0.000000	0	0	91.00
92.00	Allied health cost	0	6,533,342	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,533,342	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/31/2016 11:04 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		42,730	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		42,730	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)		40,049	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		10,030	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)		3,910	15.00
16.00	Nursery days (title V or XIX only)		3,678	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		59,698,236	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)		59,698,236	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		59,698,236	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,397.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,012,913	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)		14,012,913	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	4,787,084	3,910	1,224.32	3,678	4,503,049	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	27,644,131	16,272	1,698.88	114	193,672	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	8,119,267	2,965	2,738.37	364	996,767	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	8,372,540	6,725	1,244.99	1,910	2,377,931	46.01
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)					15,909,600	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					37,993,932	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)					2,727,206	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,148,666	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,875,872	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					34,118,060	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,681	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,397.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,745,625	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 11:04 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	7,459,279	59,698,236	0.124950	3,745,625	468,016	90.00
91.00	Nursing School cost	0	59,698,236	0.000000	3,745,625	0	91.00
92.00	Allied health cost	0	59,698,236	0.000000	3,745,625	0	92.00
93.00	All other Medical Education	0	59,698,236	0.000000	3,745,625	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 15S024		Date/Time Prepared: 5/31/2016 11:04 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,212	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,212	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)		7,212	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)		661	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)		3,910	15.00
16.00	Nursery days (title V or XIX only)		3,678	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,595,183	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)		6,595,183	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,595,183	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		914.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		604,465	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)		604,465	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15S024				Date/Time Prepared: 5/31/2016 11:04 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.01
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					196,550		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					801,015		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					75,896		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,711		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					90,607		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					710,408		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 11:04 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	828,046	6,595,183	0.125553	0	0	90.00
91.00	Nursing School cost	0	6,595,183	0.000000	0	0	91.00
92.00	Allied health cost	0	6,595,183	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,595,183	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/31/2016 11:04 am	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		14,872,580	30.00
31.00	03100	INTENSIVE CARE UNIT		17,540,356	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		2,844,062	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.310037	7,852,147	2,434,456 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.105808	1,609,480	170,296 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198831	9,621,949	1,913,142 54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.289589	292,430	84,685 56.00
57.00	05700	CT SCAN	0.047706	5,603,629	267,327 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.123091	15,727,280	1,935,887 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.235099	1,233,921	290,094 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.132401	13,188,833	1,746,215 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.389127	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.335597	1,547,669	519,393 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313889	1,077,192	338,119 67.00
68.00	06800	SPEECH PATHOLOGY	0.360468	420,708	151,652 68.00
69.00	06900	ELECTROCARDIOLOGY	0.347496	2,161,629	751,157 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.044886	7,293,461	327,374 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.448467	6,057,576	2,716,623 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.844621	5,742,310	4,850,076 73.00
73.01	07301	RETAIL PHARMACIES	0.904227	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.403337	1,286,950	519,075 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	0 90.00
90.01	09001	MEDICINE CLINIC	0.671424	16,117	10,821 90.01
90.02	09002	OB/GYN CLINIC	0.536885	883	474 90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0 90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0 90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0 90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0 90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.259152	14,159	3,669 90.07
90.08	09008	ENT CLINIC	0.000000	0	0 90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0 90.09
90.10	09010	SPECIALTY CLINIC	0.448919	520,174	233,516 90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0 90.11
90.12	09012	ENDOSCOPY CLINIC	0.275313	500,183	137,707 90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.352572	0	0 90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0 90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0 90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0 90.16
90.17	09017	CHC CLINIC	0.958356	6,068	5,815 90.17
90.18	09018	PSYCHIATRIC CLINIC	0.792359	1,005	796 90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0 90.19
90.20	09020	DIETARY CLINIC	0.000000	0	0 90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0 90.21
90.22	09022	OP BURN CLINIC	0.459562	17,265	7,934 90.22
90.23	09023	BIARIATRIC CLINIC	0.000000	0	0 90.23
90.24	09024	PLASTICS CLINIC	3.717299	0	0 90.24
90.25	09025	WOUND/OSTOMY CLINIC	21.557893	6,100	131,503 90.25



