

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: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 11/21/2015 4:24 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/21/2015 Time: 4:24 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARY'S MEDICAL CENTER ( 150100 ) for the cost reporting period beginning 07/01/2014 and ending 06/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	113,188	-79,980	60,579	0	1.00
2.00 Subprovider - IPF	0	1,591	0		0	2.00
3.00 Subprovider - IRF	0	51,376	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	166,155	-79,980	60,579	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150100		Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 11/21/2015 4:08 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 3700 WASHINGTON AVE		PO Box:		Zip Code: 47750		County: VANDERBURGH					
2.00 City: EVANSVILLE		State: IN									
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		ST. MARY'S MEDICAL CENTER		150100	21780	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF		ST. MARY'S STRESS CENTER		15S100	21780	4	07/01/1987	N	P	O	4.00
5.00 Subprovider - IRF		ST. MARY'S REHAB UNIT		15T100	21780	5	07/01/1999	N	P	O	5.00
6.00 Subprovider - (Other)											6.00
7.00 Swing Beds - SNF											7.00
8.00 Swing Beds - NF											8.00
9.00 Hospital-Based SNF											9.00
10.00 Hospital-Based NF											10.00
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA											12.00
13.00 Separately Certified ASC											13.00
14.00 Hospital-Based Hospice											14.00
15.00 Hospital-Based Health Clinic - RHC											15.00
16.00 Hospital-Based Health Clinic - FQHC											16.00
17.00 Hospital-Based (CMHC) I											17.00
18.00 Renal Dialysis											18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							07/01/2014	06/30/2015		20.00	
21.00 Type of Control (see instructions)							1			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.								2	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		5,037	2,335	2,628	1,242	4,570	243		24.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		265	128	60	87	7			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/21/2015 4:08 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<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)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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

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		V 1.00	XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	0.00	97.00	
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00
					1.00	
					2.00	
					3.00	
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,066,277	0	0		118.01
					1.00	
					2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/21/2015 4:08 pm		
		1.00	2.00			
140.00	All Providers Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H056	140.00		
		1.00	2.00	3.00		
141.00	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: ST MARY'S HEALTH	Contractor's Name: WPS		Contractor's Number: 8101		
142.00	Street: 3700 WASHINGTON AVE	PO Box:				
143.00	City: EVANSVILLE	State: IN		Zip Code: 47750-0002		
				1.00		
144.00	Are provider based physicians' costs included in Worksheet A?	Y				
				1.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				
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				
				1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				
		Part A		Part B		Title V
		1.00		2.00		3.00
						Title XIX
						4.00
155.00	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N		N		N
156.00	Subprovider - IPF	N		N		N
157.00	Subprovider - IRF	N		N		N
158.00	SUBPROVIDER					
159.00	SNF	N		N		N
160.00	HOME HEALTH AGENCY	N		N		N
161.00	CMHC			N		N
				1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				
		Name		County		State
		0		1.00		2.00
						Zip Code
						3.00
						CBSA
						4.00
						FTE/Campus
						5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)	0.00				
				1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0				
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					
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)	0.75				
		Beginning		Ending		
		1.00		2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2014		09/30/2014		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/21/2015 4:08 pm	
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/21/2015 4:08 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		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	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	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.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		Y	10/15/2015	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150100

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
11/21/2015 4:08 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	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			N	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.			N	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.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			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.	JILL		HILL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. VINCENT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-583-3519		JILL.HILL@STVINCENT.ORG	43.00

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	10/15/2015		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150100

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/21/2015 4:08 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P 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	294	107,310	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)		294	107,310	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	62	22,630	0.00	0	8.00
8.02 NICU	31.02	40	14,600	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	9	3,285	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		405	147,825	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF	41.00	24	8,760		0	17.00
18.00 SUBPROVIDER						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						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		443				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: 150100

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/21/2015 4:08 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	22,558	4,095	50,858			1.00
2.00 HMO and other (see instructions)	7,741	6,576				2.00
3.00 HMO IPF Subprovider	141	0				3.00
4.00 HMO IRF Subprovider	330	275				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)	22,558	4,095	50,858			7.00
8.00 INTENSIVE CARE UNIT	7,207	1,062	15,061			8.00
8.02 NICU	0	3,401	5,780			8.02
9.00 CORONARY CARE UNIT	929	92	1,971			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		586	2,887			13.00
14.00 Total (see instructions)	30,694	9,236	76,557	5.00	1,865.28	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,060	947	3,166	0.00	18.10	16.00
17.00 SUBPROVIDER - IRF	2,270	272	4,449	0.00	29.20	17.00
18.00 SUBPROVIDER						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						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				5.00	1,912.58	27.00
28.00 Observation Bed Days		0	12,561			28.00
29.00 Ambulance Trips	111					29.00
30.00 Employee discount days (see instruction)			873			30.00
31.00 Employee discount days - IRF			42			31.00
32.00 Labor & delivery days (see instructions)	0	243	1,163			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: 150100

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/21/2015 4:08 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	6,476	1,246	16,429	1.00
2.00 HMO and other (see instructions)				1,478	1,454		2.00
3.00 HMO IPF Subprovider					53		3.00
4.00 HMO IRF Subprovider					31		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.02 NICU							8.02
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	6,476	1,246		16,429	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	104	46		601	16.00
17.00 SUBPROVIDER - IRF	0.00	0	172	26		349	17.00
18.00 SUBPROVIDER							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							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150100		Period: From 07/01/2014 To 06/30/2015		Worksheet S-3 Part II Date/Time Prepared: 11/21/2015 4:08 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	133,325,850	0	133,325,850	4,374,693.00	30.48	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	331,445	0	331,445	14,476.00	22.90	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		48,325,526	0	48,325,526	989,363.00	48.85	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		13,608,529	0	13,608,529	140,597.00	96.79	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		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		40,856,567	0	40,856,567	660,349.00	61.87	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)		31,996,540	0	31,996,540			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		12,426,127	0	12,426,127			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		135,460	0	135,460			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	183,133	0	183,133	7,041.00	26.01	26.00
27.00	Administrative & General	5.00	6,866,741	0	6,866,741	327,073.00	20.99	27.00
28.00	Administrative & General under contract (see inst.)		35,566	0	35,566	1,639.00	21.70	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,295,301	0	1,295,301	68,951.00	18.79	30.00
31.00	Laundry & Linen Service	8.00	603,287	0	603,287	50,345.00	11.98	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		3,452,903	0	3,452,903	179,239.00	19.26	33.00
34.00	Dietary	10.00	229,491	-139,638	89,853	3,307.00	27.17	34.00
35.00	Dietary under contract (see instructions)		2,955,638	0	2,955,638	150,092.00	19.69	35.00
36.00	Cafeteria	11.00	0	139,638	139,638	5,140.00	27.17	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,975,355	0	3,975,355	164,372.00	24.19	38.00
39.00	Central Services and Supply	14.00	1,161,613	0	1,161,613	68,566.00	16.94	39.00
40.00	Pharmacy	15.00	3,636,315	0	3,636,315	106,370.00	34.19	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150100

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/21/2015 4:08 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,473,766	0	1,473,766	85,076.00	17.32	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: 150100

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/21/2015 4:08 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	139,438,512	0	139,438,512	4,691,187.00	29.72	1.00
2.00	Excluded area salaries (see instructions)	48,325,526	0	48,325,526	989,363.00	48.85	2.00
3.00	Subtotal salaries (line 1 minus line 2)	91,112,986	0	91,112,986	3,701,824.00	24.61	3.00
4.00	Subtotal other wages & related costs (see inst.)	54,465,096	0	54,465,096	800,946.00	68.00	4.00
5.00	Subtotal wage-related costs (see inst.)	31,996,540	0	31,996,540	0.00	35.12	5.00
6.00	Total (sum of lines 3 thru 5)	177,574,622	0	177,574,622	4,502,770.00	39.44	6.00
7.00	Total overhead cost (see instructions)	25,869,109	0	25,869,109	1,217,211.00	21.25	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 11/21/2015 4:08 pm
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		9	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		3,372,248	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		3,136,004	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		23,083,805	8.00
9.00	Prescription Drug Plan		3,595,822	9.00
10.00	Dental, Hearing and Vision Plan		1,386,194	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		648,040	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		114,340	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		344,720	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		621,565	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		8,054,330	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		8	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		201,040	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		44,558,125	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00			0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part V Date/Time Prepared: 11/21/2015 4:08 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		13,608,529	44,558,127 1.00
2.00	Hospital		13,608,529	31,996,540 2.00
3.00	Subprovider - IPF		0	335,911 3.00
4.00	Subprovider - IRF		0	387,181 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			
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
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
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	11,838,495 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet S-10 Date/Time Prepared: 11/21/2015 4:08 pm	
				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.216666	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			23,793,895	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			209,896,339	6.00
7.00	Medicaid cost (line 1 times line 6)			45,477,400	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)			21,683,505	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			58,000	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			280,935	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			21,683,505	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	48,446,100	5,296,995	53,743,095	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	10,496,623	1,147,679	11,644,302	21.00
22.00	Partial payment by patients approved for charity care	212,960	354,223	567,183	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,283,663	793,456	11,077,119	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)			17,019,776	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			466,739	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			16,553,037	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,586,480	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			14,663,599	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			36,347,104	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150100

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

Worksheet A

Date/Time Prepared:  
11/21/2015 4:08 pm

Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		13,163,600	13,163,600	43,758	13,207,358	1.00
2.00	00200		8,575,622	8,575,622	0	8,575,622	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	183,133	33,301,002	33,484,135	-2	33,484,133	4.00
5.00	00500	6,866,741	76,091,012	82,957,753	-2,440,495	80,517,258	5.00
7.00	00700	1,295,301	11,797,957	13,093,258	0	13,093,258	7.00
8.00	00800	603,287	519,242	1,122,529	0	1,122,529	8.00
9.00	00900	0	4,244,145	4,244,145	0	4,244,145	9.00
10.00	01000	229,491	4,682,650	4,912,141	-2,988,880	1,923,261	10.00
11.00	01100	0	0	0	2,988,880	2,988,880	11.00
13.00	01300	3,975,355	255,112	4,230,467	0	4,230,467	13.00
14.00	01400	1,161,613	1,166,330	2,327,943	0	2,327,943	14.00
15.00	01500	3,636,315	633,735	4,270,050	0	4,270,050	15.00
16.00	01600	1,473,766	934,956	2,408,722	0	2,408,722	16.00
21.00	02100	331,445	70,202	401,647	0	401,647	21.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	18,928,155	2,515,374	21,443,529	-891,419	20,552,110	30.00
31.00	03100	7,397,689	3,352,819	10,750,508	0	10,750,508	31.00
31.02	03102	2,694,874	440,820	3,135,694	0	3,135,694	31.02
32.00	03200	838,583	699,754	1,538,337	0	1,538,337	32.00
40.00	04000	1,340,397	549,894	1,890,291	0	1,890,291	40.00
41.00	04100	1,544,983	81,656	1,626,639	0	1,626,639	41.00
43.00	04300	0	0	0	891,419	891,419	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	5,631,378	39,218,431	44,849,809	0	44,849,809	50.00
51.00	05100	1,331,606	87,942	1,419,548	0	1,419,548	51.00
52.00	05200	2,042,416	220,836	2,263,252	0	2,263,252	52.00
53.00	05300	43,795	3,316,059	3,359,854	0	3,359,854	53.00
54.00	05400	2,969,895	890,469	3,860,364	0	3,860,364	54.00
54.02	05402	600,429	53,110	653,539	0	653,539	54.02
54.03	05403	597,772	1,061,757	1,659,529	0	1,659,529	54.03
56.00	05600	0	0	0	0	0	56.00
57.00	05700	954,307	202,543	1,156,850	0	1,156,850	57.00
58.00	05800	475,771	83,350	559,121	0	559,121	58.00
59.00	05900	1,057,365	498,889	1,556,254	0	1,556,254	59.00
60.00	06000	1,561,941	12,740,635	14,302,576	0	14,302,576	60.00
63.00	06300	0	1,816,426	1,816,426	0	1,816,426	63.00
64.00	06400	1,314,015	2,580,331	3,894,346	0	3,894,346	64.00
65.00	06500	2,465,711	563,576	3,029,287	0	3,029,287	65.00
66.00	06600	2,314,377	203,047	2,517,424	0	2,517,424	66.00
67.00	06700	1,158,396	7,420	1,165,816	0	1,165,816	67.00
68.00	06800	396,537	10,765	407,302	0	407,302	68.00
69.00	06900	836,466	168,525	1,004,991	0	1,004,991	69.00
69.02	06902	460,765	14,363	475,128	0	475,128	69.02
69.03	06903	222,631	172,039	394,670	0	394,670	69.03
70.00	07000	543,729	23,509	567,238	0	567,238	70.00
71.00	07100	0	8,021,117	8,021,117	0	8,021,117	71.00
72.00	07200	0	15,974,616	15,974,616	0	15,974,616	72.00
73.00	07300	0	17,384,072	17,384,072	0	17,384,072	73.00
74.00	07400	-89,089	1,483,230	1,394,141	0	1,394,141	74.00
76.00	03951	138,738	2,220	140,958	0	140,958	76.00
76.01	03950	608,442	82,102	690,544	0	690,544	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	415,256	474,999	890,255	0	890,255	90.00
90.01	09001	54,403	8,110	62,513	0	62,513	90.01
90.02	09002	0	0	0	0	0	90.02
90.04	09004	289,990	47,946	337,936	0	337,936	90.04
91.00	09100	5,696,537	5,364,219	11,060,756	0	11,060,756	91.00
91.01	09101	1,086,224	729,293	1,815,517	0	1,815,517	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	2,123,216	2,171,706	4,294,922	0	4,294,922	95.00
97.00	09700	204,773	464,593	669,366	0	669,366	97.00
98.00	09850	21,447,465	30,089,718	51,537,183	2,396,739	53,933,922	98.00
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150100

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

Worksheet A  
Date/Time Prepared:  
11/21/2015 4:08 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	111,456,385	309,307,845	420,764,230	0	420,764,230 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	0	74	74	0	74 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,442,503	5,111,853	20,554,356	0	20,554,356 192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01	07951	APOTHECARY	471,862	4,492,662	4,964,524	0	4,964,524 194.01
194.02	07952	OCCUPATIONAL MEDICINE	1,197,575	465,712	1,663,287	0	1,663,287 194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0 194.03
194.04	07954	MARKETING	11,402	17,838	29,240	0	29,240 194.04
194.06	07956	MOB	76	458,905	458,981	0	458,981 194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0 194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	2,057,131	2,057,131	0	2,057,131 194.08
194.09	07959	CONV CARE	4,493,440	1,212,094	5,705,534	0	5,705,534 194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0 194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0 194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0 194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0 194.15
194.17	07967	FOUNDATION/UNUSED SPACE	252,607	-125,107	127,500	0	127,500 194.17
200.00		TOTAL (SUM OF LINES 118-199)	133,325,850	322,999,007	456,324,857	0	456,324,857 200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150100

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

Worksheet A  
Date/Time Prepared:  
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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	-4,552,852	8,654,506	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	67,928	8,643,550	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-5,334,181	28,149,952	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,653,327	77,863,931	5.00
7.00	00700	OPERATION OF PLANT	-1,017,312	12,075,946	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-227,230	895,299	8.00
9.00	00900	HOUSEKEEPING	-308,550	3,935,595	9.00
10.00	01000	DIETARY	0	1,923,261	10.00
11.00	01100	CAFETERIA	-1,956,291	1,032,589	11.00
13.00	01300	NURSING ADMINISTRATION	-52,900	4,177,567	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-990	2,326,953	14.00
15.00	01500	PHARMACY	-70,592	4,199,458	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-28,449	2,380,273	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-3,847	397,800	21.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-182,203	20,369,907	30.00
31.00	03100	INTENSIVE CARE UNIT	-900,607	9,849,901	31.00
31.02	03102	NICU	-79,676	3,056,018	31.02
32.00	03200	CORONARY CARE UNIT	0	1,538,337	32.00
40.00	04000	SUBPROVIDER - I PF	-48,058	1,842,233	40.00
41.00	04100	SUBPROVIDER - I RF	-128	1,626,511	41.00
43.00	04300	NURSERY	0	891,419	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-551,846	44,297,963	50.00
51.00	05100	RECOVERY ROOM	-55	1,419,493	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,688	2,261,564	52.00
53.00	05300	ANESTHESIOLOGY	-3,316,059	43,795	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-773,182	3,087,182	54.00
54.02	05402	ULTRASOUND	-5,547	647,992	54.02
54.03	05403	NUCLEAR MEDICINE	-946	1,658,583	54.03
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-3,082	1,153,768	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	559,121	58.00
59.00	05900	CARDIAC CATHETERIZATION	-648	1,555,606	59.00
60.00	06000	LABORATORY	-191,190	14,111,386	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-220	1,816,206	63.00
64.00	06400	INTRAVENOUS THERAPY	-2,081,959	1,812,387	64.00
65.00	06500	RESPIRATORY THERAPY	-144	3,029,143	65.00
66.00	06600	PHYSICAL THERAPY	-10,275	2,507,149	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,165,816	67.00
68.00	06800	SPEECH PATHOLOGY	-1,667	405,635	68.00
69.00	06900	ELECTROCARDIOLOGY	-108,613	896,378	69.00
69.02	06902	CARDIAC REHAB	-77,221	397,907	69.02
69.03	06903	DIABETIC EDUCATION	-22,730	371,940	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	-14,832	552,406	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,021,117	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,974,616	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,384,072	73.00
74.00	07400	RENAL DIALYSIS	0	1,394,141	74.00
76.00	03951	ECT	0	140,958	76.00
76.01	03950	MOBILE OUTREACH CLINIC	-19,330	671,214	76.01
<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	-212,557	677,698	90.00
90.01	09001	OUTPATIENT PSYCH	-33,265	29,248	90.01
90.02	09002	PEDS CLINIC	0	0	90.02
90.04	09004	BARiatricS	-97,536	240,400	90.04
91.00	09100	EMERGENCY	-4,265,476	6,795,280	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	-2,580	1,812,937	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-92,369	4,202,553	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	-297	669,069	97.00
98.00	09850	HOME OFFICE	-53,933,922	0	98.00
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
106.00	10600	HEART ACQUISITION	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-83,168,501	337,595,729	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150100

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

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Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
<b>NONREIMBURSABLE COST CENTERS</b>				
191.00	19100 RESEARCH	0	74	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	20,554,356	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951 APOTHECARY	0	4,964,524	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	1,663,287	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	194.03
194.04	07954 MARKETING	0	29,240	194.04
194.06	07956 MOB	0	458,981	194.06
194.07	07957 SENIOR PARTNERS	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	2,057,131	194.08
194.09	07959 CONV CARE	0	5,705,534	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	127,500	194.17
200.00	TOTAL (SUM OF LINES 118-199)	-83,168,501	373,156,356	200.00



Provider CCN: 150100

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

Worksheet A-6  
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		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>B - CAFETERIA</b>					
1.00	CAFETERIA	11.00	139,638	2,849,242	1.00
	TOTALS		139,638	2,849,242	
<b>C - NURSERY</b>					
1.00	NURSERY	43.00	782,865	108,554	1.00
	TOTALS		782,865	108,554	
<b>D - RECLASS HOME OFFICE EXPENSE</b>					
1.00	HOME OFFICE	98.00	0	2,396,739	1.00
2.00		0.00	0	0	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	43,758	3.00
	TOTALS		0	2,440,497	
500.00	Grand Total: Increases		922,503	5,398,293	500.00

RECLASSIFICATIONS

Provider CCN: 150100

Period:  
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To 06/30/2015

Worksheet A-6

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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>B - CAFETERIA</b>						
1.00	DIETARY	10.00	139,638	2,849,242	0	1.00
	TOTALS		139,638	2,849,242		
<b>C - NURSERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	782,865	108,554	0	1.00
	TOTALS		782,865	108,554		
<b>D - RECLASS HOME OFFICE EXPENSE</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,440,495	0	2.00
3.00		0.00	0	0	10	3.00
	TOTALS		0	2,440,497		
500.00	Grand Total: Decreases		922,503	5,398,293		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150100

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

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	7,736,792	0	0	0	1.00
2.00	Land Improvements	8,185,082	43,571	0	43,571	2.00
3.00	Buildings and Fixtures	170,675,412	5,219,751	0	5,219,751	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	129,943,542	9,957,879	0	9,957,879	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	316,540,828	15,221,201	0	15,221,201	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	316,540,828	15,221,201	0	15,221,201	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	7,736,792	0			1.00
2.00	Land Improvements	8,228,653	0			2.00
3.00	Buildings and Fixtures	175,895,163	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	139,901,421	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	331,762,029	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	331,762,029	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150100

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

Worksheet A-7  
Part II  
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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	4,649,403	4,325,254	4,248,684	647	-60,388	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,036,985	1,504,515	0	30,450	0	2.00
3.00	Total (sum of lines 1-2)	11,686,388	5,829,769	4,248,684	31,097	-60,388	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	13,163,600				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,672	8,575,622				2.00
3.00	Total (sum of lines 1-2)	3,672	21,739,222				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150100

Period:  
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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	191,860,608	0	191,860,608	0.578308	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	139,901,421	0	139,901,421	0.421692	0	2.00
3.00	Total (sum of lines 1-2)	331,762,029	0	331,762,029	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,345,075	4,369,012	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,036,985	1,504,515	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,382,060	5,873,527	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	160	647	-60,388	0	8,654,506	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	30,450	0	71,600	8,643,550	2.00
3.00	Total (sum of lines 1-2)	160	31,097	-60,388	71,600	17,298,056	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150100

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

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			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-3,324,450	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-11,518	ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-10,488,721			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	-46,618,974			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,761,846	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-1,712	CENTRAL SERVICES & SUPPLY	14.00	0	16.00
17.00 Sale of drugs to other than patients	B	-58,757	PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-26,860	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 MISC INCOME - EMPLOYEE BENEFITS	B	-1,092	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150100

