

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 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/25/2017 12:04 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/25/2017 Time: 12:04 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

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 ADVOCATE SHERMAN HOSPITAL (14-0030) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 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)

 SYSTEM DIRECTOR OF REIMBURSEMENT
 Title _____
 05/25/2017
 Date _____

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	173,528	223,768	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	173,528	223,768	0	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: 14-0030		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 12:02 pm			
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1425 NORTH RANDALL ROAD	PO Box:						1.00	
2.00	City: ELGIN	State: IL	Zip Code: 60123	County: KANE				2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00	2.00	3.00	4.00	5.00	V	XVIII	XIX
3.00	Hospital and Hospital-Based Component Identification:								
	Hospital	ADVOCATE SHERMAN HOSPITAL	140030	20994	1	07/01/1966	N	P	P
4.00	Subprovider - IPF								4.00
5.00	Subprovider - IRF								5.00
6.00	Subprovider - (Other)								6.00
7.00	Swing Beds - SNF								7.00
8.00	Swing Beds - NF								8.00
9.00	Hospital-Based SNF								9.00
10.00	Hospital-Based NF								10.00
11.00	Hospital-Based OLTC								11.00
12.00	Hospital-Based HHA								12.00
13.00	Separately Certified ASC								13.00
14.00	Hospital-Based Hospice								14.00
15.00	Hospital-Based Health Clinic - RHC								15.00
16.00	Hospital-Based Health Clinic - FQHC								16.00
17.00	Hospital-Based (CMHC) I								17.00
18.00	Renal Dialysis								18.00
19.00	Other								19.00
						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2016	12/31/2016		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 §412.106(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	N		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.						1	Y	23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,003	587	0	0	2	9,363	0	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	0	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 12:02 pm			
		Urban/Rural	St	Date of Geogra			
		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	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
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

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

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

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	466,164	2,189,270	201,017		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	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 12:02 pm			
		1.00	2.00				
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	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H036			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 06101		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY SUITE 600	PO Box:				142.00	
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515			143.00	
					1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00	
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
					1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N			147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
					1.00		
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N			165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y			167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 12:02 pm	
			Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2016	12/31/2016	170.00
			1.00	2.00	
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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0030		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 12:02 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
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	03/10/2017			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2017	Y	04/30/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 12:02 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed 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
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JENNI FER		HANES	41.00
42.00	Enter the employer/company name of the cost report preparer	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(630)929-5767		JENNI.FER.HANES@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-2
Part II
Date/Time Prepared:
5/25/2017 12:02 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR. REIMB. SPECIALIST	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: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 12:02 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi si ts / Tri ps	
					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	225	82,350	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)		225	82,350	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,980	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		255	93,330	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		255				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: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 12:02 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)	21,194	1,701	48,823			1.00
2.00 HMO and other (see instructions)	2,487	6,965				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	21,194	1,701	48,823			7.00
8.00 INTENSIVE CARE UNIT	2,784	166	5,775			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		4,123	7,852			13.00
14.00 Total (see instructions)	23,978	5,990	62,450	0.00	1,337.39	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						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)				0.00	1,337.39	27.00
28.00 Observation Bed Days		288	8,399			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 12:02 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	5,172	535	16,526	1.00
2.00	HMO and other (see instructions)			539	2,023		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	5,172	535	16,526	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	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: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2017 12:02 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	98,152,004	0	98,152,004	2,781,771.00	35.28
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		552,570	9,330	561,900	19,739.00	28.47
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,662,900	0	1,662,900	21,510.86	77.31
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		370,055	0	370,055	2,019.75	183.22
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		8,150,244	0	8,150,244	164,616.00	49.51
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		23,261,501	0	23,261,501		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		144,963	0	144,963		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		2,373,677	0	2,373,677		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,814,296	-1,626,659	187,637	4,638.00	40.46
27.00	Administrative & General	5.00	6,570,869	110,949	6,681,818	175,989.00	37.97
28.00	Administrative & General under contract (see inst.)		621,610	0	621,610	5,006.00	124.17
29.00	Maintenance & Repairs	6.00	0	1,118,243	1,118,243	42,517.00	26.30