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/31/2016 11:04 am	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.26	09026	WCOE/SENIOR CARE CLINIC	1.214290	0	0	90.26
91.00	09100	EMERGENCY	0.248722	8,847,029	2,200,451	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5.907949	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0.285137	59,596	16,993	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		90,705,743	21,765,250	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)		90,705,743		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15S024		Date/Time Prepared: 5/31/2016 11:04 am	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		95,749	30.00
31.00	03100	INTENSIVE CARE UNIT		22,079	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		4,026	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - IPF		2,933,280	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.310037	10,513	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.105808	1,257	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198831	20,994	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.289589	2,992	56.00
57.00	05700	CT SCAN	0.047706	29,101	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.123091	311,195	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.235099	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.132401	14,652	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.389127	0	65.01
66.00	06600	PHYSICAL THERAPY	0.335597	16,035	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313889	389	67.00
68.00	06800	SPEECH PATHOLOGY	0.360468	4,483	68.00
69.00	06900	ELECTROCARDIOLOGY	0.347496	3,858	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.044886	3,588	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.448467	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.844621	374,628	73.00
73.01	07301	RETAIL PHARMACIES	0.904227	0	73.01
74.00	07400	RENAL DIALYSIS	0.403337	22,470	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	09001	MEDICINE CLINIC	0.671424	2,175	90.01
90.02	09002	OB/GYN CLINIC	0.536885	131	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.259152	1,359	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0.448919	3,576	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.275313	10	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.352572	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	0.958356	1,496	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.792359	270	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	0.000000	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	0.459562	1,125	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	90.23
90.24	09024	PLASTICS CLINIC	3.717299	0	90.24

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3		
		Component CCN: 15S024		Date/Time Prepared: 5/31/2016 11:04 am		
		Title XVIII	Subprovider - IPF	PPS		
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		
90.25	09025	WOUND/OSTOMY CLINIC	21.557893	15	323	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.214290	0	0	90.26
91.00	09100	EMERGENCY	0.248722	160,580	39,940	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5.907949	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0.285137	37,991	10,833	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,024,883	440,919	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)		1,024,883		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/31/2016 11:04 am	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		25,028,227	30.00
31.00	03100	INTENSIVE CARE UNIT		12,961,909	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		3,802,047	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		6,248,303	34.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.319352	10,733,538	3,427,777 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.114698	2,313,992	265,410 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203616	5,662,523	1,152,980 54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.289589	94,813	27,457 56.00
57.00	05700	CT SCAN	0.047706	2,738,489	130,642 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.123091	10,965,315	1,349,732 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.235099	1,452,798	341,551 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.132401	10,996,523	1,455,951 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.389127	15,637	6,085 65.01
66.00	06600	PHYSICAL THERAPY	0.335597	860,581	288,808 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313889	818,631	256,959 67.00
68.00	06800	SPEECH PATHOLOGY	0.360468	278,234	100,294 68.00
69.00	06900	ELECTROCARDIOLOGY	0.351293	861,506	302,641 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.044886	736,047	33,038 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.448467	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.844621	4,704,649	3,973,645 73.00
73.01	07301	RETAIL PHARMACIES	0.904227	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.403337	2,506,153	1,010,824 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	MEDICINE CLINIC	0.755389	8,071	6,097 90.01
90.02	09002	OB/GYN CLINIC	0.548328	7,904	4,334 90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0 90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0 90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0 90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0 90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.259152	5,396	1,398 90.07
90.08	09008	ENT CLINIC	0.000000	0	0 90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0 90.09
90.10	09010	SPECIALTY CLINIC	0.462717	208,781	96,607 90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0 90.11
90.12	09012	ENDOSCOPY CLINIC	0.275313	519,011	142,890 90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.352572	0	0 90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0 90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0 90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0 90.16
90.17	09017	CHC CLINIC	0.986487	7,051	6,956 90.17
90.18	09018	PSYCHIATRIC CLINIC	0.795046	0	0 90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0 90.19
90.20	09020	DIETARY CLINIC	0.000000	0	0 90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0 90.21
90.22	09022	OP BURN CLINIC	0.459562	2,802	1,288 90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0 90.23
90.24	09024	PLASTICS CLINIC	3.717299	5,175	19,237 90.24
90.25	09025	WOUND/OSTOMY CLINIC	21.557893	3,636	78,384 90.25