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

Worksheet A-8

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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				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
33.01	MI SC INCOME - OTHER A&G	B	-545,458	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	MI SC INCOME - PLANT	B	-584,127	OPERATION OF PLANT	7.00	0	33.02
33.03	MI SC INCOME - LAUNDRY	B	-227,230	LAUNDRY & LINEN SERVICE	8.00	0	33.03
33.04	MI SC INCOME - HOUSEKEEPING	B	-317	HOUSEKEEPING	9.00	0	33.04
33.05	MI SC INCOME - NURSING ADMIN	B	-52,637	NURSING ADMINISTRATION	13.00	0	33.05
33.06	MI SC INCOME - I&R	B	-1,872	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.06
33.07	MI SC INCOME - ADULTS & PEDS	B	-121,007	ADULTS & PEDIATRICS	30.00	0	33.07
33.08	MI SC INCOME - ICU	B	-4,227	INTENSIVE CARE UNIT	31.00	0	33.08
33.09	MI SC INCOME - NICU	B	-27,603	NICU	31.02	0	33.09
33.10	MI SC INCOME - IPF	B	-43,181	SUBPROVIDER - IPF	40.00	0	33.10
33.11	MI SC INCOME - L&D	B	-1,050	DELIVERY ROOM & LABOR ROOM	52.00	0	33.11
33.12	MI SC INCOME - RADIOLOGY	B	-79,467	RADIOLOGY-DIAGNOSTIC	54.00	0	33.12
33.13	MI SC INCOME - ULTRASOUND	B	-5,547	ULTRASOUND	54.02	0	33.13
33.14	MI SC INCOME - CARDIAC CATH	B	-362	CARDIAC CATHETERIZATION	59.00	0	33.14
33.15	MI SC INCOME - LAB	B	-191,190	LABORATORY	60.00	0	33.15
33.16	MI SC INCOME - IV THERAPY	B	-250,859	INTRAVENOUS THERAPY	64.00	0	33.16
33.17	MI SC INCOME - RT	B	-175	RESPIRATORY THERAPY	65.00	0	33.17
33.18	MI SC INCOME - PT	B	-6,544	PHYSICAL THERAPY	66.00	0	33.18
33.19	MI SC INCOME - CARDIAC REHAB	B	-77,221	CARDIAC REHAB	69.02	0	33.19
33.20	MI SC INCOME - DIABETIC EDUCATION	B	-300	DIABETIC EDUCATION	69.03	0	33.20
33.21	MI SC INCOME - MOBILE CLINIC	B	-19,260	MOBILE OUTREACH CLINIC	76.01	0	33.21
33.22	MI SC INCOME - OP PSYCH	B	-27,865	OUTPATIENT PSYCH	90.01	0	33.22
33.23	MI SC INCOME - ER	B	-30,668	EMERGENCY	91.00	0	33.23
33.24	MI SC INCOME - DIAG TREATMENT	B	-3,000	DIAGNOSTIC TREATMENT CENTER	91.01	0	33.24
33.25	MI SC INCOME - AMBULANCE	B	-74,508	AMBULANCE SERVICES	95.00	0	33.25
33.27	ADVERTISING - OTHER A&G	A	-48,026	ADMINISTRATIVE & GENERAL	5.00	0	33.27
33.28	ADVERTISING - PLANT OPS	A	-65	OPERATION OF PLANT	7.00	0	33.28
33.29	ADVERTISING - NURSING ADMIN	A	-100	NURSING ADMINISTRATION	13.00	0	33.29
33.30	ADVERTISING - A&P	A	-52,890	ADULTS & PEDIATRICS	30.00	0	33.30
33.31	ADVERTISING - OR	A	-3,961	OPERATING ROOM	50.00	0	33.31
33.32	ADVERTISING - L&D	A	-330	DELIVERY ROOM & LABOR ROOM	52.00	0	33.32
33.33	ADVERTISING - IV THERAPY	A	-524	INTRAVENOUS THERAPY	64.00	0	33.33
33.34	ADVERTISING - PT	A	-1,385	PHYSICAL THERAPY	66.00	0	33.34
33.35	ADVERTISING - MOBILE OUTREACH CLINIC	A	-70	MOBILE OUTREACH CLINIC	76.01	0	33.35
33.36	ADVERTISING - CLINIC	A	-117	CLINIC	90.00	0	33.36
33.37	ADVERTISING - ER	A	-1,373	EMERGENCY	91.00	0	33.37
33.38	VARIOUS N/A EXP- BENEFITS	A	-81	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.38
33.39	VARIOUS N/A EXP- A&G	A	-504,392	ADMINISTRATIVE & GENERAL	5.00	0	33.39
33.40	VARIOUS N/A EXP- NURSING ADMIN	A	-163	NURSING ADMINISTRATION	13.00	0	33.40
33.41	VARIOUS N/A EXP - PHARMACY	A	-11,835	PHARMACY	15.00	0	33.41
33.42	VARIOUS N/A EXP - MEDICAL RECORDS	A	-154	MEDICAL RECORDS & LIBRARY	16.00	0	33.42
33.43	VARIOUS N/A EXP - I&R	A	-1,974	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.43
33.44	VARIOUS N/A EXP - A&P	A	-2,093	ADULTS & PEDIATRICS	30.00	0	33.44
33.45	VARIOUS N/A EXP - ICU	A	-300	INTENSIVE CARE UNIT	31.00	0	33.45
33.46	VARIOUS N/A EXP - NICU	A	-4,592	NICU	31.02	0	33.46
33.47	VARIOUS N/A EXP - IRF	A	-128	SUBPROVIDER - IRF	41.00	0	33.47
33.48	VARIOUS N/A EXP - OR	A	-3,613	OPERATING ROOM	50.00	0	33.48
33.49	VARIOUS N/A EXP - RECOVERY	A	-55	RECOVERY ROOM	51.00	0	33.49
33.50	VARIOUS N/A EXP - L&D	A	-308	DELIVERY ROOM & LABOR ROOM	52.00	0	33.50
33.51	VARIOUS N/A EXP - RADIOLOGY	A	-9,851	RADIOLOGY-DIAGNOSTIC	54.00	0	33.51
33.52	VARIOUS N/A EXP - RT	A	-89	RESPIRATORY THERAPY	65.00	0	33.52
33.53	VARIOUS N/A EXP - PT	A	-2,346	PHYSICAL THERAPY	66.00	0	33.53
33.54	VARIOUS N/A EXP - ST	A	-1,667	SPEECH PATHOLOGY	68.00	0	33.54
33.55	VARIOUS N/A EXP - ELECTROCARDIOLOGY	A	-120	ELECTROCARDIOLOGY	69.00	0	33.55
33.56	VARIOUS N/A EXP - ER	A	-1,080	EMERGENCY	91.00	0	33.56
33.57	VARIOUS N/A EXP - AMBULANCE	A	-16,931	AMBULANCE SERVICES	95.00	0	33.57
33.58	VARIOUS N/A EXP - DME	A	-89	DURABLE MEDICAL EQUIP-SOLD	97.00	0	33.58
33.59	PV LAB BENEFITS	A	-127,655	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.59
33.60	PV LAB PROFIT	A	-1,830,510	INTRAVENOUS THERAPY	64.00	0	33.60
33.61	PROVIDER ASSESSMENT	A	-13,361,166	ADMINISTRATIVE & GENERAL	5.00	0	33.61
33.62	PROFESSIONAL LIABILITY	A	-238,195	ADMINISTRATIVE & GENERAL	5.00	0	33.62
33.63	LOBBYING DUES	A	-5,668	ADMINISTRATIVE & GENERAL	5.00	0	33.63
33.64	PHYSICIAN BILLING	A	-6,213	ADULTS & PEDIATRICS	30.00	0	33.64

Provider CCN: 150100

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

Worksheet A-8

Date/Time Prepared:  
11/21/2015 4:08 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
			1.00	2.00	3.00		4.00
33.65	PHYSICIAN BILLING	A	-36,504	NI CU	31.02	0	33.65
33.66	PHYSICIAN BILLING	A	-4,877	SUBPROVIDER - IPF	40.00	0	33.66
33.67	PHYSICIAN BILLING	A	-541	OPERATING ROOM	50.00	0	33.67
33.68	PHYSICIAN BILLING	A	-6,580	DIABETIC EDUCATION	69.03	0	33.68
33.69	PHYSICIAN BILLING	A	-32	ELECTROENCEPHALOGRAPHY	70.00	0	33.69
33.70	PHYSICIAN BILLING	A	-6,634	BARIATRICALS	90.04	0	33.70
33.71	PATIENT PHONES	A	-27,880	ADMINISTRATIVE & GENERAL	5.00	0	33.71
33.72	PATIENT PHONES	A	-1,435	MEDICAL RECORDS & LIBRARY	16.00	0	33.72
33.73	PATIENT PHONES	A	-1	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.73
33.74	PATIENT PHONES	A	-10,977	NI CU	31.02	0	33.74
33.75	PATIENT PHONES	A	-930	AMBULANCE SERVICES	95.00	0	33.75
33.76	PATIENT PHONES	A	-208	DURABLE MEDICAL EQUIP-SOLD	97.00	0	33.76
33.77	COLLECTION AGENCY REFUNDS	A	240,525	ADMINISTRATIVE & GENERAL	5.00	0	33.77
33.78	PENSION	A	6,449,366	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.78
33.79	SELF-INSURANCE	A	-6,095,364	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.79
33.80	AT RISK COMPENSATION ADJ SALARIES	A	-2,589,837	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.80
33.81	AT RISK COMPENSATION ADJ BENEFITS	A	-166,878	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.81
33.82			0		0.00	0	33.82
33.83			0		0.00	0	33.83
33.84			0		0.00	0	33.84
33.85			0		0.00	0	33.85
33.86			0		0.00	0	33.86
33.87			0		0.00	0	33.87
33.88			0		0.00	0	33.88
33.89			0		0.00	0	33.89
33.90			0		0.00	0	33.90
33.91			0		0.00	0	33.91
33.92			0		0.00	0	33.92
33.93			0		0.00	0	33.93
33.94			0		0.00	0	33.94
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-83,168,501				50.00

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

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.



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

Provider CCN: 150100

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

Worksheet A-8-1

Date/Time Prepared: 11/21/2015 4:08 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ST. MARY'S HOME OFFICE	0	304,328 1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	ST. MARY'S HOME OFFICE	0	2,453,580 2.00
3.00	7.00	OPERATION OF PLANT	ST. MARY'S HOME OFFICE	0	807,058 3.00
4.00	9.00	HOUSEKEEPING	ST. MARY'S HOME OFFICE	0	308,233 4.00
4.01	11.00	CAFETERIA	ST. MARY'S HOME OFFICE	0	194,445 4.01
4.02	98.00	HOME OFFICE	ST. MARY'S HOME OFFICE	0	53,933,922 4.02
4.03	0.00			0	0 4.03
4.04	0.00			0	0 4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	ST. MARY'S HOME OFFICE	66,862,977	52,986,326 4.05
4.06	0.00			0	0 4.06
4.07	1.00	CAP REL COSTS-BLDG & FIXT	ASCENSION BOND AMORTIZATION	3,311,481	4,235,555 4.07
4.08	0.00			0	0 4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	MSC COSTS	0	2,020,485 4.09
4.10	0.00			0	0 4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	SVH CHARGEBACKS	35,615	35,615 4.11
4.12	192.00	PHYSICIANS' PRIVATE OFFICES	SVH CHARGEBACKS	4,675	4,675 4.12
4.13	0.00			0	0 4.13
4.14	7.00	OPERATION OF PLANT	TRIMEDX	7,368,559	6,994,621 4.14
4.15	14.00	CENTRAL SERVICES & SUPPLY	TRIMEDX	14,232	13,510 4.15
4.16	50.00	OPERATING ROOM	TRIMEDX	9,918	9,415 4.16
4.17	54.00	RADIOLOGY-DIAGNOSTIC	TRIMEDX	135,361	128,492 4.17
4.18	65.00	RESPIRATORY THERAPY	TRIMEDX	2,370	2,250 4.18
4.19	91.01	DIAGNOSTIC TREATMENT CENTER	TRIMEDX	8,293	7,873 4.19
4.20	2.00	CAP REL COSTS-MVBLE EQUIP	TRIMEDX	67,928	0 4.20
4.21	0.00			0	0 4.21
4.22	0.00			0	0 4.22
4.23	0.00			0	0 4.23
5.00	0			77,821,409	124,440,383 5.00

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

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

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

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

6.00	B		0.00	ST MARY'S HLTH	100.00	6.00
7.00	B		0.00	ASCENSION	100.00	7.00
8.00	B		0.00	ST VINCENT HLTH	100.00	8.00
9.00	A		0.00	TRIMEDX	0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150100

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

Worksheet A-8-1

Date/Time Prepared:  
11/21/2015 4:08 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-304,328	9		1.00
2.00	-2,453,580	0		2.00
3.00	-807,058	0		3.00
4.00	-308,233	0		4.00
4.01	-194,445	0		4.01
4.02	-53,933,922	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	13,876,651	0		4.05
4.06	0	0		4.06
4.07	-924,074	11		4.07
4.08	0	0		4.08
4.09	-2,020,485	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	373,938	0		4.14
4.15	722	0		4.15
4.16	503	0		4.16
4.17	6,869	0		4.17
4.18	120	0		4.18
4.19	420	0		4.19
4.20	67,928	14		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
5.00	-46,618,974			5.00

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

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

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

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

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

6.00	SYSTEM HOME OFF		6.00
7.00	ADMINISTRATION		7.00
8.00	CASHIERING/AR		8.00
9.00	TECHNOLOGY MGMT		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: 150100

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

Worksheet A-8-2

Date/Time Prepared: 11/21/2015 4:08 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours
1.00	2.00	3.00	4.00	5.00	6.00	7.00
1.00	5.00 ADMINISTRATIVE & GENERAL	7,715	7,715	0	0	0
2.00	31.00 INTENSIVE CARE UNIT	896,080	896,080	0	0	0
3.00	50.00 OPERATING ROOM	544,234	544,234	0	0	0
4.00	53.00 ANESTHESIOLOGY	3,316,059	3,316,059	0	0	0
5.00	54.00 RADIOLOGY-DIAGNOSTIC	690,733	690,733	0	0	0
6.00	54.03 NUCLEAR MEDICINE	946	946	0	0	0
7.00	57.00 CT SCAN	3,082	3,082	0	0	0
8.00	59.00 CARDIAC CATHETERIZATION	286	286	0	0	0
9.00	63.00 BLOOD STORING, PROCESSING & TRANS.	220	220	0	0	0
10.00	64.00 INTRAVENOUS THERAPY	66	66	0	0	0
11.00	69.00 ELECTROCARDIOLOGY	108,493	108,493	0	0	0
12.00	69.03 DIABETIC EDUCATION	15,850	15,850	0	0	0
13.00	70.00 ELECTROENCEPHALOGRAPHY	14,800	14,800	0	0	0
14.00	90.00 CLINIC	212,440	212,440	0	0	0
15.00	90.01 OUTPATIENT PSYCH	5,400	5,400	0	0	0
16.00	90.04 BARIATRICS	90,902	90,902	0	0	0
17.00	91.00 EMERGENCY	4,232,355	4,232,355	0	0	0
18.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	349,060	349,060	0	0	0
200.00		10,488,721	10,488,721	0	0	0

  

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance
1.00	2.00	8.00	9.00	12.00	13.00	14.00
1.00	5.00 ADMINISTRATIVE & GENERAL	0	0	0	0	0
2.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0
3.00	50.00 OPERATING ROOM	0	0	0	0	0
4.00	53.00 ANESTHESIOLOGY	0	0	0	0	0
5.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
6.00	54.03 NUCLEAR MEDICINE	0	0	0	0	0
7.00	57.00 CT SCAN	0	0	0	0	0
8.00	59.00 CARDIAC CATHETERIZATION	0	0	0	0	0
9.00	63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
10.00	64.00 INTRAVENOUS THERAPY	0	0	0	0	0
11.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0
12.00	69.03 DIABETIC EDUCATION	0	0	0	0	0
13.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
14.00	90.00 CLINIC	0	0	0	0	0
15.00	90.01 OUTPATIENT PSYCH	0	0	0	0	0
16.00	90.04 BARIATRICS	0	0	0	0	0
17.00	91.00 EMERGENCY	0	0	0	0	0
18.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0
200.00		0	0	0	0	0

  

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment
1.00	2.00	15.00	16.00	17.00	18.00
1.00	5.00 ADMINISTRATIVE & GENERAL	0	0	0	7,715
2.00	31.00 INTENSIVE CARE UNIT	0	0	0	896,080
3.00	50.00 OPERATING ROOM	0	0	0	544,234
4.00	53.00 ANESTHESIOLOGY	0	0	0	3,316,059
5.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	690,733
6.00	54.03 NUCLEAR MEDICINE	0	0	0	946
7.00	57.00 CT SCAN	0	0	0	3,082
8.00	59.00 CARDIAC CATHETERIZATION	0	0	0	286
9.00	63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	220
10.00	64.00 INTRAVENOUS THERAPY	0	0	0	66
11.00	69.00 ELECTROCARDIOLOGY	0	0	0	108,493
12.00	69.03 DIABETIC EDUCATION	0	0	0	15,850
13.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	14,800
14.00	90.00 CLINIC	0	0	0	212,440
15.00	90.01 OUTPATIENT PSYCH	0	0	0	5,400
16.00	90.04 BARIATRICS	0	0	0	90,902
17.00	91.00 EMERGENCY	0	0	0	4,232,355
18.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	349,060
200.00		0	0	0	10,488,721

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B Part I Date/Time Prepared: 11/21/2015 4:08 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation . 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	8,654,506	8,654,506				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	8,643,550		8,643,550			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	28,149,952	6,835	0	28,156,787		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	77,863,931	1,056,494	2,563,416	1,729,629	83,213,470	5.00
7.00 00700 OPERATION OF PLANT	12,075,946	788,853	148,362	326,267	13,339,428	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	895,299	75,604	25,238	151,959	1,148,100	8.00
9.00 00900 HOUSEKEEPING	3,935,595	168,072	17,427	0	4,121,094	9.00
10.00 01000 DIETARY	1,923,261	220,249	57,260	22,633	2,223,403	10.00
11.00 01100 CAFETERIA	1,032,589	0	0	35,173	1,067,762	11.00
13.00 01300 NURSING ADMINISTRATION	4,177,567	325,790	147,813	1,001,332	5,652,502	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,326,953	156,891	122,031	292,593	2,898,468	14.00
15.00 01500 PHARMACY	4,199,458	55,177	16,382	915,933	5,186,950	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,380,273	52,881	1,655	371,220	2,806,029	16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	397,800	0	0	83,486	481,286	21.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	20,369,907	1,423,007	309,311	4,570,513	26,672,738	30.00
31.00 03100 INTENSIVE CARE UNIT	9,849,901	372,873	229,295	1,863,367	12,315,436	31.00
31.02 03102 NICU	3,056,018	111,673	123,514	678,798	3,970,003	31.02
32.00 03200 CORONARY CARE UNIT	1,538,337	49,652	145,780	211,226	1,944,995	32.00
40.00 04000 SUBPROVIDER - IPF	1,842,233	101,802	3,983	337,626	2,285,644	40.00
41.00 04100 SUBPROVIDER - IRF	1,626,511	310,668	35,436	389,158	2,361,773	41.00
43.00 04300 NURSERY	891,419	0	0	197,192	1,088,611	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	44,297,963	386,333	1,375,266	1,418,460	47,478,022	50.00
51.00 05100 RECOVERY ROOM	1,419,493	82,413	16,057	335,412	1,853,375	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,261,564	212,921	39,447	514,454	3,028,386	52.00
53.00 05300 ANESTHESIOLOGY	43,795	0	91,359	11,031	146,185	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,087,182	189,529	508,040	748,072	4,532,823	54.00
54.02 05402 ULTRASOUND	647,992	16,451	60,068	151,239	875,750	54.02
54.03 05403 NUCLEAR MEDICINE	1,658,583	61,968	3,031	150,570	1,874,152	54.03
56.00 05600 RADIO SOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	1,153,768	45,649	283,867	240,376	1,723,660	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	559,121	56,655	416,320	119,840	1,151,936	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,555,606	112,843	679,202	266,334	2,613,985	59.00
60.00 06000 LABORATORY	14,111,386	126,716	31,047	393,430	14,662,579	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,816,206	5,454	1,565	0	1,823,225	63.00
64.00 06400 INTRAVENOUS THERAPY	1,812,387	4,487	8,860	330,981	2,156,715	64.00
65.00 06500 RESPIRATORY THERAPY	3,029,143	25,336	62,907	621,076	3,738,462	65.00
66.00 06600 PHYSICAL THERAPY	2,507,149	52,115	9,517	582,957	3,151,738	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,165,816	0	0	291,783	1,457,599	67.00
68.00 06800 SPEECH PATHOLOGY	405,635	0	5,604	99,882	511,121	68.00
69.00 06900 ELECTROCARDIOLOGY	896,378	40,274	199,838	210,693	1,347,183	69.00
69.02 06902 CARDIAC REHAB	397,907	67,563	4,417	116,060	585,947	69.02
69.03 06903 DIABETIC EDUCATION	371,940	40,767	848	56,077	469,632	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	552,406	63,033	67,187	136,957	819,583	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,021,117	0	0	0	8,021,117	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	15,974,616	0	0	0	15,974,616	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	17,384,072	0	0	0	17,384,072	73.00
74.00 07400 RENAL DIALYSIS	1,394,141	2,578	25,448	0	1,422,167	74.00
76.00 03951 ECT	140,958	0	0	34,946	175,904	76.00
76.01 03950 MOBILE OUTREACH CLINIC	671,214	0	21,137	153,257	845,608	76.01
<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	677,698	8,991	1,775	104,597	793,061	90.00
90.01 09001 OUTPATIENT PSYCH	29,248	116,731	0	13,703	159,682	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	240,400	0	127	73,044	313,571	90.04
91.00 09100 EMERGENCY	6,795,280	211,610	489,255	1,434,872	8,931,017	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	1,812,937	103,905	114,415	273,604	2,304,861	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	4,202,553	0	41,261	534,806	4,778,620	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	669,069	0	978	51,579	721,626	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/21/2015 4:08 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
101.00 10100 HOME HEALTH AGENCY	0	1.00	2.00	4.00	4A	
SPECIAL PURPOSE COST CENTERS						
106.00 10600 HEART ACQUISITION	0	0	0	0		106.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	337,595,729	7,310,843	8,505,746	22,648,197	330,605,672	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	74	0	0	0	74	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	20,554,356	229,266	109,720	3,889,735	24,783,077	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	155,448	0	0	155,448	194.00
194.01 07951 APOTHECARY	4,964,524	1,601	0	118,855	5,084,980	194.01
194.02 07952 OCCUPATIONAL MEDICINE	1,663,287	347,608	106	301,651	2,312,652	194.02
194.03 07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04 07954 MARKETING	29,240	0	0	2,872	32,112	194.04
194.06 07956 MOB	458,981	0	839	19	459,839	194.06
194.07 07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	2,057,131	8,014	0	0	2,065,145	194.08
194.09 07959 CONV CARE	5,705,534	0	27,139	1,131,830	6,864,503	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	0	9,651	0	0	9,651	194.11
194.14 07964 FREE STANDING CATH LAB	0	9,114	0	0	9,114	194.14
194.15 07965 FAMILY PRACTICE	0	215,806	0	0	215,806	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	127,500	367,155	0	63,628	558,283	194.17
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	373,156,356	8,654,506	8,643,550	28,156,787	373,156,356	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/21/2015 4:08 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	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	
5.00	00500	ADMINISTRATIVE & GENERAL	83,213,470				5.00	
7.00	00700	OPERATION OF PLANT	3,828,416	17,167,844			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	329,505	149,941	1,627,546		8.00	
9.00	00900	HOUSEKEEPING	1,182,754	333,328	0	5,637,176	9.00	
10.00	01000	DIETARY	638,117	436,807	0	147,583	10.00	
11.00	01100	CAFETERIA	306,448	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	1,622,268	675,886	0	228,360	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	831,860	311,153	0	105,128	14.00	
15.00	01500	PHARMACY	1,488,655	109,429	0	36,972	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	805,330	155,402	0	52,505	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	138,129	0	0	0	21.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	7,655,076	2,825,328	636,493	954,586	30.00	
31.00	03100	INTENSIVE CARE UNIT	3,534,530	739,498	149,052	249,852	31.00	
31.02	03102	NI CU	1,139,391	221,474	52,325	74,829	31.02	
32.00	03200	CORONARY CARE UNIT	558,214	98,472	37,293	33,270	32.00	
40.00	04000	SUBPROVIDER - IPF	655,980	201,899	0	68,215	40.00	
41.00	04100	SUBPROVIDER - IRF	677,829	616,129	61,256	208,170	41.00	
43.00	04300	NURSERY	312,431	0	0	0	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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	13,626,050	816,894	172,347	276,002	50.00	
51.00	05100	RECOVERY ROOM	531,919	266,628	59,453	90,085	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	869,147	422,274	67,251	142,673	52.00	
53.00	05300	ANESTHESIOLOGY	41,955	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,300,920	581,828	28,446	196,581	54.00	
54.02	05402	ULTRASOUND	251,340	52,743	0	17,820	54.02	
54.03	05403	NUCLEAR MEDICINE	537,882	193,838	2,191	65,492	54.03	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
57.00	05700	CT SCAN	494,690	135,599	27,729	45,815	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	330,606	156,902	6,969	53,012	58.00	
59.00	05900	CARDIAC CATHETERIZATION	750,214	223,795	22,762	75,613	59.00	
60.00	06000	LABORATORY	4,208,160	483,252	0	163,275	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	523,266	10,817	0	3,655	63.00	
64.00	06400	INTRAVENOUS THERAPY	618,977	8,898	0	3,006	64.00	
65.00	06500	RESPIRATORY THERAPY	1,072,939	50,248	0	16,977	65.00	
66.00	06600	PHYSICAL THERAPY	904,549	261,324	6,677	88,293	66.00	
67.00	06700	OCCUPATIONAL THERAPY	418,331	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	146,692	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	386,642	85,840	12,867	29,003	69.00	
69.02	06902	CARDIAC REHAB	168,167	264,447	10,237	89,348	69.02	
69.03	06903	DIABETIC EDUCATION	134,784	228,418	0	77,175	69.03	
70.00	07000	ELECTROENCEPHALOGRAPHY	235,220	125,009	6,361	42,236	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,302,061	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,584,715	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	4,989,229	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	408,162	19,750	1,727	6,673	74.00	
76.00	03951	ECT	50,484	0	0	0	76.00	
76.01	03950	MOBILE OUTREACH CLINIC	242,689	61,117	0	20,650	76.01	
<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	227,609	98,943	21,107	33,430	90.00	
90.01	09001	OUTPATIENT PSYCH	45,829	326,524	0	110,322	90.01	
90.02	09002	PEDS CLINIC	0	0	0	0	90.02	
90.04	09004	BARiatricS	89,995	0	0	0	90.04	
91.00	09100	EMERGENCY	2,563,202	419,674	201,724	141,794	91.00	
91.01	09101	DIAGNOSTIC TREATMENT CENTER	661,495	206,069	43,279	69,624	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				622	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	1,371,464	0	0	0	95.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	207,107	57,331	0	19,370	97.00	
98.00	09850	HOME OFFICE	0	0	0	0	98.00	
99.00	09900	CMHC	0	0	0	0	99.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	71,001,424	12,432,908	1,627,546	4,037,394	3,445,773	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B  
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11/21/2015 4:08 pm

Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100 RESEARCH	21	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	7,112,743	501,502	0	169,441	137	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	44,614	308,292	0	104,162	0	194.00
194.01 07951 APOTHECARY	1,459,389	53,423	0	18,050	0	194.01
194.02 07952 OCCUPATIONAL MEDICINE	663,731	689,390	0	232,923	0	194.02
194.03 07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	5,531	0	1,869	0	194.03
194.04 07954 MARKETING	9,216	0	0	0	0	194.04
194.06 07956 MOB	131,974	0	0	0	0	194.06
194.07 07957 SENIOR PARTNERS	0	20,553	0	6,944	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	592,697	15,894	0	5,370	0	194.08
194.09 07959 CONV CARE	1,970,112	288,384	0	97,436	0	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	2,770	19,140	0	6,467	0	194.11
194.14 07964 FREE STANDING CATH LAB	2,616	18,075	0	6,107	0	194.14
194.15 07965 FAMILY PRACTICE	61,936	1,407,254	0	475,465	0	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	160,227	1,407,498	0	475,548	0	194.17
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)	83,213,470	17,167,844	1,627,546	5,637,176	3,445,910	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B  
Part I  
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11/21/2015 4:08 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,374,210					11.00
13.00	01300		8,243,253				13.00
14.00	01400	26,796	0	4,173,405			14.00
15.00	01500	41,569	0	0	6,863,575		15.00
16.00	01600	33,248	0	0	0	3,852,514	16.00
21.00	02100	5,657	0	0	0	0	21.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	295,007	2,880,509	0	0	161,859	30.00
31.00	03100	101,400	971,809	0	0	72,028	31.00
31.02	03102	35,485	0	0	0	22,590	31.02
32.00	03200	11,556	203,192	0	0	11,419	32.00
40.00	04000	14,714	172,105	0	0	13,392	40.00
41.00	04100	23,733	402,555	0	0	11,217	41.00
43.00	04300	11,601	0	0	0	5,704	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	79,665	253,202	0	0	668,860	50.00
51.00	05100	16,573	327,090	0	0	73,320	51.00
52.00	05200	27,904	396,473	0	0	34,022	52.00
53.00	05300	890	0	0	0	49,381	53.00
54.00	05400	39,425	0	0	0	145,930	54.00
54.02	05402	7,552	0	0	0	54,003	54.02
54.03	05403	7,894	0	0	0	97,875	54.03
56.00	05600	0	0	0	0	0	56.00
57.00	05700	12,727	0	0	0	161,846	57.00
58.00	05800	5,995	0	0	0	55,509	58.00
59.00	05900	12,760	191,929	0	0	173,733	59.00
60.00	06000	33,069	0	0	0	263,641	60.00
63.00	06300	0	0	0	0	22,352	63.00
64.00	06400	17,718	186,072	0	0	57,827	64.00
65.00	06500	35,194	0	0	0	61,536	65.00
66.00	06600	32,922	0	0	0	53,570	66.00
67.00	06700	16,305	0	0	0	31,732	67.00
68.00	06800	4,731	0	0	0	9,944	68.00
69.00	06900	13,682	277,981	0	0	135,040	69.00
69.02	06902	6,577	130,205	0	0	3,286	69.02
69.03	06903	3,186	0	0	0	793	69.03
70.00	07000	10,959	0	0	0	26,518	70.00
71.00	07100	0	0	1,395,057	0	357,635	71.00
72.00	07200	0	0	2,778,348	0	136,462	72.00
73.00	07300	0	0	0	6,863,575	396,930	73.00
74.00	07400	536	147,776	0	0	11,976	74.00
76.00	03951	1,931	0	0	0	3,766	76.00
76.01	03950	10,937	0	0	0	1,848	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	4,278	0	0	0	7,303	90.00
90.01	09001	652	0	0	0	1,118	90.01
90.02	09002	0	0	0	0	0	90.02
90.04	09004	4,368	0	0	0	0	90.04
91.00	09100	88,356	1,102,014	0	0	349,588	91.00
91.01	09101	14,731	218,961	0	0	75,681	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	39,067	381,380	0	0	29,428	95.00
97.00	09700	4,419	0	0	0	1,852	97.00
98.00	09850	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	0	0	0	0	0	106.00
118.00		1,220,006	8,243,253	4,173,405	6,863,575	3,852,514	118.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/21/2015 4:08 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	80,040	0	0	0	0 192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01	07951	APOTHECARY	5,237	0	0	0	0 194.01
194.02	07952	OCCUPATIONAL MEDICINE	13,578	0	0	0	0 194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0 194.03
194.04	07954	MARKETING	156	0	0	0	0 194.04
194.06	07956	MOB	2	0	0	0	0 194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0 194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0 194.08
194.09	07959	CONV CARE	50,757	0	0	0	0 194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0 194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0 194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0 194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0 194.15
194.17	07967	FOUNDATION/UNUSED SPACE	4,434	0	0	0	0 194.17
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)	1,374,210	8,243,253	4,173,405	6,863,575	3,852,514 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B  
Part I  
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Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	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
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	625,072				21.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	625,072	45,114,422	-625,072	44,489,350	30.00
31.00 03100 INTENSIVE CARE UNIT	0	18,653,958	0	18,653,958	31.00
31.02 03102 NICU	0	5,516,097	0	5,516,097	31.02
32.00 03200 CORONARY CARE UNIT	0	2,964,134	0	2,964,134	32.00
40.00 04000 SUBPROVIDER - IPF	0	3,571,636	0	3,571,636	40.00
41.00 04100 SUBPROVIDER - IRF	0	4,566,387	0	4,566,387	41.00
43.00 04300 NURSERY	0	1,418,347	0	1,418,347	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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	63,372,028	0	63,372,028	50.00
51.00 05100 RECOVERY ROOM	0	3,219,505	0	3,219,505	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,025,142	0	5,025,142	52.00
53.00 05300 ANESTHESIOLOGY	0	238,411	0	238,411	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	6,840,172	0	6,840,172	54.00
54.02 05402 ULTRASOUND	0	1,259,208	0	1,259,208	54.02
54.03 05403 NUCLEAR MEDICINE	0	2,779,324	0	2,779,324	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
57.00 05700 CT SCAN	0	2,602,066	0	2,602,066	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,760,929	0	1,760,929	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	4,064,791	0	4,064,791	59.00
60.00 06000 LABORATORY	0	19,813,976	0	19,813,976	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,383,315	0	2,383,315	63.00
64.00 06400 INTRAVENOUS THERAPY	0	3,080,838	0	3,080,838	64.00
65.00 06500 RESPIRATORY THERAPY	0	4,975,356	0	4,975,356	65.00
66.00 06600 PHYSICAL THERAPY	0	4,499,073	0	4,499,073	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,923,967	0	1,923,967	67.00
68.00 06800 SPEECH PATHOLOGY	0	672,488	0	672,488	68.00
69.00 06900 ELECTROCARDIOLOGY	0	2,288,238	0	2,288,238	69.00
69.02 06902 CARDIAC REHAB	0	1,258,214	0	1,258,214	69.02
69.03 06903 DIABETIC EDUCATION	0	913,988	0	913,988	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,267,161	0	1,267,161	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,075,870	0	12,075,870	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	23,474,141	0	23,474,141	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	29,633,806	0	29,633,806	73.00
74.00 07400 RENAL DIALYSIS	0	2,018,767	0	2,018,767	74.00
76.00 03951 ECT	0	232,085	0	232,085	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	1,182,849	0	1,182,849	76.01
<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	1,185,731	0	1,185,731	90.00
90.01 09001 OUTPATIENT PSYCH	0	644,127	0	644,127	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	407,934	0	407,934	90.04
91.00 09100 EMERGENCY	0	13,799,099	0	13,799,099	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	3,595,323	0	3,595,323	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES	0	6,599,959	0	6,599,959	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	1,011,705	0	1,011,705	97.00
98.00 09850 HOME OFFICE	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B  
Part I  
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Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00				
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
106.00 10600 HEART ACQUISITION	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	625,072	311,904,567	-625,072	311,279,495	118.00
NONREIMBURSABLE COST CENTERS					
191.00 19100 RESEARCH	0	95	0	95	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	32,646,940	0	32,646,940	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	612,516	0	612,516	194.00
194.01 07951 APOTHECARY	0	6,621,079	0	6,621,079	194.01
194.02 07952 OCCUPATIONAL MEDICINE	0	3,912,274	0	3,912,274	194.02
194.03 07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	7,400	0	7,400	194.03
194.04 07954 MARKETING	0	41,484	0	41,484	194.04
194.06 07956 MOB	0	591,815	0	591,815	194.06
194.07 07957 SENIOR PARTNERS	0	27,497	0	27,497	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	0	2,679,106	0	2,679,106	194.08
194.09 07959 CONV CARE	0	9,271,192	0	9,271,192	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	0	38,028	0	38,028	194.11
194.14 07964 FREE STANDING CATH LAB	0	35,912	0	35,912	194.14
194.15 07965 FAMILY PRACTICE	0	2,160,461	0	2,160,461	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	0	2,605,990	0	2,605,990	194.17
200.00 Cross Foot Adjustments	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	625,072	373,156,356	-625,072	372,531,284	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/21/2015 4:08 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	6,835	0	6,835	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,056,494	2,563,416	3,619,910	5.00
7.00 00700	OPERATION OF PLANT	0	788,853	148,362	937,215	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	75,604	25,238	100,842	8.00
9.00 00900	HOUSEKEEPING	0	168,072	17,427	185,499	9.00
10.00 01000	DIETARY	0	220,249	57,260	277,509	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	325,790	147,813	473,603	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	156,891	122,031	278,922	14.00
15.00 01500	PHARMACY	0	55,177	16,382	71,559	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	52,881	1,655	54,536	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,423,007	309,311	1,732,318	30.00
31.00 03100	INTENSIVE CARE UNIT	0	372,873	229,295	602,168	31.00
31.02 03102	NICU	0	111,673	123,514	235,187	31.02
32.00 03200	CORONARY CARE UNIT	0	49,652	145,780	195,432	32.00
40.00 04000	SUBPROVIDER - I PF	0	101,802	3,983	105,785	40.00
41.00 04100	SUBPROVIDER - I RF	0	310,668	35,436	346,104	41.00
43.00 04300	NURSERY	0	0	0	0	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	386,333	1,375,266	1,761,599	50.00
51.00 05100	RECOVERY ROOM	0	82,413	16,057	98,470	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	212,921	39,447	252,368	52.00
53.00 05300	ANESTHESIOLOGY	0	0	91,359	91,359	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	189,529	508,040	697,569	54.00
54.02 05402	ULTRASOUND	0	16,451	60,068	76,519	54.02
54.03 05403	NUCLEAR MEDICINE	0	61,968	3,031	64,999	54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	45,649	283,867	329,516	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	56,655	416,320	472,975	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	112,843	679,202	792,045	59.00
60.00 06000	LABORATORY	0	126,716	31,047	157,763	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	5,454	1,565	7,019	63.00
64.00 06400	INTRAVENOUS THERAPY	0	4,487	8,860	13,347	64.00
65.00 06500	RESPIRATORY THERAPY	0	25,336	62,907	88,243	65.00
66.00 06600	PHYSICAL THERAPY	0	52,115	9,517	61,632	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	5,604	5,604	68.00
69.00 06900	ELECTROCARDIOLOGY	0	40,274	199,838	240,112	69.00
69.02 06902	CARDIAC REHAB	0	67,563	4,417	71,980	69.02
69.03 06903	DIABETIC EDUCATION	0	40,767	848	41,615	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	0	63,033	67,187	130,220	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	2,578	25,448	28,026	74.00
76.00 03951	ECT	0	0	0	0	76.00
76.01 03950	MOBILE OUTREACH CLINIC	0	0	21,137	21,137	76.01
<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	8,991	1,775	10,766	90.00
90.01 09001	OUTPATIENT PSYCH	0	116,731	0	116,731	90.01
90.02 09002	PEDS CLINIC	0	0	0	0	90.02
90.04 09004	BARITRICS	0	0	127	127	90.04
91.00 09100	EMERGENCY	0	211,610	489,255	700,865	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	0	103,905	114,415	218,320	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	41,261	41,261	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	978	978	97.00
98.00 09850	HOME OFFICE	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

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

Worksheet B  
Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
106.00	10600	HEART ACQUISITION	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,310,843	8,505,746	15,816,589
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	229,266	109,720	338,986
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	155,448	0	155,448
194.01	07951	APOTHECARY	0	1,601	0	1,601
194.02	07952	OCCUPATIONAL MEDICINE	0	347,608	106	347,714
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0
194.04	07954	MARKETING	0	0	0	0
194.06	07956	MOB	0	0	839	839
194.07	07957	SENIOR PARTNERS	0	0	0	0
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	8,014	0	8,014
194.09	07959	CONV CARE	0	0	27,139	27,139
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0
194.11	07961	ST ELIZABETH	0	9,651	0	9,651
194.14	07964	FREE STANDING CATH LAB	0	9,114	0	9,114
194.15	07965	FAMILY PRACTICE	0	215,806	0	215,806
194.17	07967	FOUNDATION/UNUSED SPACE	0	367,155	0	367,155
200.00		Cross Foot Adjustments				0
201.00		Negative Cost Centers				0
202.00		TOTAL (sum lines 118-201)	0	8,654,506	8,643,550	17,298,056

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/21/2015 4:08 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	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	
5.00	00500	ADMINISTRATIVE & GENERAL	3,620,329				5.00	
7.00	00700	OPERATION OF PLANT	166,556	1,103,850			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	14,335	9,641	124,855		8.00	
9.00	00900	HOUSEKEEPING	51,456	21,432	0	258,387	9.00	
10.00	01000	DIETARY	27,761	28,086	0	6,765	340,126	10.00
11.00	01100	CAFETERIA	13,332	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	70,577	43,458	0	10,467	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	36,190	20,006	0	4,819	0	14.00
15.00	01500	PHARMACY	64,764	7,036	0	1,695	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	35,036	9,992	0	2,407	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,009	0	0	0	0	21.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	333,036	181,662	48,829	43,753	237,656	30.00
31.00	03100	INTENSIVE CARE UNIT	153,771	47,548	11,434	11,452	51,361	31.00
31.02	03102	NICU	49,569	14,240	4,014	3,430	0	31.02
32.00	03200	CORONARY CARE UNIT	24,285	6,331	2,861	1,525	6,487	32.00
40.00	04000	SUBPROVIDER - IPF	28,539	12,982	0	3,127	15,762	40.00
41.00	04100	SUBPROVIDER - IIRF	29,489	39,616	4,699	9,542	20,109	41.00
43.00	04300	NURSERY	13,592	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	592,913	52,524	13,221	12,651	97	50.00
51.00	05100	RECOVERY ROOM	23,141	17,144	4,561	4,129	105	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,812	27,151	5,159	6,540	3,653	52.00
53.00	05300	ANESTHESIOLOGY	1,825	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,597	37,410	2,182	9,011	1,403	54.00
54.02	05402	ULTRASOUND	10,935	3,391	0	817	0	54.02
54.03	05403	NUCLEAR MEDICINE	23,401	12,463	168	3,002	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	21,522	8,719	2,127	2,100	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,383	10,088	535	2,430	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,638	14,389	1,746	3,466	0	59.00
60.00	06000	LABORATORY	183,077	31,072	0	7,484	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22,765	696	0	168	0	63.00
64.00	06400	INTRAVENOUS THERAPY	26,929	572	0	138	3,122	64.00
65.00	06500	RESPIRATORY THERAPY	46,678	3,231	0	778	0	65.00
66.00	06600	PHYSICAL THERAPY	39,353	16,802	512	4,047	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,200	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,382	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,821	5,519	987	1,329	0	69.00
69.02	06902	CARDIAC REHAB	7,316	17,003	785	4,095	0	69.02
69.03	06903	DIABETIC EDUCATION	5,864	14,687	0	3,537	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	10,233	8,038	488	1,936	126	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	100,152	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	199,459	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	217,058	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	17,757	1,270	133	306	0	74.00
76.00	03951	ECT	2,196	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	10,558	3,930	0	947	0	76.01
<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	9,902	6,362	1,619	1,532	0	90.00
90.01	09001	OUTPATIENT PSYCH	1,994	20,995	0	5,057	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	3,915	0	0	0	0	90.04
91.00	09100	EMERGENCY	111,513	26,984	15,475	6,499	171	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	28,778	13,250	3,320	3,191	61	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	59,666	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	9,010	3,686	0	888	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,089,040	799,406	124,855	185,060	340,113	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

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

Worksheet B  
Part II  
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11/21/2015 4:08 pm

Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100 RESEARCH	1	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	309,441	32,245	0	7,767	13	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	1,941	19,822	0	4,774	0	194.00
194.01 07951 APOTHECARY	63,491	3,435	0	827	0	194.01
194.02 07952 OCCUPATIONAL MEDICINE	28,876	44,326	0	10,676	0	194.02
194.03 07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	356	0	86	0	194.03
194.04 07954 MARKETING	401	0	0	0	0	194.04
194.06 07956 MOB	5,742	0	0	0	0	194.06
194.07 07957 SENIOR PARTNERS	0	1,321	0	318	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	25,785	1,022	0	246	0	194.08
194.09 07959 CONV CARE	85,710	18,542	0	4,466	0	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	121	1,231	0	296	0	194.11
194.14 07964 FREE STANDING CATH LAB	114	1,162	0	280	0	194.14
194.15 07965 FAMILY PRACTICE	2,695	90,483	0	21,794	0	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	6,971	90,499	0	21,797	0	194.17
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)	3,620,329	1,103,850	124,855	258,387	340,126	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150100		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/21/2015 4:08 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	13,341					11.00
13.00	01300	624	598,971				13.00
14.00	01400	260	0	340,268			14.00
15.00	01500	404	0	0	145,680		15.00
16.00	01600	323	0	0	0	102,384	16.00
21.00	02100	55	0	0	0	0	21.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	2,861	209,304	0	0	4,285	30.00
31.00	03100	984	70,614	0	0	1,907	31.00
31.02	03102	345	0	0	0	598	31.02
32.00	03200	112	14,764	0	0	302	32.00
40.00	04000	143	12,506	0	0	355	40.00
41.00	04100	230	29,250	0	0	297	41.00
43.00	04300	113	0	0	0	151	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	773	18,398	0	0	18,102	50.00
51.00	05100	161	23,767	0	0	1,941	51.00
52.00	05200	271	28,808	0	0	901	52.00
53.00	05300	9	0	0	0	1,307	53.00
54.00	05400	383	0	0	0	3,863	54.00
54.02	05402	73	0	0	0	1,430	54.02
54.03	05403	77	0	0	0	2,591	54.03
56.00	05600	0	0	0	0	0	56.00
57.00	05700	124	0	0	0	4,285	57.00
58.00	05800	58	0	0	0	1,469	58.00
59.00	05900	124	13,946	0	0	4,599	59.00
60.00	06000	321	0	0	0	6,979	60.00
63.00	06300	0	0	0	0	592	63.00
64.00	06400	172	13,520	0	0	1,531	64.00
65.00	06500	342	0	0	0	1,629	65.00
66.00	06600	320	0	0	0	1,418	66.00
67.00	06700	158	0	0	0	840	67.00
68.00	06800	46	0	0	0	263	68.00
69.00	06900	133	20,199	0	0	3,575	69.00
69.02	06902	64	9,461	0	0	87	69.02
69.03	06903	31	0	0	0	21	69.03
70.00	07000	106	0	0	0	702	70.00
71.00	07100	0	0	113,739	0	9,468	71.00
72.00	07200	0	0	226,529	0	3,613	72.00
73.00	07300	0	0	0	145,680	10,508	73.00
74.00	07400	5	10,738	0	0	317	74.00
76.00	03951	19	0	0	0	100	76.00
76.01	03950	106	0	0	0	49	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	42	0	0	0	193	90.00
90.01	09001	6	0	0	0	30	90.01
90.02	09002	0	0	0	0	0	90.02
90.04	09004	42	0	0	0	0	90.04
91.00	09100	858	80,074	0	0	9,255	91.00
91.01	09101	143	15,910	0	0	2,003	91.01
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	379	27,712	0	0	779	95.00
97.00	09700	43	0	0	0	49	97.00
98.00	09850	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	0	0	0	0	0	106.00
118.00							
SUBTOTALS (SUM OF LINES 1-117)		11,843	598,971	340,268	145,680	102,384	118.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

Period:  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	777	0	0	0	0 192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01	07951	APOTHECARY	51	0	0	0	0 194.01
194.02	07952	OCCUPATIONAL MEDICINE	132	0	0	0	0 194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0 194.03
194.04	07954	MARKETING	2	0	0	0	0 194.04
194.06	07956	MOB	0	0	0	0	0 194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0 194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0 194.08
194.09	07959	CONV CARE	493	0	0	0	0 194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0 194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0 194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0 194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0 194.15
194.17	07967	FOUNDATION/UNUSED SPACE	43	0	0	0	0 194.17
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)	13,341	598,971	340,268	145,680	102,384 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

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

Worksheet B  
Part II  
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11/21/2015 4:08 pm

Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	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
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	6,084			21.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	2,794,830	0	2,794,830	30.00
31.00 03100	INTENSIVE CARE UNIT	951,690	0	951,690	31.00
31.02 03102	NICU	307,547	0	307,547	31.02
32.00 03200	CORONARY CARE UNIT	252,150	0	252,150	32.00
40.00 04000	SUBPROVIDER - IPF	179,281	0	179,281	40.00
41.00 04100	SUBPROVIDER - IRF	479,430	0	479,430	41.00
43.00 04300	NURSERY	13,904	0	13,904	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	2,470,622	0	2,470,622	50.00
51.00 05100	RECOVERY ROOM	173,500	0	173,500	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	362,788	0	362,788	52.00
53.00 05300	ANESTHESIOLOGY	94,503	0	94,503	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	808,599	0	808,599	54.00
54.02 05402	ULTRASOUND	93,202	0	93,202	54.02
54.03 05403	NUCLEAR MEDICINE	106,737	0	106,737	54.03
56.00 05600	RADIOISOTOPE	0	0	0	56.00
57.00 05700	CT SCAN	368,451	0	368,451	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	501,967	0	501,967	58.00
59.00 05900	CARDIAC CATHETERIZATION	863,017	0	863,017	59.00
60.00 06000	LABORATORY	386,791	0	386,791	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	31,240	0	31,240	63.00
64.00 06400	INTRAVENOUS THERAPY	59,411	0	59,411	64.00
65.00 06500	RESPIRATORY THERAPY	141,051	0	141,051	65.00
66.00 06600	PHYSICAL THERAPY	124,225	0	124,225	66.00
67.00 06700	OCCUPATIONAL THERAPY	19,269	0	19,269	67.00
68.00 06800	SPEECH PATHOLOGY	12,319	0	12,319	68.00
69.00 06900	ELECTROCARDIOLOGY	288,726	0	288,726	69.00
69.02 06902	CARDIAC REHAB	110,819	0	110,819	69.02
69.03 06903	DIABETIC EDUCATION	65,769	0	65,769	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	151,882	0	151,882	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	223,359	0	223,359	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	429,601	0	429,601	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	373,246	0	373,246	73.00
74.00 07400	RENAL DIALYSIS	58,552	0	58,552	74.00
76.00 03951	ECT	2,323	0	2,323	76.00
76.01 03950	MOBILE OUTREACH CLINIC	36,764	0	36,764	76.01
<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	30,441	0	30,441	90.00
90.01 09001	OUTPATIENT PSYCH	144,816	0	144,816	90.01
90.02 09002	PEDS CLINIC	0	0	0	90.02
90.04 09004	BARIATRICS	4,102	0	4,102	90.04
91.00 09100	EMERGENCY	952,041	0	952,041	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	285,042	0	285,042	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500	AMBULANCE SERVICES	129,927	0	129,927	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	14,666	0	14,666	97.00
98.00 09850	HOME OFFICE	0	0	0	98.00
99.00 09900	CMHC	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

Period:  
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Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES APPRV				
	21.00	24.00	25.00	26.00	
101.00 10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
106.00 10600 HEART ACQUISITION		0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	14,898,600	0	14,898,600	118.00
NONREIMBURSABLE COST CENTERS					
191.00 19100 RESEARCH		1	0	1	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES		690,171	0	690,171	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS		181,985	0	181,985	194.00
194.01 07951 APOTHECARY		69,434	0	69,434	194.01
194.02 07952 OCCUPATIONAL MEDICINE		431,797	0	431,797	194.02
194.03 07953 CANCER CENTER/PHYSICIAN RECRUITMENT		442	0	442	194.03
194.04 07954 MARKETING		404	0	404	194.04
194.06 07956 MOB		6,581	0	6,581	194.06
194.07 07957 SENIOR PARTNERS		1,639	0	1,639	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT		35,067	0	35,067	194.08
194.09 07959 CONV CARE		136,624	0	136,624	194.09
194.10 07960 EMPLOYEE FITNESS CENTER		0	0	0	194.10
194.11 07961 ST ELIZABETH		11,299	0	11,299	194.11
194.14 07964 FREE STANDING CATH LAB		10,670	0	10,670	194.14
194.15 07965 FAMILY PRACTICE		330,778	0	330,778	194.15
194.17 07967 FOUNDATION/UNUSED SPACE		486,480	0	486,480	194.17
200.00 Cross Foot Adjustments	6,084	6,084	0	6,084	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	6,084	17,298,056	0	17,298,056	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	983,769				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,281,250			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	777	0	111,784,340		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	120,093	2,159,400	6,866,741	-83,213,470	5.00
7.00 00700	OPERATION OF PLANT	89,670	124,979	1,295,301	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	8,594	21,260	603,287	0	8.00
9.00 00900	HOUSEKEEPING	19,105	14,680	0	0	9.00
10.00 01000	DIETARY	25,036	48,235	89,853	0	10.00
11.00 01100	CAFETERIA	0	0	139,638	0	11.00
13.00 01300	NURSING ADMINISTRATION	37,033	124,516	3,975,355	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	17,834	102,798	1,161,613	0	14.00
15.00 01500	PHARMACY	6,272	13,800	3,636,315	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,011	1,394	1,473,766	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	331,445	0	21.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	161,755	260,561	18,145,289	0	30.00
31.00 03100	INTENSIVE CARE UNIT	42,385	193,156	7,397,689	0	31.00
31.02 03102	NICU	12,694	104,047	2,694,874	0	31.02
32.00 03200	CORONARY CARE UNIT	5,644	122,804	838,583	0	32.00
40.00 04000	SUBPROVIDER - IPF	11,572	3,355	1,340,397	0	40.00
41.00 04100	SUBPROVIDER - IRF	35,314	29,851	1,544,983	0	41.00
43.00 04300	NURSERY	0	0	782,865	0	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	43,915	1,158,512	5,631,378	0	50.00
51.00 05100	RECOVERY ROOM	9,368	13,526	1,331,606	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,203	33,230	2,042,416	0	52.00
53.00 05300	ANESTHESIOLOGY	0	76,960	43,795	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,544	427,968	2,969,895	0	54.00
54.02 05402	ULTRASOUND	1,870	50,601	600,429	0	54.02
54.03 05403	NUCLEAR MEDICINE	7,044	2,553	597,772	0	54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	5,189	239,127	954,307	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	6,440	350,704	475,771	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	12,827	572,154	1,057,365	0	59.00
60.00 06000	LABORATORY	14,404	26,154	1,561,941	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	620	1,318	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	510	7,464	1,314,015	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,880	52,992	2,465,711	0	65.00
66.00 06600	PHYSICAL THERAPY	5,924	8,017	2,314,377	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,158,396	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	4,721	396,537	0	68.00
69.00 06900	ELECTROCARDIOLOGY	4,578	168,342	836,466	0	69.00
69.02 06902	CARDIAC REHAB	7,680	3,721	460,765	0	69.02
69.03 06903	DIABETIC EDUCATION	4,634	714	222,631	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	7,165	56,598	543,729	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	293	21,437	0	0	74.00
76.00 03951	ECT	0	0	138,738	0	76.00
76.01 03950	MOBILE OUTREACH CLINIC	0	17,806	608,442	0	76.01
<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	1,022	1,495	415,256	0	90.00
90.01 09001	OUTPATIENT PSYCH	13,269	0	54,403	0	90.01
90.02 09002	PEDS CLINIC	0	0	0	0	90.02
90.04 09004	BARITRICS	0	107	289,990	0	90.04
91.00 09100	EMERGENCY	24,054	412,144	5,696,537	0	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	11,811	96,382	1,086,224	0	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	34,758	2,123,216	0	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	824	204,773	0	97.00
98.00 09850	HOME OFFICE	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

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

Worksheet B-1

Date/Time Prepared:  
11/21/2015 4:08 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	831,033	7,165,165	89,914,875	-83,213,470	247,392,202		118.00
NONREIMBURSABLE COST CENTERS							
191.00 19100 RESEARCH	0	0	0	0	0	74	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	26,061	92,427	15,442,503	0	24,783,077		192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	17,670	0	0	0	155,448		194.00
194.01 07951 APOTHECARY	182	0	471,862	0	5,084,980		194.01
194.02 07952 OCCUPATIONAL MEDICINE	39,513	89	1,197,575	0	2,312,652		194.02
194.03 07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0		194.03
194.04 07954 MARKETING	0	0	11,402	0	32,112		194.04
194.06 07956 MOB	0	707	76	0	459,839		194.06
194.07 07957 SENIOR PARTNERS	0	0	0	0	0		194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	911	0	0	0	2,065,145		194.08
194.09 07959 CONV CARE	0	22,862	4,493,440	0	6,864,503		194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0		194.10
194.11 07961 ST ELIZABETH	1,097	0	0	0	9,651		194.11
194.14 07964 FREE STANDING CATH LAB	1,036	0	0	0	9,114		194.14
194.15 07965 FAMILY PRACTICE	24,531	0	0	0	215,806		194.15
194.17 07967 FOUNDATION/UNUSED SPACE	41,735	0	252,607	0	558,283		194.17
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	8,654,506	8,643,550	28,156,787		83,213,470		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8.797295	1.187097	0.251885		0.287000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			6,835		3,620,329		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000061		0.012486		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

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

Worksheet B-1

Date/Time Prepared:  
11/21/2015 4:08 pm

Cost Center Description		OPERATION OF PLANT (TOTAL SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)		
		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	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	983,990				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	8,594	3,960,968			8.00	
9.00	00900	HOUSEKEEPING	19,105	0	956,291		9.00	
10.00	01000	DIETARY	25,036	0	25,036	227,077	10.00	
11.00	01100	CAFETERIA	0	0	0	3,516,398	11.00	
13.00	01300	NURSING ADMINISTRATION	38,739	0	38,739	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	17,834	0	17,834	0	14.00	
15.00	01500	PHARMACY	6,272	0	6,272	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	8,907	0	8,907	0	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	14,476	21.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	161,936	1,549,034	161,936	158,665	754,882	30.00
31.00	03100	INTENSIVE CARE UNIT	42,385	362,749	42,385	34,290	259,467	31.00
31.02	03102	NICU	12,694	127,343	12,694	0	90,802	31.02
32.00	03200	CORONARY CARE UNIT	5,644	90,760	5,644	4,331	29,569	32.00
40.00	04000	SUBPROVIDER - I PF	11,572	0	11,572	10,523	37,651	40.00
41.00	04100	SUBPROVIDER - I RF	35,314	149,079	35,314	13,425	60,729	41.00
43.00	04300	NURSERY	0	0	0	0	29,685	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	46,821	419,441	46,821	65	203,851	50.00
51.00	05100	RECOVERY ROOM	15,282	144,691	15,282	70	42,407	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,203	163,669	24,203	2,439	71,403	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,278	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,348	69,228	33,348	937	100,882	54.00
54.02	05402	ULTRASOUND	3,023	0	3,023	0	19,324	54.02
54.03	05403	NUCLEAR MEDICINE	11,110	5,332	11,110	0	20,199	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	7,772	67,485	7,772	0	32,566	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,993	16,961	8,993	0	15,341	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,827	55,397	12,827	0	32,651	59.00
60.00	06000	LABORATORY	27,698	0	27,698	0	84,619	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	620	0	620	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	510	0	510	2,084	45,339	64.00
65.00	06500	RESPIRATORY THERAPY	2,880	0	2,880	0	90,057	65.00
66.00	06600	PHYSICAL THERAPY	14,978	16,251	14,978	0	84,242	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	41,723	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	12,107	68.00
69.00	06900	ELECTROCARDIOLOGY	4,920	31,314	4,920	0	35,010	69.00
69.02	06902	CARDIAC REHAB	15,157	24,915	15,157	0	16,829	69.02
69.03	06903	DIABETIC EDUCATION	13,092	0	13,092	0	8,152	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,165	15,482	7,165	84	28,042	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,132	4,204	1,132	0	1,372	74.00
76.00	03951	ECT	0	0	0	0	4,940	76.00
76.01	03950	MOBILE OUTREACH CLINIC	3,503	0	3,503	0	27,985	76.01
<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	5,671	51,368	5,671	0	10,946	90.00
90.01	09001	OUTPATIENT PSYCH	18,715	0	18,715	0	1,669	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	0	11,177	90.04
91.00	09100	EMERGENCY	24,054	490,936	24,054	114	226,091	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,811	105,329	11,811	41	37,694	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	99,966	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	3,286	0	3,286	0	11,308	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

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

Worksheet B-1

Date/Time Prepared:  
11/21/2015 4:08 pm

Cost Center Description		OPERATION OF PLANT (TOTAL SQUA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQUA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	712,603	3,960,968	684,904	227,068	3,121,815	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	28,744	0	28,744	9	204,811	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	17,670	0	17,670	0	0	194.00
194.01	07951 APOTHECARY	3,062	0	3,062	0	13,400	194.01
194.02	07952 OCCUPATIONAL MEDICINE	39,513	0	39,513	0	34,743	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	317	0	317	0	0	194.03
194.04	07954 MARKETING	0	0	0	0	398	194.04
194.06	07956 MOB	0	0	0	0	4	194.06
194.07	07957 SENIOR PARTNERS	1,178	0	1,178	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	911	0	911	0	0	194.08
194.09	07959 CONV CARE	16,529	0	16,529	0	129,880	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	1,097	0	1,097	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	1,036	0	1,036	0	0	194.14
194.15	07965 FAMILY PRACTICE	80,658	0	80,658	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	80,672	0	80,672	0	11,347	194.17
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)	17,167,844	1,627,546	5,637,176	3,445,910	1,374,210	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	17.447173	0.410896	5.894833	15.175073	0.390800	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,103,850	124,855	258,387	340,126	13,341	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.121810	0.031521	0.270197	1.497844	0.003794	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

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

Worksheet B-1

Date/Time Prepared:  
11/21/2015 4:08 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	
	(DIRECT NRSNG HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	13.00	14.00	15.00	16.00	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
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	36,593					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	23,995,733				14.00
15.00 01500 PHARMACY	0	0	1,000			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	1,436,677,249		16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	100	21.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	12,787	0	0	60,350,287	100	30.00
31.00 03100 INTENSIVE CARE UNIT	4,314	0	0	26,856,191	0	31.00
31.02 03102 NICU	0	0	0	8,422,765	0	31.02
32.00 03200 CORONARY CARE UNIT	902	0	0	4,257,821	0	32.00
40.00 04000 SUBPROVIDER - IPF	764	0	0	4,993,119	0	40.00
41.00 04100 SUBPROVIDER - IRF	1,787	0	0	4,182,208	0	41.00
43.00 04300 NURSERY	0	0	0	2,126,922	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,124	0	0	249,632,536	0	50.00
51.00 05100 RECOVERY ROOM	1,452	0	0	27,337,891	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,760	0	0	12,685,406	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	18,412,116	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54,410,813	0	54.00
54.02 05402 ULTRASOUND	0	0	0	20,135,193	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	36,493,223	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	60,345,371	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,696,780	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	852	0	0	64,777,342	0	59.00
60.00 06000 LABORATORY	0	0	0	98,299,985	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	8,334,073	0	63.00
64.00 06400 INTRAVENOUS THERAPY	826	0	0	21,560,985	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	22,944,229	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	19,973,740	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,831,610	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,707,707	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,234	0	0	50,350,567	0	69.00
69.02 06902 CARDIAC REHAB	578	0	0	1,225,122	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	295,638	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	9,887,219	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,021,117	0	133,346,463	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,974,616	0	50,880,664	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,000	147,997,697	0	73.00
74.00 07400 RENAL DIALYSIS	656	0	0	4,465,293	0	74.00
76.00 03951 ECT	0	0	0	1,404,001	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	689,186	0	76.01
<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	2,722,864	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	416,760	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	4,892	0	0	130,346,068	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	972	0	0	28,218,245	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	1,693	0	0	10,972,591	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	690,558	0	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

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

Worksheet B-1

Date/Time Prepared:  
11/21/2015 4:08 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	21.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	36,593	23,995,733	1,000	1,436,677,249	100	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 APOTHECARY	0	0	0	0	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	0	0	0	0	0	194.04
194.06	07956 MOB	0	0	0	0	0	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959 CONV CARE	0	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	0	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	8,243,253	4,173,405	6,863,575	3,852,514	625,072	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	225.268576	0.173923	6,863.575000	0.002682	6,250.720000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	598,971	340,268	145,680	102,384	6,084	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	16.368458	0.014180	145.680000	0.000071	60.840000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150100

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/21/2015 4:08 pm

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	44,489,350		44,489,350	0	44,489,350	30.00
31.00	03100	INTENSIVE CARE UNIT	18,653,958		18,653,958	0	18,653,958	31.00
31.02	03102	NI CU	5,516,097		5,516,097	0	5,516,097	31.02
32.00	03200	CORONARY CARE UNIT	2,964,134		2,964,134	0	2,964,134	32.00
40.00	04000	SUBPROVIDER - IPF	3,571,636		3,571,636	0	3,571,636	40.00
41.00	04100	SUBPROVIDER - IRF	4,566,387		4,566,387	0	4,566,387	41.00
43.00	04300	NURSERY	1,418,347		1,418,347	0	1,418,347	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	63,372,028		63,372,028	0	63,372,028	50.00
51.00	05100	RECOVERY ROOM	3,219,505		3,219,505	0	3,219,505	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,025,142		5,025,142	0	5,025,142	52.00
53.00	05300	ANESTHESIOLOGY	238,411		238,411	0	238,411	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,840,172		6,840,172	0	6,840,172	54.00
54.02	05402	ULTRASOUND	1,259,208		1,259,208	0	1,259,208	54.02
54.03	05403	NUCLEAR MEDICINE	2,779,324		2,779,324	0	2,779,324	54.03
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	2,602,066		2,602,066	0	2,602,066	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,760,929		1,760,929	0	1,760,929	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,064,791		4,064,791	0	4,064,791	59.00
60.00	06000	LABORATORY	19,813,976		19,813,976	0	19,813,976	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,383,315		2,383,315	0	2,383,315	63.00
64.00	06400	INTRAVENOUS THERAPY	3,080,838		3,080,838	0	3,080,838	64.00
65.00	06500	RESPIRATORY THERAPY	4,975,356	0	4,975,356	0	4,975,356	65.00
66.00	06600	PHYSICAL THERAPY	4,499,073	0	4,499,073	0	4,499,073	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,923,967	0	1,923,967	0	1,923,967	67.00
68.00	06800	SPEECH PATHOLOGY	672,488	0	672,488	0	672,488	68.00
69.00	06900	ELECTROCARDIOLOGY	2,288,238		2,288,238	0	2,288,238	69.00
69.02	06902	CARDIAC REHAB	1,258,214		1,258,214	0	1,258,214	69.02
69.03	06903	DIABETIC EDUCATION	913,988		913,988	0	913,988	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,267,161		1,267,161	0	1,267,161	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,075,870		12,075,870	0	12,075,870	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,474,141		23,474,141	0	23,474,141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,633,806		29,633,806	0	29,633,806	73.00
74.00	07400	RENAL DIALYSIS	2,018,767		2,018,767	0	2,018,767	74.00
76.00	03951	ECT	232,085		232,085	0	232,085	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1,182,849		1,182,849	0	1,182,849	76.01
<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	1,185,731		1,185,731	0	1,185,731	90.00
90.01	09001	OUTPATIENT PSYCH	644,127		644,127	0	644,127	90.01
90.02	09002	PEDS CLINIC	0		0	0	0	90.02
90.04	09004	BARIATRICS	407,934		407,934	0	407,934	90.04
91.00	09100	EMERGENCY	13,799,099		13,799,099	0	13,799,099	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	3,595,323		3,595,323	0	3,595,323	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,811,667		8,811,667	0	8,811,667	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	6,599,959		6,599,959	0	6,599,959	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,011,705		1,011,705	0	1,011,705	97.00
98.00	09850	HOME OFFICE	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
200.00		Subtotal (see instructions)	320,091,162	0	320,091,162	0	320,091,162	200.00
201.00		Less Observation Beds	8,811,667		8,811,667		8,811,667	201.00
202.00		Total (see instructions)	311,279,495	0	311,279,495	0	311,279,495	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150100

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/21/2015 4:08 pm

		Title XVII			Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	51,438,102		51,438,102	30.00
31.00	03100	INTENSIVE CARE UNIT	26,856,191		26,856,191	31.00
31.02	03102	NICU	8,422,765		8,422,765	31.02
32.00	03200	CORONARY CARE UNIT	4,257,821		4,257,821	32.00
40.00	04000	SUBPROVIDER - I/PF	4,993,119		4,993,119	40.00
41.00	04100	SUBPROVIDER - I/RF	4,182,208		4,182,208	41.00
43.00	04300	NURSERY	2,126,922		2,126,922	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
45.00	04500	NURSING FACILITY	0		0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	89,876,745	159,755,791	249,632,536	50.00
51.00	05100	RECOVERY ROOM	11,664,893	15,672,998	27,337,891	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,069,698	615,708	12,685,406	52.00
53.00	05300	ANESTHESIOLOGY	10,739,087	7,673,029	18,412,116	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,247,327	36,163,486	54,410,813	54.00
54.02	05402	ULTRASOUND	7,719,547	12,415,646	20,135,193	54.02
54.03	05403	NUCLEAR MEDICINE	8,482,499	28,010,724	36,493,223	54.03
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	19,109,085	41,236,286	60,345,371	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,999,519	16,697,261	20,696,780	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,633,655	23,143,687	64,777,342	59.00
60.00	06000	LABORATORY	39,856,689	58,443,296	98,299,985	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,418,732	1,915,341	8,334,073	63.00
64.00	06400	INTRAVENOUS THERAPY	6,157,975	15,403,010	21,560,985	64.00
65.00	06500	RESPIRATORY THERAPY	20,940,775	2,003,454	22,944,229	65.00
66.00	06600	PHYSICAL THERAPY	12,711,972	7,261,768	19,973,740	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,385,173	446,437	11,831,610	67.00
68.00	06800	SPEECH PATHOLOGY	3,493,627	214,080	3,707,707	68.00
69.00	06900	ELECTROCARDIOLOGY	19,998,437	30,352,130	50,350,567	69.00
69.02	06902	CARDIAC REHAB	7,722	1,217,400	1,225,122	69.02
69.03	06903	DIABETIC EDUCATION	2,504	293,134	295,638	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	3,736,919	6,150,300	9,887,219	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	73,296,779	60,049,684	133,346,463	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,670,851	22,209,813	50,880,664	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,198,413	64,799,284	147,997,697	73.00
74.00	07400	RENAL DIALYSIS	4,064,739	4,000,554	4,465,293	74.00
76.00	03951	ECT	521,086	882,915	1,404,001	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	689,186	689,186	76.01
<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	49,200	2,673,664	2,722,864	90.00
90.01	09001	OUTPATIENT PSYCH	356,701	60,059	416,760	90.01
90.02	09002	PEDS CLINIC	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	90.04
91.00	09100	EMERGENCY	39,718,192	90,627,876	130,346,068	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,892,675	16,325,570	28,218,245	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	50,435	8,861,750	8,912,185	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0	10,972,591	10,972,591	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	690,558	690,558	97.00
98.00	09850	HOME OFFICE	0	0	0	98.00
99.00	09900	CMHC	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
106.00	10600	HEART ACQUISITION	0	0	0	106.00
200.00		Subtotal (see instructions)	692,348,779	744,328,470	1,436,677,249	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	692,348,779	744,328,470	1,436,677,249	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/21/2015 4:08 pm
		Title XVII I	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.02	03102 NICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.253861		50.00
51.00	05100 RECOVERY ROOM	0.117767		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.396136		52.00
53.00	05300 ANESTHESIOLOGY	0.012949		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125713		54.00
54.02	05402 ULTRASOUND	0.062538		54.02
54.03	05403 NUCLEAR MEDICINE	0.076160		54.03
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.043120		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.085082		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.062750		59.00
60.00	06000 LABORATORY	0.201566		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.285972		63.00
64.00	06400 INTRAVENOUS THERAPY	0.142889		64.00
65.00	06500 RESPIRATORY THERAPY	0.216846		65.00
66.00	06600 PHYSICAL THERAPY	0.225249		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.162612		67.00
68.00	06800 SPEECH PATHOLOGY	0.181376		68.00
69.00	06900 ELECTROCARDIOLOGY	0.045446		69.00
69.02	06902 CARDIAC REHAB	1.027011		69.02
69.03	06903 DIABETIC EDUCATION	3.091578		69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.128162		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.090560		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.461357		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.200232		73.00
74.00	07400 RENAL DIALYSIS	0.452102		74.00
76.00	03951 ECT	0.165303		76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.716299		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.435472		90.00
90.01	09001 OUTPATIENT PSYCH	1.545559		90.01
90.02	09002 PEDS CLINIC	0.000000		90.02
90.04	09004 BARIATRICS	0.000000		90.04
91.00	09100 EMERGENCY	0.105865		91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.127411		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.988721		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.601495		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	1.465054		97.00
98.00	09850 HOME OFFICE	0.000000		98.00
99.00	09900 CMHC			99.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
106.00	10600 HEART ACQUISITION			106.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150100