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/31/2016 11:04 am	
Cost Center Description			Title XIX	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.26	09026	WCOE/SENIOR CARE CLINIC	1.228174	0	0	90.26
91.00	09100	EMERGENCY	0.256505	5,510,024	1,413,349	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6.320397	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0.285137	53,538	15,266	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		62,070,818	15,909,600	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)		62,070,818		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15S024		Date/Time Prepared: 5/31/2016 11:04 am	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - IPF		935,616	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.319352	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.114698	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203616	15,144	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.289589	0	56.00
57.00	05700	CT SCAN	0.047706	20,905	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.123091	142,769	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.235099	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.132401	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.389127	0	65.01
66.00	06600	PHYSICAL THERAPY	0.335597	2,452	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313889	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.360468	936	68.00
69.00	06900	ELECTROCARDIOLOGY	0.351293	3,030	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.044886	75	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.448467	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.844621	110,973	73.00
73.01	07301	RETAIL PHARMACIES	0.904227	50	73.01
74.00	07400	RENAL DIALYSIS	0.403337	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	09001	MEDICINE CLINIC	0.755389	0	90.01
90.02	09002	OB/GYN CLINIC	0.548328	0	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.259152	0	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0.462717	0	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.275313	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.352572	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	0.986487	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.795046	126	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	0.000000	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	0.459562	0	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	90.23
90.24	09024	PLASTICS CLINIC	3.717299	0	90.24

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15S024		Date/Time Prepared: 5/31/2016 11:04 am	
		Title XIX	Subprovider - IPF	PPS	
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	
90.25	09025 WOUND/OSTOMY CLINIC	21.557893	185	3,988	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	1.228174	0	0	90.26
91.00	09100 EMERGENCY	0.256505	291,630	74,805	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6.320397	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0.285137	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		588,275	196,550	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		588,275		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 11:04 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		20,050,250	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,211,313	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)		2,558,397	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		5,615,394	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		309.65	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		149.07	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		149.07	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		203.72	10.00
11.00	FTE count for residents in dental and podiatric programs.		1.40	11.00
12.00	Current year allowable FTE (see instructions)		150.47	12.00
13.00	Total allowable FTE count for the prior year.		158.19	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.		160.33	14.00
15.00	Sum of lines 12 through 14 divided by 3.		156.33	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		156.33	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.504860	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.519702	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.504860	21.00
22.00	IME payment adjustment (see instructions)		6,624,969	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,364,625	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		54.65	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)		6,624,969	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,364,625	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		17.93	30.00
31.00	Percentage of Medicaid patient days (see instructions)		55.38	31.00
32.00	Sum of lines 30 and 31		73.31	32.00
33.00	Allowable disproportionate share percentage (see instructions)		49.70	33.00
34.00	Disproportionate share adjustment (see instructions)		3,387,250	34.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 11:04 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.001090158	0.001075286	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		8,337,141	6,888,438	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		6,235,723	1,731,519	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		7,967,242		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		47,799,421		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)		49,164,046		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,554,504		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).		2,239,687		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		11,878		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)		90,806		58.00
59.00	Total (sum of amounts on lines 49 through 58)		55,060,921		59.00
60.00	Primary payer payments		14,283		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		55,046,638		61.00
62.00	Deductibles billed to program beneficiaries		2,740,074		62.00
63.00	Coinurance billed to program beneficiaries		97,454		63.00
64.00	Allowable bad debts (see instructions)		1,175,180		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		763,867		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		771,755		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		52,972,977		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)		-83,044		70.93
70.94	HRR adjustment amount (see instructions)		-104,422		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 11:04 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)		525,429		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		52,260,082		71.00
71.01	Sequestration adjustment (see instructions)		1,045,202		71.01
72.00	Interim payments		53,792,303		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)		-2,577,423		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)		0		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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150024