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/21/2015 4:08 pm

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	44,489,350		44,489,350	0	44,489,350	30.00
31.00	03100	INTENSIVE CARE UNIT	18,653,958		18,653,958	0	18,653,958	31.00
31.02	03102	NI CU	5,516,097		5,516,097	0	5,516,097	31.02
32.00	03200	CORONARY CARE UNIT	2,964,134		2,964,134	0	2,964,134	32.00
40.00	04000	SUBPROVIDER - IPF	3,571,636		3,571,636	0	3,571,636	40.00
41.00	04100	SUBPROVIDER - IRF	4,566,387		4,566,387	0	4,566,387	41.00
43.00	04300	NURSERY	1,418,347		1,418,347	0	1,418,347	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	63,372,028		63,372,028	0	63,372,028	50.00
51.00	05100	RECOVERY ROOM	3,219,505		3,219,505	0	3,219,505	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,025,142		5,025,142	0	5,025,142	52.00
53.00	05300	ANESTHESIOLOGY	238,411		238,411	0	238,411	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,840,172		6,840,172	0	6,840,172	54.00
54.02	05402	ULTRASOUND	1,259,208		1,259,208	0	1,259,208	54.02
54.03	05403	NUCLEAR MEDICINE	2,779,324		2,779,324	0	2,779,324	54.03
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	2,602,066		2,602,066	0	2,602,066	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,760,929		1,760,929	0	1,760,929	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,064,791		4,064,791	0	4,064,791	59.00
60.00	06000	LABORATORY	19,813,976		19,813,976	0	19,813,976	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,383,315		2,383,315	0	2,383,315	63.00
64.00	06400	INTRAVENOUS THERAPY	3,080,838		3,080,838	0	3,080,838	64.00
65.00	06500	RESPIRATORY THERAPY	4,975,356	0	4,975,356	0	4,975,356	65.00
66.00	06600	PHYSICAL THERAPY	4,499,073	0	4,499,073	0	4,499,073	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,923,967	0	1,923,967	0	1,923,967	67.00
68.00	06800	SPEECH PATHOLOGY	672,488	0	672,488	0	672,488	68.00
69.00	06900	ELECTROCARDIOLOGY	2,288,238		2,288,238	0	2,288,238	69.00
69.02	06902	CARDIAC REHAB	1,258,214		1,258,214	0	1,258,214	69.02
69.03	06903	DIABETIC EDUCATION	913,988		913,988	0	913,988	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,267,161		1,267,161	0	1,267,161	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,075,870		12,075,870	0	12,075,870	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,474,141		23,474,141	0	23,474,141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,633,806		29,633,806	0	29,633,806	73.00
74.00	07400	RENAL DIALYSIS	2,018,767		2,018,767	0	2,018,767	74.00
76.00	03951	ECT	232,085		232,085	0	232,085	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1,182,849		1,182,849	0	1,182,849	76.01
<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	1,185,731		1,185,731	0	1,185,731	90.00
90.01	09001	OUTPATIENT PSYCH	644,127		644,127	0	644,127	90.01
90.02	09002	PEDS CLINIC	0		0	0	0	90.02
90.04	09004	BARIATRICS	407,934		407,934	0	407,934	90.04
91.00	09100	EMERGENCY	13,799,099		13,799,099	0	13,799,099	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	3,595,323		3,595,323	0	3,595,323	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,811,667		8,811,667	0	8,811,667	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	6,599,959		6,599,959	0	6,599,959	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,011,705		1,011,705	0	1,011,705	97.00
98.00	09850	HOME OFFICE	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
200.00		Subtotal (see instructions)	320,091,162	0	320,091,162	0	320,091,162	200.00
201.00		Less Observation Beds	8,811,667		8,811,667		8,811,667	201.00
202.00		Total (see instructions)	311,279,495	0	311,279,495	0	311,279,495	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150100

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/21/2015 4:08 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	51,438,102		51,438,102		30.00
31.00	03100	INTENSIVE CARE UNIT	26,856,191		26,856,191		31.00
31.02	03102	NICU	8,422,765		8,422,765		31.02
32.00	03200	CORONARY CARE UNIT	4,257,821		4,257,821		32.00
40.00	04000	SUBPROVIDER - I/PF	4,993,119		4,993,119		40.00
41.00	04100	SUBPROVIDER - I/RF	4,182,208		4,182,208		41.00
43.00	04300	NURSERY	2,126,922		2,126,922		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	89,876,745	159,755,791	249,632,536	0.253861	50.00
51.00	05100	RECOVERY ROOM	11,664,893	15,672,998	27,337,891	0.117767	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,069,698	615,708	12,685,406	0.396136	52.00
53.00	05300	ANESTHESIOLOGY	10,739,087	7,673,029	18,412,116	0.012949	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,247,327	36,163,486	54,410,813	0.125713	54.00
54.02	05402	ULTRASOUND	7,719,547	12,415,646	20,135,193	0.062538	54.02
54.03	05403	NUCLEAR MEDICINE	8,482,499	28,010,724	36,493,223	0.076160	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	19,109,085	41,236,286	60,345,371	0.043120	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,999,519	16,697,261	20,696,780	0.085082	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,633,655	23,143,687	64,777,342	0.062750	59.00
60.00	06000	LABORATORY	39,856,689	58,443,296	98,299,985	0.201566	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,418,732	1,915,341	8,334,073	0.285972	63.00
64.00	06400	INTRAVENOUS THERAPY	6,157,975	15,403,010	21,560,985	0.142889	64.00
65.00	06500	RESPIRATORY THERAPY	20,940,775	2,003,454	22,944,229	0.216846	65.00
66.00	06600	PHYSICAL THERAPY	12,711,972	7,261,768	19,973,740	0.225249	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,385,173	446,437	11,831,610	0.162612	67.00
68.00	06800	SPEECH PATHOLOGY	3,493,627	214,080	3,707,707	0.181376	68.00
69.00	06900	ELECTROCARDIOLOGY	19,998,437	30,352,130	50,350,567	0.045446	69.00
69.02	06902	CARDIAC REHAB	7,722	1,217,400	1,225,122	1.027011	69.02
69.03	06903	DIABETIC EDUCATION	2,504	293,134	295,638	3.091578	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	3,736,919	6,150,300	9,887,219	0.128162	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	73,296,779	60,049,684	133,346,463	0.090560	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,670,851	22,209,813	50,880,664	0.461357	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,198,413	64,799,284	147,997,697	0.200232	73.00
74.00	07400	RENAL DIALYSIS	4,064,739	4,000,554	4,465,293	0.452102	74.00
76.00	03951	ECT	521,086	882,915	1,404,001	0.165303	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	689,186	689,186	1.716299	76.01
<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	49,200	2,673,664	2,722,864	0.435472	90.00
90.01	09001	OUTPATIENT PSYCH	356,701	60,059	416,760	1.545559	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	90.02
90.04	09004	BARITRICS	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	39,718,192	90,627,876	130,346,068	0.105865	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,892,675	16,325,570	28,218,245	0.127411	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	50,435	8,861,750	8,912,185	0.988721	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	10,972,591	10,972,591	0.601495	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	690,558	690,558	1.465054	97.00
98.00	09850	HOME OFFICE	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	HEART ACQUISITION	0	0	0		106.00
200.00		Subtotal (see instructions)	692,348,779	744,328,470	1,436,677,249		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	692,348,779	744,328,470	1,436,677,249		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/21/2015 4:08 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.02	03102 NICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.02	05402 ULTRASOUND	0.000000		54.02
54.03	05403 NUCLEAR MEDICINE	0.000000		54.03
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		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	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.02	06902 CARDIAC REHAB	0.000000		69.02
69.03	06903 DIABETIC EDUCATION	0.000000		69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03951 ECT	0.000000		76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000		76.01
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
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 OUTPATIENT PSYCH	0.000000		90.01
90.02	09002 PEDS CLINIC	0.000000		90.02
90.04	09004 BARIATRICS	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 HOME OFFICE	0.000000		98.00
99.00	09900 CMHC			99.00
101.00	10100 HOME HEALTH AGENCY			101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
106.00	10600 HEART ACQUISITION			106.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150100

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

Worksheet C Part II Date/Time Prepared: 11/21/2015 4:08 pm

Cost Center Description		Title XIX Hospital Cost				
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
		1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	63,372,028	2,470,622	60,901,406	0	0
51.00	05100 RECOVERY ROOM	3,219,505	173,500	3,046,005	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,025,142	362,788	4,662,354	0	0
53.00	05300 ANESTHESIOLOGY	238,411	94,503	143,908	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,840,172	808,599	6,031,573	0	0
54.02	05402 ULTRASOUND	1,259,208	93,202	1,166,006	0	0
54.03	05403 NUCLEAR MEDICINE	2,779,324	106,737	2,672,587	0	0
56.00	05600 RADIOISOTOPE	0	0	0	0	0
57.00	05700 CT SCAN	2,602,066	368,451	2,233,615	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,760,929	501,967	1,258,962	0	0
59.00	05900 CARDIAC CATHETERIZATION	4,064,791	863,017	3,201,774	0	0
60.00	06000 LABORATORY	19,813,976	386,791	19,427,185	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,383,315	31,240	2,352,075	0	0
64.00	06400 INTRAVENOUS THERAPY	3,080,838	59,411	3,021,427	0	0
65.00	06500 RESPIRATORY THERAPY	4,975,356	141,051	4,834,305	0	0
66.00	06600 PHYSICAL THERAPY	4,499,073	124,225	4,374,848	0	0
67.00	06700 OCCUPATIONAL THERAPY	1,923,967	19,269	1,904,698	0	0
68.00	06800 SPEECH PATHOLOGY	672,488	12,319	660,169	0	0
69.00	06900 ELECTROCARDIOLOGY	2,288,238	288,726	1,999,512	0	0
69.02	06902 CARDIAC REHAB	1,258,214	110,819	1,147,395	0	0
69.03	06903 DIABETIC EDUCATION	913,988	65,769	848,219	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	1,267,161	151,882	1,115,279	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12,075,870	223,359	11,852,511	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	23,474,141	429,601	23,044,540	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	29,633,806	373,246	29,260,560	0	0
74.00	07400 RENAL DIALYSIS	2,018,767	58,552	1,960,215	0	0
76.00	03951 ECT	232,085	2,323	229,762	0	0
76.01	03950 MOBILE OUTREACH CLINIC	1,182,849	36,764	1,146,085	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	1,185,731	30,441	1,155,290	0	0
90.01	09001 OUTPATIENT PSYCH	644,127	144,816	499,311	0	0
90.02	09002 PEDS CLINIC	0	0	0	0	0
90.04	09004 BARIATRICS	407,934	4,102	403,832	0	0
91.00	09100 EMERGENCY	13,799,099	952,041	12,847,058	0	0
91.01	09101 DIAGNOSTIC TREATMENT CENTER	3,595,323	285,042	3,310,281	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	8,811,667	553,549	8,258,118	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	6,599,959	129,927	6,470,032	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	1,011,705	14,666	997,039	0	0
98.00	09850 HOME OFFICE	0	0	0	0	0
99.00	09900 CMHC	0	0	0	0	0
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
106.00	10600 HEART ACQUISITION	0	0	0	0	0
200.00	Subtotal (sum of lines 50 thru 199)	238,911,253	10,473,317	228,437,936	0	0
201.00	Less Observation Beds	8,811,667	553,549	8,258,118	0	0
202.00	Total (line 200 minus line 201)	230,099,586	9,919,768	220,179,818	0	0



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

Provider CCN: 150100

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

Worksheet C Part II Date/Time Prepared: 11/21/2015 4:08 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital Cost
		6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	63,372,028	249,632,536	0.253861	50.00
51.00	05100 RECOVERY ROOM	3,219,505	27,337,891	0.117767	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,025,142	12,685,406	0.396136	52.00
53.00	05300 ANESTHESIOLOGY	238,411	18,412,116	0.012949	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,840,172	54,410,813	0.125713	54.00
54.02	05402 ULTRASOUND	1,259,208	20,135,193	0.062538	54.02
54.03	05403 NUCLEAR MEDICINE	2,779,324	36,493,223	0.076160	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	56.00
57.00	05700 CT SCAN	2,602,066	60,345,371	0.043120	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,760,929	20,696,780	0.085082	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,064,791	64,777,342	0.062750	59.00
60.00	06000 LABORATORY	19,813,976	98,299,985	0.201566	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,383,315	8,334,073	0.285972	63.00
64.00	06400 INTRAVENOUS THERAPY	3,080,838	21,560,985	0.142889	64.00
65.00	06500 RESPIRATORY THERAPY	4,975,356	22,944,229	0.216846	65.00
66.00	06600 PHYSICAL THERAPY	4,499,073	19,973,740	0.225249	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,923,967	11,831,610	0.162612	67.00
68.00	06800 SPEECH PATHOLOGY	672,488	3,707,707	0.181376	68.00
69.00	06900 ELECTROCARDIOLOGY	2,288,238	50,350,567	0.045446	69.00
69.02	06902 CARDIAC REHAB	1,258,214	1,225,122	1.027011	69.02
69.03	06903 DIABETIC EDUCATION	913,988	295,638	3.091578	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	1,267,161	9,887,219	0.128162	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12,075,870	133,346,463	0.090560	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	23,474,141	50,880,664	0.461357	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	29,633,806	147,997,697	0.200232	73.00
74.00	07400 RENAL DIALYSIS	2,018,767	4,465,293	0.452102	74.00
76.00	03951 ECT	232,085	1,404,001	0.165303	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1,182,849	689,186	1.716299	76.01
<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	1,185,731	2,722,864	0.435472	90.00
90.01	09001 OUTPATIENT PSYCH	644,127	416,760	1.545559	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	90.02
90.04	09004 BARIATRICS	407,934	0	0.000000	90.04
91.00	09100 EMERGENCY	13,799,099	130,346,068	0.105865	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	3,595,323	28,218,245	0.127411	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	8,811,667	8,912,185	0.988721	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	6,599,959	10,972,591	0.601495	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	1,011,705	690,558	1.465054	97.00
98.00	09850 HOME OFFICE	0	0	0.000000	98.00
99.00	09900 CMHC	0	0	0.000000	99.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
106.00	10600 HEART ACQUISITION	0	0	0.000000	106.00
200.00	Subtotal (sum of lines 50 thru 199)	238,911,253	1,334,400,121		200.00
201.00	Less Observation Beds	8,811,667	0		201.00
202.00	Total (line 200 minus line 201)	230,099,586	1,334,400,121		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150100

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

Worksheet D  
Part I  
Date/Time Prepared:  
11/21/2015 4:08 pm

Cost Center Description		Title XVIII			Hospital		Per Diem (col. 3 / col. 4)	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	2,794,830	0	2,794,830	63,419	44.07	30.00	
31.00	INTENSIVE CARE UNIT	951,690		951,690	15,061	63.19	31.00	
31.02	NICU	307,547		307,547	5,780	53.21	31.02	
32.00	CORONARY CARE UNIT	252,150		252,150	1,971	127.93	32.00	
40.00	SUBPROVIDER - IPF	179,281	0	179,281	3,166	56.63	40.00	
41.00	SUBPROVIDER - IRF	479,430	0	479,430	4,449	107.76	41.00	
43.00	NURSERY	13,904		13,904	2,887	4.82	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)	4,978,832		4,978,832	96,733		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00					
30.00	ADULTS & PEDIATRICS	22,558	994,131					
31.00	INTENSIVE CARE UNIT	7,207	455,410					
31.02	NICU	0	0					
32.00	CORONARY CARE UNIT	929	118,847					
40.00	SUBPROVIDER - IPF	1,060	60,028					
41.00	SUBPROVIDER - IRF	2,270	244,615					
43.00	NURSERY	0	0					
44.00	SKILLED NURSING FACILITY	0	0					
45.00	NURSING FACILITY	0	0					
200.00	Total (lines 30-199)	34,024	1,873,031					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150100		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 11/21/2015 4:08 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,470,622	249,632,536	0.009897	38,945,868	385,447	50.00
51.00	05100 RECOVERY ROOM	173,500	27,337,891	0.006347	7,181,038	45,578	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	362,788	12,685,406	0.028599	20,019	573	52.00
53.00	05300 ANESTHESIOLOGY	94,503	18,412,116	0.005133	5,196,841	26,675	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	808,599	54,410,813	0.014861	6,254,930	92,955	54.00
54.02	05402 ULTRASOUND	93,202	20,135,193	0.004629	3,549,093	16,429	54.02
54.03	05403 NUCLEAR MEDICINE	106,737	36,493,223	0.002925	4,224,448	12,357	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	368,451	60,345,371	0.006106	8,071,443	49,284	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	501,967	20,696,780	0.024253	1,646,314	39,928	58.00
59.00	05900 CARDIAC CATHETERIZATION	863,017	64,777,342	0.013323	18,612,907	247,980	59.00
60.00	06000 LABORATORY	386,791	98,299,985	0.003935	17,805,213	70,064	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	31,240	8,334,073	0.003748	2,966,391	11,118	63.00
64.00	06400 INTRAVENOUS THERAPY	59,411	21,560,985	0.002755	2,098,545	5,781	64.00
65.00	06500 RESPIRATORY THERAPY	141,051	22,944,229	0.006148	8,469,980	52,073	65.00
66.00	06600 PHYSICAL THERAPY	124,225	19,973,740	0.006219	4,529,963	28,172	66.00
67.00	06700 OCCUPATIONAL THERAPY	19,269	11,831,610	0.001629	3,783,372	6,163	67.00
68.00	06800 SPEECH PATHOLOGY	12,319	3,707,707	0.003323	1,095,193	3,639	68.00
69.00	06900 ELECTROCARDIOLOGY	288,726	50,350,567	0.005734	9,800,260	56,195	69.00
69.02	06902 CARDIAC REHAB	110,819	1,225,122	0.090455	2,002	181	69.02
69.03	06903 DIABETIC EDUCATION	65,769	295,638	0.222465	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	151,882	9,887,219	0.015361	1,566,776	24,067	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	223,359	133,346,463	0.001675	32,042,213	53,671	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	429,601	50,880,664	0.008443	12,581,867	106,229	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	373,246	147,997,697	0.002522	32,422,378	81,769	73.00
74.00	07400 RENAL DIALYSIS	58,552	4,465,293	0.013113	3,196,223	41,912	74.00
76.00	03951 ECT	2,323	1,404,001	0.001655	4,304	7	76.00
76.01	03950 MOBILE OUTREACH CLINIC	36,764	689,186	0.053344	0	0	76.01
<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	30,441	2,722,864	0.011180	11,341	127	90.00
90.01	09001 OUTPATIENT PSYCH	144,816	416,760	0.347481	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004 BARIATRICS	4,102	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	952,041	130,346,068	0.007304	14,762,891	107,828	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	285,042	28,218,245	0.010101	3,735,730	37,735	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	553,549	8,912,185	0.062111	20,662	1,283	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	14,666	690,558	0.021238	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	10,343,390	1,323,427,530		244,598,205	1,605,220	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part III Date/Time Prepared: 11/21/2015 4:08 pm
		Title XVIII		Hospital
				PPS

Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.02	03102	NICU	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	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
200.00		Total (lines 30-199)	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	63,419	0.00	22,558	0	30.00
31.00	03100	INTENSIVE CARE UNIT	15,061	0.00	7,207	0	31.00
31.02	03102	NICU	5,780	0.00	0	0	31.02
32.00	03200	CORONARY CARE UNIT	1,971	0.00	929	0	32.00
40.00	04000	SUBPROVIDER - IPF	3,166	0.00	1,060	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,449	0.00	2,270	0	41.00
43.00	04300	NURSERY	2,887	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)	96,733		34,024	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
<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
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
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
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
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
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
<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	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	249,632,536	0.000000	0.000000	38,945,868	50.00
51.00	05100 RECOVERY ROOM	0	27,337,891	0.000000	0.000000	7,181,038	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	12,685,406	0.000000	0.000000	20,019	52.00
53.00	05300 ANESTHESIOLOGY	0	18,412,116	0.000000	0.000000	5,196,841	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54,410,813	0.000000	0.000000	6,254,930	54.00
54.02	05402 ULTRASOUND	0	20,135,193	0.000000	0.000000	3,549,093	54.02
54.03	05403 NUCLEAR MEDICINE	0	36,493,223	0.000000	0.000000	4,224,448	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	60,345,371	0.000000	0.000000	8,071,443	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	20,696,780	0.000000	0.000000	1,646,314	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	64,777,342	0.000000	0.000000	18,612,907	59.00
60.00	06000 LABORATORY	0	98,299,985	0.000000	0.000000	17,805,213	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	8,334,073	0.000000	0.000000	2,966,391	63.00
64.00	06400 INTRAVENOUS THERAPY	0	21,560,985	0.000000	0.000000	2,098,545	64.00
65.00	06500 RESPIRATORY THERAPY	0	22,944,229	0.000000	0.000000	8,469,980	65.00
66.00	06600 PHYSICAL THERAPY	0	19,973,740	0.000000	0.000000	4,529,963	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,831,610	0.000000	0.000000	3,783,372	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,707,707	0.000000	0.000000	1,095,193	68.00
69.00	06900 ELECTROCARDIOLOGY	0	50,350,567	0.000000	0.000000	9,800,260	69.00
69.02	06902 CARDIAC REHAB	0	1,225,122	0.000000	0.000000	2,002	69.02
69.03	06903 DIABETIC EDUCATION	0	295,638	0.000000	0.000000	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,887,219	0.000000	0.000000	1,566,776	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	133,346,463	0.000000	0.000000	32,042,213	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	50,880,664	0.000000	0.000000	12,581,867	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	147,997,697	0.000000	0.000000	32,422,378	73.00
74.00	07400 RENAL DIALYSIS	0	4,465,293	0.000000	0.000000	3,196,223	74.00
76.00	03951 ECT	0	1,404,001	0.000000	0.000000	4,304	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	689,186	0.000000	0.000000	0	76.01
<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	2,722,864	0.000000	0.000000	11,341	90.00
90.01	09001 OUTPATIENT PSYCH	0	416,760	0.000000	0.000000	0	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004 BARIATRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	130,346,068	0.000000	0.000000	14,762,891	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	28,218,245	0.000000	0.000000	3,735,730	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,912,185	0.000000	0.000000	20,662	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	690,558	0.000000	0.000000	0	97.00
98.00	09850 HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	1,323,427,530			244,598,205	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
		Title XVIII	Hospital
			PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	40,921,124	0	50.00
51.00	05100 RECOVERY ROOM	0	15,149,312	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	5,303,017	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	7,764,754	0	54.00
54.02	05402 ULTRASOUND	0	2,914,720	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	10,129,884	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	10,555,908	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,679,403	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	9,399,776	0	59.00
60.00	06000 LABORATORY	0	7,131,892	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	1,201,146	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	1,878,916	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	655,174	0	65.00
66.00	06600 PHYSICAL THERAPY	0	45,126	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	695	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,134,222	0	69.00
69.02	06902 CARDIAC REHAB	0	612,185	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,216,548	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,480,631	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,293,854	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	23,027,774	0	73.00
74.00	07400 RENAL DIALYSIS	0	335,404	0	74.00
76.00	03951 ECT	0	491,899	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	76.01
<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	233,614	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	90.04
91.00	09100 EMERGENCY	0	14,012,425	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	4,097,092	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	2,468,035	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	98.00
200.00	Total (lines 50-199)	0	202,134,530	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/21/2015 4:08 pm				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.253861	40,921,124	0	0	10,388,277	50.00
51.00	05100	RECOVERY ROOM	0.117767	15,149,312	0	0	1,784,089	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.396136	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.012949	5,303,017	0	0	68,669	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125713	7,764,754	0	0	976,131	54.00
54.02	05402	ULTRASOUND	0.062538	2,914,720	0	0	182,281	54.02
54.03	05403	NUCLEAR MEDICINE	0.076160	10,129,884	0	0	771,492	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.043120	10,555,908	0	0	455,171	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085082	4,679,403	0	0	398,133	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062750	9,399,776	0	0	589,836	59.00
60.00	06000	LABORATORY	0.201566	7,131,892	2,650	0	1,437,547	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.285972	1,201,146	5,040	0	343,494	63.00
64.00	06400	INTRAVENOUS THERAPY	0.142889	1,878,916	0	0	268,476	64.00
65.00	06500	RESPIRATORY THERAPY	0.216846	655,174	0	0	142,072	65.00
66.00	06600	PHYSICAL THERAPY	0.225249	45,126	0	0	10,165	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.162612	695	0	0	113	67.00
68.00	06800	SPEECH PATHOLOGY	0.181376	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045446	10,134,222	0	0	460,560	69.00
69.02	06902	CARDIAC REHAB	1.027011	612,185	0	0	628,721	69.02
69.03	06903	DIABETIC EDUCATION	3.091578	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128162	1,216,548	0	0	155,915	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.090560	18,480,631	0	0	1,673,606	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.461357	9,293,854	3,920	0	4,287,785	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200232	23,027,774	0	48,477	4,610,897	73.00
74.00	07400	RENAL DIALYSIS	0.452102	335,404	0	0	151,637	74.00
76.00	03951	ECT	0.165303	491,899	0	0	81,312	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.716299	0	0	0	0	76.01
<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	0.435472	233,614	0	0	101,732	90.00
90.01	09001	OUTPATIENT PSYCH	1.545559	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.105865	14,012,425	0	0	1,483,425	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.127411	4,097,092	0	0	522,015	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.988721	2,468,035	0	0	2,440,198	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.601495	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1.465054	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		202,134,530	11,610	48,477	34,413,749	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		202,134,530	11,610	48,477	34,413,749	202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/21/2015 4:08 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		50.00
	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
54.02 05402 ULTRASOUND	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	54.03
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	534	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,441	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.02 06902 CARDIAC REHAB	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,809	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	9,707	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 ECT	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	76.01
<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 OUTPATIENT PSYCH	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	90.02
90.04 09004 BARIATRICS	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 HOME OFFICE	0	0	98.00
200.00	Subtotal (see instructions)	3,784	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	3,784	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150100		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 11/21/2015 4:08 pm	
		Component CCN: 15S100		Title XVIII		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	2,470,622	249,632,536	0.009897	0	50.00
51.00	05100	RECOVERY ROOM	173,500	27,337,891	0.006347	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	362,788	12,685,406	0.028599	0	52.00
53.00	05300	ANESTHESIOLOGY	94,503	18,412,116	0.005133	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	808,599	54,410,813	0.014861	15,041	224 54.00
54.02	05402	ULTRASOUND	93,202	20,135,193	0.004629	10,361	48 54.02
54.03	05403	NUCLEAR MEDICINE	106,737	36,493,223	0.002925	7,854	23 54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	368,451	60,345,371	0.006106	18,864	115 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	501,967	20,696,780	0.024253	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	863,017	64,777,342	0.013323	0	0 59.00
60.00	06000	LABORATORY	386,791	98,299,985	0.003935	85,805	338 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	31,240	8,334,073	0.003748	1,136	4 63.00
64.00	06400	INTRAVENOUS THERAPY	59,411	21,560,985	0.002755	764	2 64.00
65.00	06500	RESPIRATORY THERAPY	141,051	22,944,229	0.006148	2,136	13 65.00
66.00	06600	PHYSICAL THERAPY	124,225	19,973,740	0.006219	23,589	147 66.00
67.00	06700	OCCUPATIONAL THERAPY	19,269	11,831,610	0.001629	25,134	41 67.00
68.00	06800	SPEECH PATHOLOGY	12,319	3,707,707	0.003323	1,227	4 68.00
69.00	06900	ELECTROCARDIOLOGY	288,726	50,350,567	0.005734	8,938	51 69.00
69.02	06902	CARDIAC REHAB	110,819	1,225,122	0.090455	0	0 69.02
69.03	06903	DIABETIC EDUCATION	65,769	295,638	0.222465	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	151,882	9,887,219	0.015361	968	15 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	223,359	133,346,463	0.001675	22,511	38 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	429,601	50,880,664	0.008443	493	4 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	373,246	147,997,697	0.002522	376,816	950 73.00
74.00	07400	RENAL DIALYSIS	58,552	4,465,293	0.013113	18,700	245 74.00
76.00	03951	ECT	2,323	1,404,001	0.001655	75,320	125 76.00
76.01	03950	MOBILE OUTREACH CLINIC	36,764	689,186	0.053344	0	0 76.01
<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	30,441	2,722,864	0.011180	0	0 90.00
90.01	09001	OUTPATIENT PSYCH	144,816	416,760	0.347481	102,623	35,660 90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0 90.02
90.04	09004	BARIATRICS	4,102	0	0.000000	0	0 90.04
91.00	09100	EMERGENCY	952,041	130,346,068	0.007304	10,334	75 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	285,042	28,218,245	0.010101	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,912,185	0.000000	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	14,666	690,558	0.021238	0	0 97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0 98.00
200.00		Total (lines 50-199)	9,789,841	1,323,427,530		808,614	38,122 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
		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	
<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
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	54.03
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
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
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
69.02	06902	CARDIAC REHAB	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	76.01
<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	OUTPATIENT PSYCH	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
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	249,632,536	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	27,337,891	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	12,685,406	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	18,412,116	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54,410,813	0.000000	0.000000	15,041	54.00
54.02	05402 ULTRASOUND	0	20,135,193	0.000000	0.000000	10,361	54.02
54.03	05403 NUCLEAR MEDICINE	0	36,493,223	0.000000	0.000000	7,854	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	60,345,371	0.000000	0.000000	18,864	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	20,696,780	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	64,777,342	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	98,299,985	0.000000	0.000000	85,805	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	8,334,073	0.000000	0.000000	1,136	63.00
64.00	06400 INTRAVENOUS THERAPY	0	21,560,985	0.000000	0.000000	764	64.00
65.00	06500 RESPIRATORY THERAPY	0	22,944,229	0.000000	0.000000	2,136	65.00
66.00	06600 PHYSICAL THERAPY	0	19,973,740	0.000000	0.000000	23,589	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,831,610	0.000000	0.000000	25,134	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,707,707	0.000000	0.000000	1,227	68.00
69.00	06900 ELECTROCARDIOLOGY	0	50,350,567	0.000000	0.000000	8,938	69.00
69.02	06902 CARDIAC REHAB	0	1,225,122	0.000000	0.000000	0	69.02
69.03	06903 DIABETIC EDUCATION	0	295,638	0.000000	0.000000	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,887,219	0.000000	0.000000	968	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	133,346,463	0.000000	0.000000	22,511	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	50,880,664	0.000000	0.000000	493	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	147,997,697	0.000000	0.000000	376,816	73.00
74.00	07400 RENAL DIALYSIS	0	4,465,293	0.000000	0.000000	18,700	74.00
76.00	03951 ECT	0	1,404,001	0.000000	0.000000	75,320	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	689,186	0.000000	0.000000	0	76.01
<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	2,722,864	0.000000	0.000000	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	416,760	0.000000	0.000000	102,623	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004 BARIATRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	130,346,068	0.000000	0.000000	10,334	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	28,218,245	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,912,185	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	690,558	0.000000	0.000000	0	97.00
98.00	09850 HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	1,323,427,530			808,614	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
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	
<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
54.02	05402 ULTRASOUND	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	54.03
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
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
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
69.02	06902 CARDIAC REHAB	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03951 ECT	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	76.01
<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 OUTPATIENT PSYCH	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150100 Component CCN: 15T100		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,470,622	249,632,536	0.009897	1,092	11 50.00
51.00	05100	RECOVERY ROOM	173,500	27,337,891	0.006347	12,363	78 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	362,788	12,685,406	0.028599	0	0 52.00
53.00	05300	ANESTHESIOLOGY	94,503	18,412,116	0.005133	5,859	30 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	808,599	54,410,813	0.014861	32,969	490 54.00
54.02	05402	ULTRASOUND	93,202	20,135,193	0.004629	132,543	614 54.02
54.03	05403	NUCLEAR MEDICINE	106,737	36,493,223	0.002925	4,644	14 54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	368,451	60,345,371	0.006106	46,942	287 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	501,967	20,696,780	0.024253	7,514	182 58.00
59.00	05900	CARDIAC CATHETERIZATION	863,017	64,777,342	0.013323	0	0 59.00
60.00	06000	LABORATORY	386,791	98,299,985	0.003935	306,733	1,207 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	31,240	8,334,073	0.003748	15,728	59 63.00
64.00	06400	INTRAVENOUS THERAPY	59,411	21,560,985	0.002755	8,911	25 64.00
65.00	06500	RESPIRATORY THERAPY	141,051	22,944,229	0.006148	27,299	168 65.00
66.00	06600	PHYSICAL THERAPY	124,225	19,973,740	0.006219	1,859,434	11,564 66.00
67.00	06700	OCCUPATIONAL THERAPY	19,269	11,831,610	0.001629	2,019,872	3,290 67.00
68.00	06800	SPEECH PATHOLOGY	12,319	3,707,707	0.003323	740,662	2,461 68.00
69.00	06900	ELECTROCARDIOLOGY	288,726	50,350,567	0.005734	12,674	73 69.00
69.02	06902	CARDIAC REHAB	110,819	1,225,122	0.009455	0	0 69.02
69.03	06903	DIABETIC EDUCATION	65,769	295,638	0.022465	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	151,882	9,887,219	0.015361	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	223,359	133,346,463	0.001675	276,621	463 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	429,601	50,880,664	0.008443	5,325	45 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	373,246	147,997,697	0.002522	734,531	1,852 73.00
74.00	07400	RENAL DIALYSIS	58,552	4,465,293	0.013113	186,719	2,448 74.00
76.00	03951	ECT	2,323	1,404,001	0.001655	0	0 76.00
76.01	03950	MOBILE OUTREACH CLINIC	36,764	689,186	0.053344	0	0 76.01
<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	30,441	2,722,864	0.011180	0	0 90.00
90.01	09001	OUTPATIENT PSYCH	144,816	416,760	0.347481	0	0 90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0 90.02
90.04	09004	BARIATRICS	4,102	0	0.000000	0	0 90.04
91.00	09100	EMERGENCY	952,041	130,346,068	0.007304	2,831	21 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	285,042	28,218,245	0.010101	32,527	329 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,912,185	0.000000	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	14,666	690,558	0.021238	0	0 97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0 98.00
200.00		Total (lines 50-199)	9,789,841	1,323,427,530		6,473,793	25,711 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
		Title XVIII	Subprovider - IRF

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
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
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
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
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
69.02 06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03951 ECT	0	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
<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 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES						95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	249,632,536	0.000000	0.000000	1,092	50.00
51.00	05100 RECOVERY ROOM	0	27,337,891	0.000000	0.000000	12,363	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	12,685,406	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	18,412,116	0.000000	0.000000	5,859	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54,410,813	0.000000	0.000000	32,969	54.00
54.02	05402 ULTRASOUND	0	20,135,193	0.000000	0.000000	132,543	54.02
54.03	05403 NUCLEAR MEDICINE	0	36,493,223	0.000000	0.000000	4,644	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	60,345,371	0.000000	0.000000	46,942	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	20,696,780	0.000000	0.000000	7,514	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	64,777,342	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	98,299,985	0.000000	0.000000	306,733	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	8,334,073	0.000000	0.000000	15,728	63.00
64.00	06400 INTRAVENOUS THERAPY	0	21,560,985	0.000000	0.000000	8,911	64.00
65.00	06500 RESPIRATORY THERAPY	0	22,944,229	0.000000	0.000000	27,299	65.00
66.00	06600 PHYSICAL THERAPY	0	19,973,740	0.000000	0.000000	1,859,434	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,831,610	0.000000	0.000000	2,019,872	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,707,707	0.000000	0.000000	740,662	68.00
69.00	06900 ELECTROCARDIOLOGY	0	50,350,567	0.000000	0.000000	12,674	69.00
69.02	06902 CARDIAC REHAB	0	1,225,122	0.000000	0.000000	0	69.02
69.03	06903 DIABETIC EDUCATION	0	295,638	0.000000	0.000000	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,887,219	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	133,346,463	0.000000	0.000000	276,621	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	50,880,664	0.000000	0.000000	5,325	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	147,997,697	0.000000	0.000000	734,531	73.00
74.00	07400 RENAL DIALYSIS	0	4,465,293	0.000000	0.000000	186,719	74.00
76.00	03951 ECT	0	1,404,001	0.000000	0.000000	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	689,186	0.000000	0.000000	0	76.01
<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	2,722,864	0.000000	0.000000	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	416,760	0.000000	0.000000	0	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004 BARIATRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	130,346,068	0.000000	0.000000	2,831	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	28,218,245	0.000000	0.000000	32,527	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,912,185	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	690,558	0.000000	0.000000	0	97.00
98.00	09850 HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	1,323,427,530			6,473,793	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<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	413	0	54.00
54.02	05402 ULTRASOUND	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	54.03
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
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
66.00	06600 PHYSICAL THERAPY	0	199	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	199	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	199	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	292	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	463	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	7,840	0	74.00
76.00	03951 ECT	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	76.01
<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 OUTPATIENT PSYCH	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	98.00
200.00	Total (lines 50-199)	0	9,605	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/21/2015 4:08 pm			
		Component CCN: 15T100	Title XVIII	Subprovider - IRF	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	0.253861	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.117767	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.396136	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.012949	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125713	413	0	0	52 54.00
54.02	05402	ULTRASOUND	0.062538	0	0	0	0 54.02
54.03	05403	NUCLEAR MEDICINE	0.076160	0	0	0	0 54.03
56.00	05600	RADIO SOTOP	0.000000	0	0	0	0 56.00
57.00	05700	CT SCAN	0.043120	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085082	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062750	0	0	0	0 59.00
60.00	06000	LABORATORY	0.201566	0	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.285972	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.142889	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.216846	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.225249	199	0	0	45 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.162612	199	0	0	32 67.00
68.00	06800	SPEECH PATHOLOGY	0.181376	199	0	0	36 68.00
69.00	06900	ELECTROCARDIOLOGY	0.045446	292	0	0	13 69.00
69.02	06902	CARDIAC REHAB	1.027011	0	0	0	0 69.02
69.03	06903	DIABETIC EDUCATION	3.091578	0	0	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128162	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.090560	463	0	0	42 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.461357	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200232	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0.452102	7,840	0	0	3,544 74.00
76.00	03951	ECT	0.165303	0	0	0	0 76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.716299	0	0	0	0 76.01
<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	0.435472	0	0	0	0 90.00
90.01	09001	OUTPATIENT PSYCH	1.545559	0	0	0	0 90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0 90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0 90.04
91.00	09100	EMERGENCY	0.105865	0	0	0	0 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.127411	0	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.988721	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0.601495		0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1.465054	0	0	0	0 97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0 98.00
200.00		Subtotal (see instructions)		9,605	0	0	3,764 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		9,605	0	0	3,764 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/21/2015 4:08 pm
	Title XVIII	Subprovider - IRF	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
54.02 05402 ULTRASOUND	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	54.03
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
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
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
69.02 06902 CARDIAC REHAB	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 ECT	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	76.01
<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 OUTPATIENT PSYCH	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	90.02
90.04 09004 BARIATRICS	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 HOME OFFICE	0	0	98.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part I Date/Time Prepared: 11/21/2015 4:08 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,794,830	0	2,794,830	63,419	44.07	30.00
31.00	INTENSIVE CARE UNIT	951,690		951,690	15,061	63.19	31.00
31.02	NICU	307,547		307,547	5,780	53.21	31.02
32.00	CORONARY CARE UNIT	252,150		252,150	1,971	127.93	32.00
40.00	SUBPROVIDER - IPF	179,281	0	179,281	3,166	56.63	40.00
41.00	SUBPROVIDER - IRF	479,430	0	479,430	4,449	107.76	41.00
43.00	NURSERY	13,904		13,904	2,887	4.82	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)	4,978,832		4,978,832	96,733		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	4,095	180,467	30.00
31.00	INTENSIVE CARE UNIT	1,062	67,108	31.00
31.02	NICU	3,401	180,967	31.02
32.00	CORONARY CARE UNIT	92	11,770	32.00
40.00	SUBPROVIDER - IPF	947	53,629	40.00
41.00	SUBPROVIDER - IRF	272	29,311	41.00
43.00	NURSERY	586	2,825	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)	10,455	526,077	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part II Date/Time Prepared: 11/21/2015 4:08 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,470,622	249,632,536	0.009897	4,055,837	40,141	50.00
51.00	05100 RECOVERY ROOM	173,500	27,337,891	0.006347	402,876	2,557	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	362,788	12,685,406	0.028599	1,330,183	38,042	52.00
53.00	05300 ANESTHESIOLOGY	94,503	18,412,116	0.005133	348,871	1,791	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	808,599	54,410,813	0.014861	966,670	14,366	54.00
54.02	05402 ULTRASOUND	93,202	20,135,193	0.004629	457,187	2,116	54.02
54.03	05403 NUCLEAR MEDICINE	106,737	36,493,223	0.002925	316,026	924	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	368,451	60,345,371	0.006106	987,926	6,032	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	501,967	20,696,780	0.024253	276,813	6,714	58.00
59.00	05900 CARDIAC CATHETERIZATION	863,017	64,777,342	0.013323	1,444,256	19,242	59.00
60.00	06000 LABORATORY	386,791	98,299,985	0.003935	2,475,975	9,743	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	31,240	8,334,073	0.003748	346,736	1,300	63.00
64.00	06400 INTRAVENOUS THERAPY	59,411	21,560,985	0.002755	1,094,380	3,015	64.00
65.00	06500 RESPIRATORY THERAPY	141,051	22,944,229	0.006148	2,909,827	17,890	65.00
66.00	06600 PHYSICAL THERAPY	124,225	19,973,740	0.006219	333,063	2,071	66.00
67.00	06700 OCCUPATIONAL THERAPY	19,269	11,831,610	0.001629	308,686	503	67.00
68.00	06800 SPEECH PATHOLOGY	12,319	3,707,707	0.003323	149,011	495	68.00
69.00	06900 ELECTROCARDIOLOGY	288,726	50,350,567	0.005734	832,444	4,773	69.00
69.02	06902 CARDIAC REHAB	110,819	1,225,122	0.090455	0	0	69.02
69.03	06903 DIABETIC EDUCATION	65,769	295,638	0.222465	2,504	557	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	151,882	9,887,219	0.015361	172,781	2,654	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	223,359	133,346,463	0.001675	762,920	1,278	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	429,601	50,880,664	0.008443	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	373,246	147,997,697	0.002522	4,760,593	12,006	73.00
74.00	07400 RENAL DIALYSIS	58,552	4,465,293	0.013113	153,427	2,012	74.00
76.00	03951 ECT	2,323	1,404,001	0.001655	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	36,764	689,186	0.053344	0	0	76.01
<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	30,441	2,722,864	0.011180	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	144,816	416,760	0.347481	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004 BARIATRICS	4,102	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	952,041	130,346,068	0.007304	2,265,857	16,550	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	285,042	28,218,245	0.010101	700,134	7,072	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	553,549	8,912,185	0.062111	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	14,666	690,558	0.021238	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	10,343,390	1,323,427,530		27,854,983	213,844	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part III Date/Time Prepared: 11/21/2015 4:08 pm
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Cost Center Description			Title XIX			Hospital		Total Costs (sum of cols. 1 through 3, minus col. 4)
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Cost	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.02	03102	NICU	0	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
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		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,419	0.00	4,095	0		30.00
31.00	03100	INTENSIVE CARE UNIT	15,061	0.00	1,062	0		31.00
31.02	03102	NICU	5,780	0.00	3,401	0		31.02
32.00	03200	CORONARY CARE UNIT	1,971	0.00	92	0		32.00
40.00	04000	SUBPROVIDER - IPF	3,166	0.00	947	0		40.00
41.00	04100	SUBPROVIDER - IRF	4,449	0.00	272	0		41.00
43.00	04300	NURSERY	2,887	0.00	586	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)	96,733		10,455	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
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Cost Center Description	Title XIX				Hospital	Cost
	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
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
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
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
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
69.02 06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03951 ECT	0	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
<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 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	Cost
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	249,632,536	0.000000	0.000000	4,055,837	50.00
51.00	05100	RECOVERY ROOM	0	27,337,891	0.000000	0.000000	402,876	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,685,406	0.000000	0.000000	1,330,183	52.00
53.00	05300	ANESTHESIOLOGY	0	18,412,116	0.000000	0.000000	348,871	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,410,813	0.000000	0.000000	966,670	54.00
54.02	05402	ULTRASOUND	0	20,135,193	0.000000	0.000000	457,187	54.02
54.03	05403	NUCLEAR MEDICINE	0	36,493,223	0.000000	0.000000	316,026	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	60,345,371	0.000000	0.000000	987,926	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	20,696,780	0.000000	0.000000	276,813	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	64,777,342	0.000000	0.000000	1,444,256	59.00
60.00	06000	LABORATORY	0	98,299,985	0.000000	0.000000	2,475,975	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,334,073	0.000000	0.000000	346,736	63.00
64.00	06400	INTRAVENOUS THERAPY	0	21,560,985	0.000000	0.000000	1,094,380	64.00
65.00	06500	RESPIRATORY THERAPY	0	22,944,229	0.000000	0.000000	2,909,827	65.00
66.00	06600	PHYSICAL THERAPY	0	19,973,740	0.000000	0.000000	333,063	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,831,610	0.000000	0.000000	308,686	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,707,707	0.000000	0.000000	149,011	68.00
69.00	06900	ELECTROCARDIOLOGY	0	50,350,567	0.000000	0.000000	832,444	69.00
69.02	06902	CARDIAC REHAB	0	1,225,122	0.000000	0.000000	0	69.02
69.03	06903	DIABETIC EDUCATION	0	295,638	0.000000	0.000000	2,504	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,887,219	0.000000	0.000000	172,781	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	133,346,463	0.000000	0.000000	762,920	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	50,880,664	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	147,997,697	0.000000	0.000000	4,760,593	73.00
74.00	07400	RENAL DIALYSIS	0	4,465,293	0.000000	0.000000	153,427	74.00
76.00	03951	ECT	0	1,404,001	0.000000	0.000000	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	689,186	0.000000	0.000000	0	76.01
<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	2,722,864	0.000000	0.000000	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	416,760	0.000000	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARIATRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	130,346,068	0.000000	0.000000	2,265,857	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	28,218,245	0.000000	0.000000	700,134	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,912,185	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	690,558	0.000000	0.000000	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	1,323,427,530			27,854,983	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
Title XIX						
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	5,813,377	0		50.00
51.00	05100 RECOVERY ROOM	0	523,686	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	84,663	0		52.00
53.00	05300 ANESTHESIOLOGY	0	329,809	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,610,839	0		54.00
54.02	05402 ULTRASOUND	0	789,023	0		54.02
54.03	05403 NUCLEAR MEDICINE	0	938,033	0		54.03
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	2,465,009	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	650,939	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,164,079	0		59.00
60.00	06000 LABORATORY	0	2,769,183	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	100,038	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	1,034,463	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	201,154	0		65.00
66.00	06600 PHYSICAL THERAPY	0	402,591	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	15,889	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	12,387	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,387,271	0		69.00
69.02	06902 CARDIAC REHAB	0	16,076	0		69.02
69.03	06903 DIABETIC EDUCATION	0	183,050	0		69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	280,969	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	100,051	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,876,216	0		73.00
74.00	07400 RENAL DIALYSIS	0	57,310	0		74.00
76.00	03951 ECT	0	0	0		76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0		76.01
<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 OUTPATIENT PSYCH	0	10,251	0		90.01
90.02	09002 PEDS CLINIC	0	0	0		90.02
90.04	09004 BARIATRICS	0	0	0		90.04
91.00	09100 EMERGENCY	0	7,973,810	0		91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	986,735	0		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850 HOME OFFICE	0	0	0		98.00
200.00	Total (lines 50-199)	0	32,776,901	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/21/2015 4:08 pm
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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	0.253861	5,813,377	0	0	1,475,790	50.00
51.00	05100	RECOVERY ROOM	0.117767	523,686	0	0	61,673	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.396136	84,663	0	0	33,538	52.00
53.00	05300	ANESTHESIOLOGY	0.012949	329,809	0	0	4,271	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125713	1,610,839	0	0	202,503	54.00
54.02	05402	ULTRASOUND	0.062538	789,023	0	0	49,344	54.02
54.03	05403	NUCLEAR MEDICINE	0.076160	938,033	0	0	71,441	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.043120	2,465,009	0	0	106,291	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085082	650,939	0	0	55,383	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062750	1,164,079	0	0	73,046	59.00
60.00	06000	LABORATORY	0.201566	2,769,183	0	0	558,173	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.285972	100,038	0	0	28,608	63.00
64.00	06400	INTRAVENOUS THERAPY	0.142889	1,034,463	0	0	147,813	64.00
65.00	06500	RESPIRATORY THERAPY	0.216846	201,154	0	0	43,619	65.00
66.00	06600	PHYSICAL THERAPY	0.225249	402,591	0	0	90,683	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.162612	15,889	0	0	2,584	67.00
68.00	06800	SPEECH PATHOLOGY	0.181376	12,387	0	0	2,247	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045446	1,387,271	0	0	63,046	69.00
69.02	06902	CARDIAC REHAB	1.027011	16,076	0	0	16,510	69.02
69.03	06903	DIABETIC EDUCATION	3.091578	183,050	0	0	565,913	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128162	280,969	0	0	36,010	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.090560	100,051	0	0	9,061	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.461357	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200232	2,876,216	0	0	575,910	73.00
74.00	07400	RENAL DIALYSIS	0.452102	57,310	0	0	25,910	74.00
76.00	03951	ECT	0.165303	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.716299	0	0	0	0	76.01
<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	0.435472	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	1.545559	10,251	0	0	15,844	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.105865	7,973,810	0	0	844,147	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.127411	986,735	0	0	125,721	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.988721	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.601495	728,022	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1.465054	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		32,776,901	0	0	5,722,981	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		32,776,901	0	0	5,722,981	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/21/2015 4:08 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	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
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05403 NUCLEAR MEDICINE	0	0		54.03
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
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
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
69.02 06902 CARDIAC REHAB	0	0		69.02
69.03 06903 DIABETIC EDUCATION	0	0		69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 ECT	0	0		76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0		76.01
<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 OUTPATIENT PSYCH	0	0		90.01
90.02 09002 PEDS CLINIC	0	0		90.02
90.04 09004 BARIATRICS	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 HOME OFFICE	0	0		98.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150100		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 11/21/2015 4:08 pm	
		Component CCN: 15S100		Title XIX		Subprovider - IPF Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,470,622	249,632,536	0.009897	4,770	47 50.00
51.00	05100	RECOVERY ROOM	173,500	27,337,891	0.006347	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	362,788	12,685,406	0.028599	0	0 52.00
53.00	05300	ANESTHESIOLOGY	94,503	18,412,116	0.005133	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	808,599	54,410,813	0.014861	47,409	705 54.00
54.02	05402	ULTRASOUND	93,202	20,135,193	0.004629	6,841	32 54.02
54.03	05403	NUCLEAR MEDICINE	106,737	36,493,223	0.002925	23,562	69 54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	368,451	60,345,371	0.006106	112,106	685 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	501,967	20,696,780	0.024253	9,845	239 58.00
59.00	05900	CARDIAC CATHETERIZATION	863,017	64,777,342	0.013323	0	0 59.00
60.00	06000	LABORATORY	386,791	98,299,985	0.003935	235,085	925 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	31,240	8,334,073	0.003748	264	1 63.00
64.00	06400	INTRAVENOUS THERAPY	59,411	21,560,985	0.002755	31,506	87 64.00
65.00	06500	RESPIRATORY THERAPY	141,051	22,944,229	0.006148	28,497	175 65.00
66.00	06600	PHYSICAL THERAPY	124,225	19,973,740	0.006219	10,016	62 66.00
67.00	06700	OCCUPATIONAL THERAPY	19,269	11,831,610	0.001629	7,600	12 67.00
68.00	06800	SPEECH PATHOLOGY	12,319	3,707,707	0.003323	1,734	6 68.00
69.00	06900	ELECTROCARDIOLOGY	288,726	50,350,567	0.005734	47,335	271 69.00
69.02	06902	CARDIAC REHAB	110,819	1,225,122	0.090455	0	0 69.02
69.03	06903	DIABETIC EDUCATION	65,769	295,638	0.222465	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	151,882	9,887,219	0.015361	10,626	163 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	223,359	133,346,463	0.001675	6,490	11 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	429,601	50,880,664	0.008443	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	373,246	147,997,697	0.002522	202,632	511 73.00
74.00	07400	RENAL DIALYSIS	58,552	4,465,293	0.013113	0	0 74.00
76.00	03951	ECT	2,323	1,404,001	0.001655	12,912	21 76.00
76.01	03950	MOBILE OUTREACH CLINIC	36,764	689,186	0.053344	0	0 76.01
<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	30,441	2,722,864	0.011180	0	0 90.00
90.01	09001	OUTPATIENT PSYCH	144,816	416,760	0.347481	0	0 90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0 90.02
90.04	09004	BARITRICS	4,102	0	0.000000	0	0 90.04
91.00	09100	EMERGENCY	952,041	130,346,068	0.007304	555,015	4,054 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	285,042	28,218,245	0.010101	6,108	62 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,912,185	0.000000	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	14,666	690,558	0.021238	0	0 97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0 98.00
200.00		Total (lines 50-199)	9,789,841	1,323,427,530		1,360,353	8,138 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
	Title XIX	Subprovider - IPF	Cost