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/31/2016 11:04 am

		Title XVIII		Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
	0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	20,050,250	0	19,941,659	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,211,313	0	0	7,110,433	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	2,558,397	0	1,637,817	920,581	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	5,615,394	0	4,169,227	1,446,167	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.504860	0.504860	0.504860	0.504860	5.00
6.00	IME payment adjustment (see instructions)	22.00	6,624,969	0	4,897,027	1,727,942	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,364,625	0	1,013,185	351,440	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,624,969	0	4,897,027	1,727,942	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,364,625	0	1,013,185	351,440	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4970	0.4970	0.4970	0.4970	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,387,250	0	2,503,779	883,471	11.00
11.01	Uncompensated care payments	36.00	7,967,242	0	6,235,723	1,731,519	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	47,799,421	0	35,425,475	12,373,946	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	49,164,046	0	36,438,660	12,725,386	15.00
16.00	Payment for inpatient program capital	50.00	3,554,504	0	2,503,305	1,051,199	16.00
17.00	Special add-on payments for new technologies	54.00	11,878	0	10,843	1,036	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150024

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/31/2016 11:04 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	38,952,808	13,777,621	52,730,429	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,165,270	0	1,595,075	570,195	2,165,270	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	453,404	0	453,404	234,566	687,970	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2721	0.2721	0.2721	0.2721		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	589,170	0	434,020	155,150	589,170	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1601	0.1601	0.1601	0.1601		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	346,660	0	255,372	91,288	346,660	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,554,504	0	2,503,305	1,051,199	3,554,504	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2016 11:04 am
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		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	20,050,250	20,050,250		20,050,250	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,211,313		7,211,313	7,211,313	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	2,558,397	1,637,816	920,581	2,558,397	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	5,615,394	4,169,227	1,446,167	5,615,394	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.504860	0.504860	0.504860		5.00
6.00	IME payment adjustment (see instructions)	22.00	6,624,969	4,872,512	1,752,457	6,624,969	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,364,625	1,013,185	351,440	1,364,625	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,624,969	4,872,512	1,752,457	6,624,969	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,364,625	1,013,185	351,440	1,364,625	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4970	0.4970	0.4970		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,387,250	2,491,244	896,006	3,387,250	11.00
11.01	Uncompensated care payments	36.00	7,967,242	6,235,723	1,731,519	7,967,242	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	47,799,421	35,287,545	12,511,876	47,799,421	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	49,164,046	36,300,730	12,863,316	49,164,046	15.00
16.00	Payment for inpatient program capital	50.00	3,554,504	2,737,871	816,633	3,554,504	16.00
17.00	Special add-on payments for new technologies	54.00	11,878	10,842	1,036	11,878	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			<b>39,049,443</b>	<b>13,680,985</b>	<b>52,730,428</b>	<b>19.00</b>

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 150024

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/31/2016 11:04 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,165,270	1,595,075	570,195	2,165,270	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	453,404	453,404	0	453,404	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2721	0.2721	0.2721		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	589,170	434,020	155,150	589,170	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1601	0.1601	0.1601		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	346,660	255,372	91,288	346,660	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,554,504	2,737,871	816,633	3,554,504	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-83,044	-54,117	-28,927	-83,044	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-104,422	-83,799	-20,623	-104,422	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		389,115	136,314	525,429	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/31/2016 11:04 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		76,377	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,561,871	2.00
3.00	PPS payments		17,684,015	3.00
4.00	Outlier payment (see instructions)		628,016	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		128,493	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		76,377	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		117,552	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)		117,552	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		117,552	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		41,175	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)		76,377	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)		18,440,524	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5,828	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,999,333	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)		14,511,740	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,257,698	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)		15,769,438	30.00
31.00	Primary payer payments		2,054	31.00
32.00	Subtotal (line 30 minus line 31)		15,767,384	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,973,886	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,283,026	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,342,742	36.00
37.00	Subtotal (see instructions)		17,050,410	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-120	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)		17,050,530	40.00
40.01	Sequestration adjustment (see instructions)		341,011	40.01
41.00	Interim payments		16,755,959	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-46,440	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150024