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
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
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
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
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
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
<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 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
	Title XIX	Subprovider - IPF	Cost

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	249,632,536	0.000000	0.000000	4,770	50.00
51.00	05100 RECOVERY ROOM	0	27,337,891	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	12,685,406	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	18,412,116	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54,410,813	0.000000	0.000000	47,409	54.00
54.02	05402 ULTRASOUND	0	20,135,193	0.000000	0.000000	6,841	54.02
54.03	05403 NUCLEAR MEDICINE	0	36,493,223	0.000000	0.000000	23,562	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	60,345,371	0.000000	0.000000	112,106	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	20,696,780	0.000000	0.000000	9,845	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	64,777,342	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	98,299,985	0.000000	0.000000	235,085	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	8,334,073	0.000000	0.000000	264	63.00
64.00	06400 INTRAVENOUS THERAPY	0	21,560,985	0.000000	0.000000	31,506	64.00
65.00	06500 RESPIRATORY THERAPY	0	22,944,229	0.000000	0.000000	28,497	65.00
66.00	06600 PHYSICAL THERAPY	0	19,973,740	0.000000	0.000000	10,016	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,831,610	0.000000	0.000000	7,600	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,707,707	0.000000	0.000000	1,734	68.00
69.00	06900 ELECTROCARDIOLOGY	0	50,350,567	0.000000	0.000000	47,335	69.00
69.02	06902 CARDIAC REHAB	0	1,225,122	0.000000	0.000000	0	69.02
69.03	06903 DIABETIC EDUCATION	0	295,638	0.000000	0.000000	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,887,219	0.000000	0.000000	10,626	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	133,346,463	0.000000	0.000000	6,490	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	50,880,664	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	147,997,697	0.000000	0.000000	202,632	73.00
74.00	07400 RENAL DIALYSIS	0	4,465,293	0.000000	0.000000	0	74.00
76.00	03951 ECT	0	1,404,001	0.000000	0.000000	12,912	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	689,186	0.000000	0.000000	0	76.01
<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	2,722,864	0.000000	0.000000	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	416,760	0.000000	0.000000	0	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004 BARIATRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	130,346,068	0.000000	0.000000	555,015	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	28,218,245	0.000000	0.000000	6,108	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,912,185	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	690,558	0.000000	0.000000	0	97.00
98.00	09850 HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	1,323,427,530			1,360,353	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
Title XIX		Subprovider - IPF	Cost

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
54.02 05402 ULTRASOUND	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	54.03
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
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
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
69.02 06902 CARDIAC REHAB	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03951 ECT	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	76.01
<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 OUTPATIENT PSYCH	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES				95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150100 Component CCN: 15T100		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,470,622	249,632,536	0.009897	1,173	12 50.00
51.00	05100	RECOVERY ROOM	173,500	27,337,891	0.006347	1,882	12 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	362,788	12,685,406	0.028599	0	0 52.00
53.00	05300	ANESTHESIOLOGY	94,503	18,412,116	0.005133	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	808,599	54,410,813	0.014861	6,681	99 54.00
54.02	05402	ULTRASOUND	93,202	20,135,193	0.004629	6,265	29 54.02
54.03	05403	NUCLEAR MEDICINE	106,737	36,493,223	0.002925	2,831	8 54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	368,451	60,345,371	0.006106	1,250	8 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	501,967	20,696,780	0.024253	4,295	104 58.00
59.00	05900	CARDIAC CATHETERIZATION	863,017	64,777,342	0.013323	0	0 59.00
60.00	06000	LABORATORY	386,791	98,299,985	0.003935	17,718	70 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	31,240	8,334,073	0.003748	91	0 63.00
64.00	06400	INTRAVENOUS THERAPY	59,411	21,560,985	0.002755	3,314	9 64.00
65.00	06500	RESPIRATORY THERAPY	141,051	22,944,229	0.006148	11,462	70 65.00
66.00	06600	PHYSICAL THERAPY	124,225	19,973,740	0.006219	389,747	2,424 66.00
67.00	06700	OCCUPATIONAL THERAPY	19,269	11,831,610	0.001629	187,969	306 67.00
68.00	06800	SPEECH PATHOLOGY	12,319	3,707,707	0.003323	80,102	266 68.00
69.00	06900	ELECTROCARDIOLOGY	288,726	50,350,567	0.005734	0	0 69.00
69.02	06902	CARDIAC REHAB	110,819	1,225,122	0.090455	5,720	517 69.02
69.03	06903	DIABETIC EDUCATION	65,769	295,638	0.222465	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	151,882	9,887,219	0.015361	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	223,359	133,346,463	0.001675	12,621	21 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	429,601	50,880,664	0.008443	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	373,246	147,997,697	0.002522	93,253	235 73.00
74.00	07400	RENAL DIALYSIS	58,552	4,465,293	0.013113	0	0 74.00
76.00	03951	ECT	2,323	1,404,001	0.001655	0	0 76.00
76.01	03950	MOBILE OUTREACH CLINIC	36,764	689,186	0.053344	0	0 76.01
<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	30,441	2,722,864	0.011180	0	0 90.00
90.01	09001	OUTPATIENT PSYCH	144,816	416,760	0.347481	0	0 90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0 90.02
90.04	09004	BARIATRICS	4,102	0	0.000000	0	0 90.04
91.00	09100	EMERGENCY	952,041	130,346,068	0.007304	4,210	31 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	285,042	28,218,245	0.010101	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,912,185	0.000000	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	14,666	690,558	0.021238	0	0 97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0 98.00
200.00		Total (lines 50-199)	9,789,841	1,323,427,530		830,584	4,221 200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
Title XIX		Subprovider - IRF	Cost

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
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	54.03
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
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
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
69.02	06902	CARDIAC REHAB	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	76.01
<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	OUTPATIENT PSYCH	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150100 Component CCN: 15T100		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm		
		Title XIX		Subprovider - IRF		Cost		
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	249,632,536	0.000000	0.000000	1,173	50.00
51.00	05100	RECOVERY ROOM	0	27,337,891	0.000000	0.000000	1,882	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,685,406	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	18,412,116	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,410,813	0.000000	0.000000	6,681	54.00
54.02	05402	ULTRASOUND	0	20,135,193	0.000000	0.000000	6,265	54.02
54.03	05403	NUCLEAR MEDICINE	0	36,493,223	0.000000	0.000000	2,831	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	60,345,371	0.000000	0.000000	1,250	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	20,696,780	0.000000	0.000000	4,295	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	64,777,342	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	98,299,985	0.000000	0.000000	17,718	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,334,073	0.000000	0.000000	91	63.00
64.00	06400	INTRAVENOUS THERAPY	0	21,560,985	0.000000	0.000000	3,314	64.00
65.00	06500	RESPIRATORY THERAPY	0	22,944,229	0.000000	0.000000	11,462	65.00
66.00	06600	PHYSICAL THERAPY	0	19,973,740	0.000000	0.000000	389,747	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,831,610	0.000000	0.000000	187,969	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,707,707	0.000000	0.000000	80,102	68.00
69.00	06900	ELECTROCARDIOLOGY	0	50,350,567	0.000000	0.000000	0	69.00
69.02	06902	CARDIAC REHAB	0	1,225,122	0.000000	0.000000	5,720	69.02
69.03	06903	DIABETIC EDUCATION	0	295,638	0.000000	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,887,219	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	133,346,463	0.000000	0.000000	12,621	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	50,880,664	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	147,997,697	0.000000	0.000000	93,253	73.00
74.00	07400	RENAL DIALYSIS	0	4,465,293	0.000000	0.000000	0	74.00
76.00	03951	ECT	0	1,404,001	0.000000	0.000000	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	689,186	0.000000	0.000000	0	76.01
<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	2,722,864	0.000000	0.000000	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	416,760	0.000000	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARITRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	130,346,068	0.000000	0.000000	4,210	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	28,218,245	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,912,185	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	690,558	0.000000	0.000000	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	1,323,427,530			830,584	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/21/2015 4:08 pm
Title XIX		Subprovider - IRF	Cost