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 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		53,389,903		16,755,959	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	08/04/2015	180,600		0	3.01
3.02		12/09/2015	221,800		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)		402,400		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)		53,792,303		16,755,959	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		2,577,423		46,440	6.02
7.00	Total Medicare program liability (see instructions)		51,214,880		16,709,519	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150024  
Component CCN: 15S024

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2016 11:04 am  
PPS

Title XVIII

Subprovider -  
IPF

		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				0	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		1,551,346		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)		1,551,346		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		48,349		0	6.02
7.00	Total Medicare program liability (see instructions)		1,502,997		0	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: 150024

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/31/2016 11:04 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	16,242	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	13,864	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3,123	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	66,011	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,409,094,124	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	340,410,410	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)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	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)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/31/2016 11:04 am
		Component CCN: 15S024	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,675,594	1.00
2.00	Net IPF PPS Outlier Payments		28,768	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		200.22	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		19.758904	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,704,362	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,704,362	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,704,362	18.00
19.00	Deductibles		173,792	19.00
20.00	Subtotal (line 18 minus line 19)		1,530,570	20.00
21.00	Coinsurance		15,750	21.00
22.00	Subtotal (line 20 minus line 21)		1,514,820	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		26,464	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		17,202	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		4,663	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,532,022	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		1,648	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,533,670	31.00
31.01	Sequestration adjustment (see instructions)		30,673	31.01
32.00	Interim payments		1,551,346	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		-48,349	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		28,768	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2016 11:04 am	
		Title XIX	Hospital	PPS	
		Inpatient	Outpatient		
		1.00	2.00		
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services	0			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0		7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges	48,040,486			8.00
9.00	Ancillary service charges	62,070,818	44,048,447		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	110,111,304	44,048,447		12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	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	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	110,111,304	44,048,447		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	110,111,304	44,048,447		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0		21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	56,555	84,034		26.00
27.00	Subtotal (sum of lines 22 through 26)	56,555	84,034		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	160,626,328	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	56,555	84,034		29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	56,555	84,034		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	56,555	84,034		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	56,555	84,034		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	56,555	84,034		40.00
41.00	Interim payments	48,449,136	20,277,843		41.00
42.00	Balance due provider/program (line 40 minus line 41)	-48,392,581	-20,193,809		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0		43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/31/2016 11:04 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			149.29	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			149.29	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			198.82	6.00
7.00	Enter the lesser of line 5 or line 6			149.29	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.	81.45	110.64	192.09	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.	61.16	83.08	144.24	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.20		10.00
11.00	Total weighted FTE count	61.16	84.28		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	60.03	86.77		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	61.18	93.37		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	60.79	88.14		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	60.79	88.14		17.00
18.00	Per resident amount	96,583.26	91,455.84		18.00
19.00	Approved amount for resident costs	5,871,296	8,060,918	13,932,214	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)			49.53	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)			13,932,214	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	15,920	3,125		26.00
27.00	Total Inpatient Days (see instructions)	74,109	74,109		27.00
28.00	Ratio of inpatient days to total inpatient days	0.214819	0.042168		28.00
29.00	Program direct GME amount	2,992,904	587,494		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		83,013		30.00
31.00	Net Program direct GME amount			3,497,385	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/31/2016 11:04 am
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,014,368	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		44,114,800	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)		14,283	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		44,100,517	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		24,766,741	42.00
43.00	Primary payer payments (see instructions)		2,054	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		24,764,687	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		68,865,204	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.640389	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.359611	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		3,497,385	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,239,687	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,257,698	50.00

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

Provider CCN: 150024

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

Worksheet G

Date/Time Prepared:  
5/31/2016 11:04 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	44,813,162	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	75,932,702	0	0	0	4.00
5.00	Other receivable	13,164,022	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,975,362	0	0	0	7.00
8.00	Prepaid expenses	8,567,085	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	148,452,333	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	9,722,914	0	0	0	12.00
13.00	Land improvements	77,284,767	0	0	0	13.00
14.00	Accumulated depreciation	-11,311,827	0	0	0	14.00
15.00	Buildings	423,190,034	0	0	0	15.00
16.00	Accumulated depreciation	-53,590,257	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	238,993,447	0	0	0	19.00
20.00	Accumulated depreciation	-38,149,185	0	0	0	20.00
21.00	Automobiles and trucks	11,737,771	0	0	0	21.00
22.00	Accumulated depreciation	-8,580,163	0	0	0	22.00
23.00	Major movable equipment	103,983,982	0	0	0	23.00
24.00	Accumulated depreciation	-33,830,813	0	0	0	24.00
25.00	Minor equipment depreciable	93,137,185	0	0	0	25.00
26.00	Accumulated depreciation	-49,984,513	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)	762,603,342	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	129,431,591	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	129,431,591	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,040,487,266	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	85,287,779	0	0	0	37.00
38.00	Salaries, wages, and fees payable	157,569,299	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	58,532,613	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	301,389,691	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	301,389,691	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	739,097,575				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)	739,097,575	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,040,487,266	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150024

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

Worksheet G-1

Date/Time Prepared:  
5/31/2016 11:04 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		864,225,890		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-16,937,041				2.00
3.00	Total (sum of line 1 and line 2)		847,288,849		0		3.00
4.00	PRIOR ENTRIES MADE AFTER COST REPORT	3,675,983		0		0	4.00
5.00	PERF LIABILITY REPORTING CHANGE	-111,868,270		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)		-108,192,287		0		10.00
11.00	Subtotal (line 3 plus line 10)		739,096,562		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		739,096,562		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	PRIOR ENTRIES MADE AFTER COST REPORT		0				4.00
5.00	PERF LIABILITY REPORTING CHANGE		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00



STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150024

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/31/2016 11:04 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	92,844,789		92,844,789	1.00
2.00	SUBPROVIDER - IPF	10,400,610		10,400,610	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	103,245,399		103,245,399	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	68,702,285		68,702,285	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	24,685,411		24,685,411	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	NEONATAL INTENSIVE CARE UNIT	16,183,633		16,183,633	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	109,571,329		109,571,329	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	212,816,728		212,816,728	17.00
18.00	Ancillary services	359,447,942	402,596,217	762,044,159	18.00
19.00	Outpatient services	48,845,450	230,673,116	279,518,566	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	154,713,957	154,713,957	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	621,110,120	787,983,290	1,409,093,410	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		603,800,042		29.00
30.00	UNMAPPED EXPENSES	8,532,145			30.00
31.00	ACCELERATED DEPRECIATION	553,839			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)		9,085,984		36.00
37.00	IMMATERIAL ROUNDING	33			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)		33		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		612,885,993		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150024

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

Worksheet G-3

Date/Time Prepared:  
5/31/2016 11:04 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,409,093,410	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,134,466,255	2.00
3.00	Net patient revenues (line 1 minus line 2)	274,627,155	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	612,885,993	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-338,258,838	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	TOTAL OTHER INCOME	322,272,578	24.00
25.00	Total other income (sum of lines 6-24)	322,272,578	25.00
26.00	Total (line 5 plus line 25)	-15,986,260	26.00
27.00	TOTAL OTHER EXPENSE/ADJUSTMENTS	950,781	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	950,781	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-16,937,041	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150024	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/31/2016 11:04 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,165,270	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		453,404	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)		183.28	3.00
4.00	Number of interns & residents (see instructions)		156.33	4.00
5.00	Indirect medical education percentage (see instructions)		27.21	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)		589,170	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		17.93	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		55.38	8.00
9.00	Sum of lines 7 and 8		73.31	9.00
10.00	Allowable disproportionate share percentage (see instructions)		16.01	10.00
11.00	Disproportionate share adjustment (see instructions)		346,660	11.00
12.00	Total prospective capital payments (see instructions)		3,554,504	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00