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
54.02 05402 ULTRASOUND	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	54.03
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
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
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
69.02 06902 CARDIAC REHAB	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03951 ECT	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	76.01
<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 OUTPATIENT PSYCH	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES				95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 11/21/2015 4:08 pm
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		63,419	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		63,419	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)		50,858	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		22,558	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)		44,489,350	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		44,489,350	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)		44,489,350	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)		701.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,824,663	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		15,824,663	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2014 To 06/30/2015		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	18,653,958	15,061	1,238.56	7,207	8,926,302	43.00
43.02	NICU	5,516,097	5,780	954.34	0	0	43.02
44.00	CORONARY CARE UNIT	2,964,134	1,971	1,503.87	929	1,397,095	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					41,558,498	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					67,706,558	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)					1,568,388	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,605,220	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,173,608	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					64,532,950	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)					12,561	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					701.51	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,811,667	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/21/2015 4:08 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,794,830	44,489,350	0.062820	8,811,667	553,549	90.00
91.00	Nursing School cost	0	44,489,350	0.000000	8,811,667	0	91.00
92.00	Allied health cost	0	44,489,350	0.000000	8,811,667	0	92.00
93.00	All other Medical Education	0	44,489,350	0.000000	8,811,667	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Component CCN: 15S100		Date/Time Prepared: 11/21/2015 4:08 pm
		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)		3,166	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,166	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)		3,166	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,060	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)		3,571,636	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)		3,571,636	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)		3,571,636	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)		1,128.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,195,807	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)		1,195,807	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Component CCN: 15S100				Date/Time Prepared: 11/21/2015 4:08 pm	
		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
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					290,621		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,486,428		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)					60,028		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					38,122		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					98,150		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,388,278		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: 150100 Component CCN: 15S100		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/21/2015 4:08 pm	
		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	179,281	3,571,636	0.050196	0	0	90.00
91.00	Nursing School cost	0	3,571,636	0.000000	0	0	91.00
92.00	Allied health cost	0	3,571,636	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,571,636	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/21/2015 4:08 pm
	Title XVIII	Subprovider - IRF	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)	4,449	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,449	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)	4,449	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)	2,270	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)	4,566,387	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)	4,566,387	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)	4,566,387	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)	1,026.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,329,905	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)	2,329,905	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Component CCN: 15T100				Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XVIII		Subprovider - IRF		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
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,236,428		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,566,333		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)					244,615		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					25,711		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					270,326		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,296,007		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: 150100 Component CCN: 15T100		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XVIII		Subprovider - IRF		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	479,430	4,566,387	0.104991	0	0	90.00
91.00	Nursing School cost	0	4,566,387	0.000000	0	0	91.00
92.00	Allied health cost	0	4,566,387	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,566,387	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 11/21/2015 4:08 pm
Cost Center Description			Cost	
			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)		63,419	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		63,419	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)		50,858	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)		4,095	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,887	15.00
16.00	Nursery days (title V or XIX only)		586	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)		44,489,350	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		44,489,350	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)		44,489,350	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)		701.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,872,683	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)		2,872,683	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 11/21/2015 4:08 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,418,347	2,887	491.29	586	287,896	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,653,958	15,061	1,238.56	1,062	1,315,351	43.00
43.02	NICU	5,516,097	5,780	954.34	3,401	3,245,710	43.02
44.00	CORONARY CARE UNIT	2,964,134	1,971	1,503.87	92	138,356	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,965,784	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,825,780	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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)					12,561	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					701.51	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,811,667	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/21/2015 4:08 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,794,830	44,489,350	0.062820	8,811,667	553,549	90.00
91.00	Nursing School cost	0	44,489,350	0.000000	8,811,667	0	91.00
92.00	Allied health cost	0	44,489,350	0.000000	8,811,667	0	92.00
93.00	All other Medical Education	0	44,489,350	0.000000	8,811,667	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Component CCN: 15S100		Date/Time Prepared: 11/21/2015 4:08 pm
		Title XIX	Subprovider - IPF	Cost
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)		3,166	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,166	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)		3,166	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)		947	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,887	15.00
16.00	Nursery days (title V or XIX only)		586	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)		3,571,636	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)		3,571,636	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)		3,571,636	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)		1,128,12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,068,330	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)		1,068,330	41.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Component CCN: 15S100				Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XIX		Subprovider - IPF		Cost	
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
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					183,356		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,251,686		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)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		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: 150100 Component CCN: 15S100		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XIX		Subprovider - IPF		Cost	
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	179,281	3,571,636	0.050196	0	0	90.00
91.00	Nursing School cost	0	3,571,636	0.000000	0	0	91.00
92.00	Allied health cost	0	3,571,636	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,571,636	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Component CCN: 15T100	Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XIX	Subprovider - IRF	Cost
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)		4,449	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,449	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)		4,449	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)		272	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,887	15.00
16.00	Nursery days (title V or XIX only)		586	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)		4,566,387	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)		4,566,387	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)		4,566,387	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)		1,026.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		279,178	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)		279,178	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Component CCN: 15T100				Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XIX		Subprovider - IRF		Cost	
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
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					167,964		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					447,142		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)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		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)							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
<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: 150100 Component CCN: 15T100		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XIX		Subprovider - IRF		Cost	
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	479,430	4,566,387	0.104991	0	0	90.00
91.00	Nursing School cost	0	4,566,387	0.000000	0	0	91.00
92.00	Allied health cost	0	4,566,387	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,566,387	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/21/2015 4:08 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		21,910,465	30.00
31.00	03100	INTENSIVE CARE UNIT		13,041,668	31.00
31.02	03102	NICU		0	31.02
32.00	03200	CORONARY CARE UNIT		2,017,433	32.00
40.00	04000	SUBPROVIDER - I PF		1,552	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.253861	38,945,868	9,886,837 50.00
51.00	05100	RECOVERY ROOM	0.117767	7,181,038	845,689 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.396136	20,019	7,930 52.00
53.00	05300	ANESTHESIOLOGY	0.012949	5,196,841	67,294 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125713	6,254,930	786,326 54.00
54.02	05402	ULTRASOUND	0.062538	3,549,093	221,953 54.02
54.03	05403	NUCLEAR MEDICINE	0.076160	4,224,448	321,734 54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.043120	8,071,443	348,041 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085082	1,646,314	140,072 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062750	18,612,907	1,167,960 59.00
60.00	06000	LABORATORY	0.201566	17,805,213	3,588,926 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.285972	2,966,391	848,305 63.00
64.00	06400	INTRAVENOUS THERAPY	0.142889	2,098,545	299,859 64.00
65.00	06500	RESPIRATORY THERAPY	0.216846	8,469,980	1,836,681 65.00
66.00	06600	PHYSICAL THERAPY	0.225249	4,529,963	1,020,370 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.162612	3,783,372	615,222 67.00
68.00	06800	SPEECH PATHOLOGY	0.181376	1,095,193	198,642 68.00
69.00	06900	ELECTROCARDIOLOGY	0.045446	9,800,260	445,383 69.00
69.02	06902	CARDIAC REHAB	1.027011	2,002	2,056 69.02
69.03	06903	DIABETIC EDUCATION	3.091578	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128162	1,566,776	200,801 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.090560	32,042,213	2,901,743 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.461357	12,581,867	5,804,732 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200232	32,422,378	6,491,998 73.00
74.00	07400	RENAL DIALYSIS	0.452102	3,196,223	1,445,019 74.00
76.00	03951	ECT	0.165303	4,304	711 76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.716299	0	0 76.01
<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	0.435472	11,341	4,939 90.00
90.01	09001	OUTPATIENT PSYCH	1.545559	0	0 90.01
90.02	09002	PEDS CLINIC	0.000000	0	0 90.02
90.04	09004	BARIATRICS	0.000000	0	0 90.04
91.00	09100	EMERGENCY	0.105865	14,762,891	1,562,873 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.127411	3,735,730	475,973 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.988721	20,662	20,429 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			0 95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1.465054	0	0 97.00
98.00	09850	HOME OFFICE	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		244,598,205	41,558,498 200.00
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)		244,598,205	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3	
		Component CCN: 15S100		Date/Time Prepared: 11/21/2015 4:08 pm	
		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		1,650,524		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.253861	0	0	50.00
51.00	05100 RECOVERY ROOM	0.117767	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.396136	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.012949	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125713	15,041	1,891	54.00
54.02	05402 ULTRASOUND	0.062538	10,361	648	54.02
54.03	05403 NUCLEAR MEDICINE	0.076160	7,854	598	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.043120	18,864	813	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.085082	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.062750	0	0	59.00
60.00	06000 LABORATORY	0.201566	85,805	17,295	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.285972	1,136	325	63.00
64.00	06400 INTRAVENOUS THERAPY	0.142889	764	109	64.00
65.00	06500 RESPIRATORY THERAPY	0.216846	2,136	463	65.00
66.00	06600 PHYSICAL THERAPY	0.225249	23,589	5,313	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.162612	25,134	4,087	67.00
68.00	06800 SPEECH PATHOLOGY	0.181376	1,227	223	68.00
69.00	06900 ELECTROCARDIOLOGY	0.045446	8,938	406	69.00
69.02	06902 CARDIAC REHAB	1.027011	0	0	69.02
69.03	06903 DIABETIC EDUCATION	3.091578	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.128162	968	124	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.090560	22,511	2,039	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.461357	493	227	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.200232	376,816	75,451	73.00
74.00	07400 RENAL DIALYSIS	0.452102	18,700	8,454	74.00
76.00	03951 ECT	0.165303	75,320	12,451	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.716299	0	0	76.01
<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	0.435472	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	1.545559	102,623	158,610	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.105865	10,334	1,094	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.127411	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.988721	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES		0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	1.465054	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		808,614	290,621	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)		808,614		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3	
		Component CCN: 15T100		Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XVIII	Subprovider - IRF	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
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		2,102,392		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.253861	1,092	277	50.00
51.00	05100 RECOVERY ROOM	0.117767	12,363	1,456	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.396136	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.012949	5,859	76	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125713	32,969	4,145	54.00
54.02	05402 ULTRASOUND	0.062538	132,543	8,289	54.02
54.03	05403 NUCLEAR MEDICINE	0.076160	4,644	354	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.043120	46,942	2,024	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.085082	7,514	639	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.062750	0	0	59.00
60.00	06000 LABORATORY	0.201566	306,733	61,827	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.285972	15,728	4,498	63.00
64.00	06400 INTRAVENOUS THERAPY	0.142889	8,911	1,273	64.00
65.00	06500 RESPIRATORY THERAPY	0.216846	27,299	5,920	65.00
66.00	06600 PHYSICAL THERAPY	0.225249	1,859,434	418,836	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.162612	2,019,872	328,455	67.00
68.00	06800 SPEECH PATHOLOGY	0.181376	740,662	134,338	68.00
69.00	06900 ELECTROCARDIOLOGY	0.045446	12,674	576	69.00
69.02	06902 CARDIAC REHAB	1.027011	0	0	69.02
69.03	06903 DIABETIC EDUCATION	3.091578	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.128162	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.090560	276,621	25,051	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.461357	5,325	2,457	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.200232	734,531	147,077	73.00
74.00	07400 RENAL DIALYSIS	0.452102	186,719	84,416	74.00
76.00	03951 ECT	0.165303	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.716299	0	0	76.01
<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	0.435472	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	1.545559	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.105865	2,831	300	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.127411	32,527	4,144	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.988721	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	1.465054	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		6,473,793	1,236,428	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)		6,473,793		202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/21/2015 4:08 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		2,224,028	30.00
31.00	03100	INTENSIVE CARE UNIT		1,615,206	31.00
31.02	03102	NICU		2,680,942	31.02
32.00	03200	CORONARY CARE UNIT		145,429	32.00
40.00	04000	SUBPROVIDER - I PF		52,027	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		808,186	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.253861	4,055,837	50.00
51.00	05100	RECOVERY ROOM	0.117767	402,876	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.396136	1,330,183	52.00
53.00	05300	ANESTHESIOLOGY	0.012949	348,871	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125713	966,670	54.00
54.02	05402	ULTRASOUND	0.062538	457,187	54.02
54.03	05403	NUCLEAR MEDICINE	0.076160	316,026	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.043120	987,926	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085082	276,813	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062750	1,444,256	59.00
60.00	06000	LABORATORY	0.201566	2,475,975	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.285972	346,736	63.00
64.00	06400	INTRAVENOUS THERAPY	0.142889	1,094,380	64.00
65.00	06500	RESPIRATORY THERAPY	0.216846	2,909,827	65.00
66.00	06600	PHYSICAL THERAPY	0.225249	333,063	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.162612	308,686	67.00
68.00	06800	SPEECH PATHOLOGY	0.181376	149,011	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045446	832,444	69.00
69.02	06902	CARDIAC REHAB	1.027011	0	69.02
69.03	06903	DIABETIC EDUCATION	3.091578	2,504	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128162	172,781	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.090560	762,920	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.461357	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200232	4,760,593	73.00
74.00	07400	RENAL DIALYSIS	0.452102	153,427	74.00
76.00	03951	ECT	0.165303	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.716299	0	76.01
<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	0.435472	0	90.00
90.01	09001	OUTPATIENT PSYCH	1.545559	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	90.02
90.04	09004	BARIATRICS	0.000000	0	90.04
91.00	09100	EMERGENCY	0.105865	2,265,857	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.127411	700,134	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.988721	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES		0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1.465054	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		27,854,983	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)		27,854,983	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3	
		Component CCN: 15S100		Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XIX	Subprovider - IPF	Cost	
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
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		732,608		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.253861	4,770	1,211	50.00
51.00	05100 RECOVERY ROOM	0.117767	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.396136	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.012949	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125713	47,409	5,960	54.00
54.02	05402 ULTRASOUND	0.062538	6,841	428	54.02
54.03	05403 NUCLEAR MEDICINE	0.076160	23,562	1,794	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.043120	112,106	4,834	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.085082	9,845	838	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.062750	0	0	59.00
60.00	06000 LABORATORY	0.201566	235,085	47,385	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.285972	264	75	63.00
64.00	06400 INTRAVENOUS THERAPY	0.142889	31,506	4,502	64.00
65.00	06500 RESPIRATORY THERAPY	0.216846	28,497	6,179	65.00
66.00	06600 PHYSICAL THERAPY	0.225249	10,016	2,256	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.162612	7,600	1,236	67.00
68.00	06800 SPEECH PATHOLOGY	0.181376	1,734	315	68.00
69.00	06900 ELECTROCARDIOLOGY	0.045446	47,335	2,151	69.00
69.02	06902 CARDIAC REHAB	1.027011	0	0	69.02
69.03	06903 DIABETIC EDUCATION	3.091578	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.128162	10,626	1,362	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.090560	6,490	588	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.461357	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.200232	202,632	40,573	73.00
74.00	07400 RENAL DIALYSIS	0.452102	0	0	74.00
76.00	03951 ECT	0.165303	12,912	2,134	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.716299	0	0	76.01
<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	0.435472	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	1.545559	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.105865	555,015	58,757	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.127411	6,108	778	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.988721	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	1.465054	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		1,360,353	183,356	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)		1,360,353		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3	
		Component CCN: 15T100		Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XIX	Subprovider - IRF	Cost	
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
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		214,385		41.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.253861	1,173	298	50.00
51.00	05100 RECOVERY ROOM	0.117767	1,882	222	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.396136	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.012949	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125713	6,681	840	54.00
54.02	05402 ULTRASOUND	0.062538	6,265	392	54.02
54.03	05403 NUCLEAR MEDICINE	0.076160	2,831	216	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.043120	1,250	54	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.085082	4,295	365	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.062750	0	0	59.00
60.00	06000 LABORATORY	0.201566	17,718	3,571	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.285972	91	26	63.00
64.00	06400 INTRAVENOUS THERAPY	0.142889	3,314	474	64.00
65.00	06500 RESPIRATORY THERAPY	0.216846	11,462	2,485	65.00
66.00	06600 PHYSICAL THERAPY	0.225249	389,747	87,790	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.162612	187,969	30,566	67.00
68.00	06800 SPEECH PATHOLOGY	0.181376	80,102	14,529	68.00
69.00	06900 ELECTROCARDIOLOGY	0.045446	0	0	69.00
69.02	06902 CARDIAC REHAB	1.027011	5,720	5,875	69.02
69.03	06903 DIABETIC EDUCATION	3.091578	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.128162	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.090560	12,621	1,143	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.461357	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.200232	93,253	18,672	73.00
74.00	07400 RENAL DIALYSIS	0.452102	0	0	74.00
76.00	03951 ECT	0.165303	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.716299	0	0	76.01
<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	0.435472	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	1.545559	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.105865	4,210	446	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.127411	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.988721	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	1.465054	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		830,584	167,964	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)		830,584		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		12,436,513		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		42,678,071		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0		1.04
2.00	Outlier payments for discharges. (see instructions)		1,748,565		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		12,755,067		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		370.59		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)		16.42		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)		5.20		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.		6.56		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)		4.66		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		6.00		11.00
12.00	Current year allowable FTE (see instructions)		6.00		12.00
13.00	Total allowable FTE count for the prior year.		5.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		4.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		5.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.013492		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.010995		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.010995		21.00
22.00	IME payment adjustment (see instructions)		406,607		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-4.66		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)		406,607		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1.00	1.01	29.01
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.50		30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.43		31.00
32.00	Sum of lines 30 and 31		25.93		32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.61		33.00
34.00	Disproportionate share adjustment (see instructions)		1,461,915		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		0		35.00
35.01	Factor 3 (see instructions)		0.00000000		35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		4,497,644		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,133,654		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,923,220		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		62,654,891		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)		62,654,891		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,733,488		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).		145,731		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		11,625		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		67,545,735		59.00
60.00	Primary payer payments		32,175		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		67,513,560		61.00
62.00	Deductibles billed to program beneficiaries		5,751,128		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinsurance billed to program beneficiaries		268,905		63.00
64.00	Allowable bad debts (see instructions)		116,654		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		75,825		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		91,714		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		61,569,352		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)		-99,569		70.93
70.94	HRR adjustment amount (see instructions)		-496,572		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		60,973,211		71.00
71.01	Sequestration adjustment (see instructions)		1,219,464		71.01
72.00	Interim payments		59,640,559		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)		113,188		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		10,317,082		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1		On/After 10/1	
		1.00	1.01	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)	0		0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0		0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150100

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/21/2015 4:08 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,436,513	0	12,436,513	0	12,436,513	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	42,678,071	0	0	42,678,071	42,678,071	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,748,565	0	463,575	1,284,990	1,748,565	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	12,755,067	8,459,746	2,903,480	9,851,587	21,214,813	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.010995	0.010995	0.010995	0.010995		5.00
6.00	IME payment adjustment (see instructions)	22.00	406,607	50,682	91,902	264,023	406,607	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	406,607	50,682	91,902	264,023	406,607	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1061	0.1061	0.1061	0.1061		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,461,915	0	329,879	1,132,036	1,461,915	11.00
11.01	Uncompensated care payments	36.00	3,923,220	0	1,133,654	2,789,566	3,923,220	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	62,654,891	50,682	14,455,523	48,148,686	62,654,891	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	62,654,891	50,682	14,455,523	48,148,686	62,654,891	15.00
16.00	Payment for inpatient program capital	50.00	4,733,488	0	1,081,686	3,651,802	4,733,488	16.00
17.00	Special add-on payments for new technologies	54.00	11,625	0	3,453	8,172	11,625	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00



LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150100

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/21/2015 4:08 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			50,682	15,540,662	51,808,660	67,400,004	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	4,350,298	0	979,638	3,370,660	4,350,298	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	119,127	0	42,584	76,543	119,127	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	0.0068	0.0068	0.0068	0.0068		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	29,582	0	6,662	22,920	29,582	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0539	0.0539	0.0539	0.0539		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	234,481	0	52,802	181,679	234,481	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,733,488	0	1,081,686	3,651,802	4,733,488	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: 150100		Period: From 07/01/2014 To 06/30/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (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	12,436,513	12,436,513		12,436,513	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	42,678,071		42,678,071	42,678,071	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,748,565	463,575	1,284,990	1,748,565	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	12,755,067	0	9,851,587	9,851,587	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.010995	0.010995	0.010995		5.00
6.00	IME payment adjustment (see instructions)	22.00	406,607	74,507	332,100	406,607	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	406,607	74,507	332,100	406,607	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1061	0.1061	0.1061		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,461,915	329,879	1,132,036	1,461,915	11.00
11.01	Uncompensated care payments	36.00	3,923,220	1,133,653	3,363,990	4,497,643	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	62,654,891	14,438,127	48,216,764	62,654,891	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	62,654,891	14,438,127	48,216,764	62,654,891	15.00
16.00	Payment for inpatient program capital	50.00	4,733,488	1,081,686	3,651,802	4,733,488	16.00
17.00	Special add-on payments for new technologies	54.00	11,625	3,453	8,172	11,625	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>			15,523,266	51,876,738	67,400,004	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 150100

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/21/2015 4:08 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	4,350,298	979,638	3,370,660	4,350,298	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	119,127	42,584	76,543	119,127	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	0.0068	0.0068	0.0068		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	29,582	6,662	22,920	29,582	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0539	0.0539	0.0539		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	234,481	52,802	181,679	234,481	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	4,733,488	1,081,686	3,651,802	4,733,488	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	-99,569	5,769	-105,338	-99,569	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	-496,572	-9,952	-486,620	-496,572	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/21/2015 4:08 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		13,491	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,413,749	2.00
3.00	PPS payments		32,941,969	3.00
4.00	Outlier payment (see instructions)		488,648	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		13,491	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		60,087	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)		60,087	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)		60,087	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		46,596	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)		13,491	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)		33,430,617	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		784	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,314,769	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)		27,128,555	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		68,988	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)		27,197,543	30.00
31.00	Primary payer payments		2,366	31.00
32.00	Subtotal (line 30 minus line 31)		27,195,177	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)		596,411	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		387,667	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		568,779	36.00
37.00	Subtotal (see instructions)		27,582,844	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-5	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)		27,582,849	40.00
40.01	Sequestration adjustment (see instructions)		551,657	40.01
41.00	Interim payments		27,111,172	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-79,980	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/21/2015 4:08 pm
		Component CCN: 15S100	Title XVII	Subprovider - IPF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/21/2015 4:08 pm
		Component CCN: 15T100	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,764	2.00
3.00	PPS payments		76	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		76	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		15	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)		61	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		61	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		61	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		61	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		61	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
41.00	Interim payments		60	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	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: 150100

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/21/2015 4:08 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		59,571,359		27,021,072	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	01/29/2015	31,700	05/29/2015	90,100	3.01
3.02		05/29/2015	37,500		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)		69,200		90,100	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		59,640,559		27,111,172	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		113,188		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		79,980	6.02
7.00	Total Medicare program liability (see instructions)		59,753,747		27,031,192	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: 150100  
Component CCN: 15S100

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/21/2015 4:08 pm

Title XVIII

Subprovider -  
IPF

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		789,396		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		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		789,396		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		1,591		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		790,987		0	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: 150100  
Component CCN: 15T100

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/21/2015 4:08 pm

Title XVIII

Subprovider -  
IRF

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					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		3,084,403		60	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)		3,084,403		60	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		51,376		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,135,779		60	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: 150100

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
11/21/2015 4:08 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			16,429 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			30,694 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			7,741 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			73,670 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,436,677,249 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			53,743,095 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)			2,055,264 8.00
9.00	Sequestration adjustment amount (see instructions)			41,105 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			2,014,159 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,953,580 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)			60,579 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part II Date/Time Prepared: 11/21/2015 4:08 pm
		Component CCN: 15S100	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)		766,759	1.00
2.00	Net IPF PPS Outlier Payments		96,566	2.00
3.00	Net IPF PPS ECT Payments		19,410	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)		0.00	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)		8.673973	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)		882,735	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)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		882,735	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		882,735	18.00
19.00	Deductibles		65,680	19.00
20.00	Subtotal (line 18 minus line 19)		817,055	20.00
21.00	Coinsurance		11,534	21.00
22.00	Subtotal (line 20 minus line 21)		805,521	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		2,476	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		1,609	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,476	25.00
26.00	Subtotal (sum of lines 22 and 24)		807,130	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)		0	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)		807,130	31.00
31.01	Sequestration adjustment (see instructions)		16,143	31.01
32.00	Interim payments		789,396	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)		1,591	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		96,566	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: 150100 Component CCN: 15T100	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part III Date/Time Prepared: 11/21/2015 4:08 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			2,871,161 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0356 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			136,380 3.00
4.00	Outlier Payments			228,867 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	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 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	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 7.00
8.00	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 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.189041 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,236,408 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,236,408 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,236,408 19.00
20.00	Deductibles			19,896 20.00
21.00	Subtotal (line 19 minus line 20)			3,216,512 21.00
22.00	Coinsurance			18,376 22.00
23.00	Subtotal (line 21 minus line 22)			3,198,136 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,520 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,638 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,520 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,199,774 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,199,774 32.00
32.01	Sequestration adjustment (see instructions)			63,995 32.01
33.00	Interim payments			3,084,403 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			51,376 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			102,500 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			228,867 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: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VII Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XIX	Hospital	Cost	
		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	12,825,780			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)	12,825,780		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)	12,825,780		0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges	6,665,605			8.00
9.00	Ancillary service charges	27,854,983		32,776,901	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)	34,520,588		32,776,901	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)	34,520,588		32,776,901	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	21,694,808		32,776,901	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)	12,825,780		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	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	12,825,780		0	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)	12,825,780		0	31.00
32.00	Deductibles	0			32.00
33.00	Coinurance	0			33.00
34.00	Allowable bad debts (see instructions)	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)	12,825,780		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0			37.00
38.00	Subtotal (line 36 ± line 37)	12,825,780		0	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)	12,825,780		0	40.00
41.00	Interim payments	12,825,780		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0			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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VII Date/Time Prepared: 11/21/2015 4:08 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 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	1,251,686		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)	1,251,686	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)	1,251,686	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	732,608		8.00
9.00	Ancillary service charges	1,360,353	0	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)	2,092,961	0	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)	2,092,961	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	841,275	0	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)	1,251,686	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	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	1,251,686	0	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)	1,251,686	0	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	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	1,251,686	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	1,251,686	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	1,251,686	0	40.00
41.00	Interim payments	1,251,686	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VII Date/Time Prepared: 11/21/2015 4:08 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 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	447,142		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)	447,142	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)	447,142	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	214,385		8.00
9.00	Ancillary service charges	830,584	0	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)	1,044,969	0	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)	1,044,969	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	597,827	0	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)	447,142	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	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	447,142	0	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)	447,142	0	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	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	447,142	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	447,142	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	447,142	0	40.00
41.00	Interim payments	447,142	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	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: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/21/2015 4:08 pm	
		Title XVII I	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.			18.00	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)			7.29	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)			10.71	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	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.	0.00	0.00	0.00	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.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		5.00		10.00
11.00	Total weighted FTE count	0.00	5.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	4.50		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	3.50		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	4.33		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	0.00	4.33		17.00
18.00	Per resident amount	105,116.24	99,535.82		18.00
19.00	Approved amount for resident costs	0	430,990	430,990	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			430,990	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)	34,024	8,212		26.00
27.00	Total Inpatient Days (see instructions)	82,448	82,448		27.00
28.00	Ratio of inpatient days to total inpatient days	0.412672	0.099602		28.00
29.00	Program direct GME amount	177,858	42,927		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		6,066		30.00
31.00	Net Program direct GME amount			214,719	31.00



DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/21/2015 4:08 pm
		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)		4,465,293	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)		72,759,319	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)		32,175	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		72,727,144	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		34,431,004	42.00
43.00	Primary payer payments (see instructions)		2,366	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		34,428,638	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		107,155,782	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.678705	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.321295	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		214,719	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		145,731	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		68,988	50.00

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

Provider CCN: 150100

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

Worksheet G

Date/Time Prepared:  
11/21/2015 4:08 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	12,661,767	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	197,762,424	0	0	0	4.00
5.00	Other receivable	31,139,164	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-126,619,547	0	0	0	6.00
7.00	Inventory	7,684,516	0	0	0	7.00
8.00	Prepaid expenses	2,941,532	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	910,654	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	126,480,510	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	7,736,792	0	0	0	12.00
13.00	Land improvements	8,228,653	0	0	0	13.00
14.00	Accumulated depreciation	-6,271,015	0	0	0	14.00
15.00	Buildings	163,751,434	0	0	0	15.00
16.00	Accumulated depreciation	-134,655,588	0	0	0	16.00
17.00	Leasehold improvements	12,143,729	0	0	0	17.00
18.00	Accumulated depreciation	-6,693,277	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	1,487,661	0	0	0	21.00
22.00	Accumulated depreciation	-1,265,464	0	0	0	22.00
23.00	Major movable equipment	138,413,760	0	0	0	23.00
24.00	Accumulated depreciation	-113,773,450	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	69,103,235	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	598,107,539	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	30,514,204	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	628,621,743	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	824,205,488	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	12,692,624	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,209,990	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,648,638	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	51,871,712	0	0	0	43.00
44.00	Other current liabilities	162,320,801	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	236,743,765	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	400,822	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	14,101,106	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	14,501,928	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	251,245,693	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	572,959,795				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)	572,959,795	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	824,205,488	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150100

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

Worksheet G-1

Date/Time Prepared:  
11/21/2015 4:08 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		418,722,447		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		71,815,772			2.00
3.00	Total (sum of line 1 and line 2)		490,538,219		0	3.00
4.00	RESTRICTED CONTRIBUTIONS OF PROPERTY	65,826		0		4.00
5.00	TRANSFER FROM AFFILIATES	97,396,308		0		5.00
6.00	ROUNDING	5		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		97,462,139		0	10.00
11.00	Subtotal (line 3 plus line 10)		588,000,358		0	11.00
12.00	DEFERRED PENSION COSTS	14,739,852		0		12.00
13.00	DIST OF CAPITAL	300,711		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		15,040,563		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		572,959,795		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	RESTRICTED CONTRIBUTIONS OF PROPERTY		0			4.00
5.00	TRANSFER FROM AFFILIATES		0			5.00
6.00	ROUNDING		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	DEFERRED PENSION COSTS		0			12.00
13.00	DIST OF CAPITAL		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: 150100

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/21/2015 4:08 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	62,397,632		62,397,632	1.00
2.00	SUBPROVIDER - IPF	5,349,820		5,349,820	2.00
3.00	SUBPROVIDER - IRF	4,403,643		4,403,643	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	72,151,095		72,151,095	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	27,751,364		27,751,364	11.00
11.02	NICU	4,284,206		4,284,206	11.02
12.00	CORONARY CARE UNIT	8,594,820		8,594,820	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	40,630,390		40,630,390	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	112,781,485		112,781,485	17.00
18.00	Ancillary services	538,281,428	607,979,095	1,146,260,523	18.00
19.00	Outpatient services	54,015,308	113,333,404	167,348,712	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	22.00
23.00	AMBULANCE SERVICES	0	10,972,591	10,972,591	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN PRIVATE OFFICES	17,776,169	11,398,144	29,174,313	27.00
27.01	APOTHECARY	0	242,444	242,444	27.01
27.02	CONV CARE	0	13,982,060	13,982,060	27.02
27.03	OTHER PATIENT REVENUE	70,112	21,483	91,595	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	722,924,502	757,929,221	1,480,853,723	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		456,324,857		29.00
30.00	BAD DEBT	17,019,776			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		17,019,776		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		473,344,633		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150100

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

Worksheet G-3

Date/Time Prepared:  
11/21/2015 4:08 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,480,853,723	1.00
2.00	Less contractual allowances and discounts on patients' accounts	993,533,004	2.00
3.00	Net patient revenues (line 1 minus line 2)	487,320,719	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	473,344,633	4.00
5.00	Net income from service to patients (line 3 minus line 4)	13,976,086	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	227,230	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	1,712	16.00
17.00	Revenue from sale of drugs to other than patients	32,198	17.00
18.00	Revenue from sale of medical records and abstracts	32,360	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	734,715	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	59,842,892	24.00
24.01		0	24.01
25.00	Total other income (sum of lines 6-24)	60,871,107	25.00
26.00	Total (line 5 plus line 25)	74,847,193	26.00
27.00	NON-OPERATING GAINS/LOSSES	3,031,421	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,031,421	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	71,815,772	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 150100

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

Worksheet 1-5

Date/Time Prepared:  
11/21/2015 4:08 pm

		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150100	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 11/21/2015 4:08 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,350,298	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		119,127	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)		207.41	3.00
4.00	Number of interns & residents (see instructions)		5.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.68	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)		29,582	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.50	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.43	8.00
9.00	Sum of lines 7 and 8		25.93	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.39	10.00
11.00	Disproportionate share adjustment (see instructions)		234,481	11.00
12.00	Total prospective capital payments (see instructions)		4,733,488	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