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2017 12:02 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		
30.00	Operation of Plant	7.00	2,133,500	-1,082,219	1,051,281	33,715.00	31.18	30.00
31.00	Laundry & Linen Service	8.00	118,144	1,995	120,139	6,885.00	17.45	31.00
32.00	Housekeeping	9.00	2,072,552	34,995	2,107,547	127,754.00	16.50	32.00
33.00	Housekeeping under contract (see instructions)		22,386	0	22,386	1,137.50	19.68	33.00
34.00	Dietary	10.00	2,170,365	-740,422	1,429,943	77,094.00	18.55	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	490,508	490,508	28,907.00	16.97	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,166,969	19,704	1,186,673	26,229.00	45.24	38.00
39.00	Central Services and Supply	14.00	1,157,759	-591,636	566,123	25,646.00	22.07	39.00
40.00	Pharmacy	15.00	3,038,023	51,297	3,089,320	73,923.00	41.79	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	1,599,513	27,008	1,626,521	33,114.00	49.12	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2017 12:02 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	98,796,000	0	98,796,000	2,787,914.50	35.44	1.00
2.00	Excluded area salaries (see instructions)	552,570	9,330	561,900	19,739.00	28.47	2.00
3.00	Subtotal salaries (line 1 minus line 2)	98,243,430	-9,330	98,234,100	2,768,175.50	35.49	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,183,199	0	10,183,199	188,146.61	54.12	4.00
5.00	Subtotal wage-related costs (see inst.)	25,635,178	0	25,635,178	0.00	26.10	5.00
6.00	Total (sum of lines 3 thru 5)	134,061,807	-9,330	134,052,477	2,956,322.11	45.34	6.00
7.00	Total overhead cost (see instructions)	22,485,986	-2,186,237	20,299,749	662,554.50	30.64	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2017 12:02 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,204,374	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		3,041,952	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		174,842	6.00
7.00	Employee Managed Care Program Administration Fees		1,249,133	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		5,672,444	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		1,924,019	9.00
10.00	Dental, Hearing and Vision Plan		371,471	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		79,200	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		529,449	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		590,399	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		6,913,406	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		63,329	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		217,466	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		374,980	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		23,406,464	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/25/2017 12:02 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,662,900	23,406,464	1.00
2.00	Hospital	1,662,900	23,406,464	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/25/2017 12:02 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.189511	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			33,889,033	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			96,013	5.00
6.00	Medicaid charges			185,776,210	6.00
7.00	Medicaid cost (line 1 times line 6)			35,206,635	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)			1,221,589	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			599,455	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			1,221,589	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	18,596,212	4,313,991	22,910,203	
21.00	Cost of patients approved for charity care (line 1 times line 20)	3,524,187	817,549	4,341,736	
22.00	Partial payment by patients approved for charity care	298,196	256,574	554,770	
23.00	Cost of charity care (line 21 minus line 22)	3,225,991	560,975	3,786,966	
				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)			23,829,653	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			919,253	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			22,910,400	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			4,341,773	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,128,739	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			9,350,328	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/25/2017 12:02 pm		
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT		9,039,720	9,039,720	9,715,856	18,755,576	1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	8,899,433	8,899,433	2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,814,296	15,981,718	17,796,014	-1,627,013	16,169,001	4.00	
5.01 00540 NONPATIENT TELEPHONES	405,395	1,107,908	1,513,303	-358,418	1,154,885	5.01	
5.02 00550 DATA PROCESSING	0	12,095,033	12,095,033	-1,457,180	10,637,853	5.02	
5.03 00560 PURCHASING RECEIVING AND STORES	0	3,255	3,255	0	3,255	5.03	
5.04 00570 ADMINITING	0	0	0	0	0	5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	8,933,473	8,933,473	-5,601	8,927,872	5.05	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	6,165,474	28,128,954	34,294,428	113,574	34,408,002	5.06	
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	3,701,754	3,701,754	6.00	
7.00 00700 OPERATION OF PLANT	2,133,500	10,018,844	12,152,344	-3,714,992	8,437,352	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	118,144	848,112	966,256	1,368	967,624	8.00	
9.00 00900 HOUSEKEEPING	2,072,552	1,175,754	3,248,306	-99,890	3,148,416	9.00	
10.00 01000 DIETARY	2,170,365	2,306,289	4,476,654	-1,555,740	2,920,914	10.00	
11.00 01100 CAFETERIA	0	0	0	1,183,933	1,183,933	11.00	
13.00 01300 NURSING ADMINISTRATION	1,166,969	568,872	1,735,841	-270,667	1,465,174	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	1,157,759	2,993,493	4,151,252	-2,519,297	1,631,955	14.00	
15.00 01500 PHARMACY	3,038,023	15,966,701	19,004,724	-14,412,851	4,591,873	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	26,851	26,851	0	26,851	16.00	
17.00 01700 SOCIAL SERVICE	1,599,513	181,289	1,780,802	27,008	1,807,810	17.00	
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	22,011,046	4,706,743	26,717,789	-203,362	26,514,427	30.00	
31.00 03100 INTENSIVE CARE UNIT	5,189,006	2,238,142	7,427,148	-286,050	7,141,098	31.00	
43.00 04300 NURSERY	2,403,645	559,747	2,963,392	-40,239	2,923,153	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	5,922,043	19,304,026	25,226,069	-12,475,631	12,750,438	50.00	
51.00 05100 RECOVERY ROOM	3,753,581	734,360	4,487,941	-184,909	4,303,032	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,736,863	2,217,035	6,953,898	-179,024	6,774,874	52.00	
53.00 05300 ANESTHESIOLOGY	0	1,142,178	1,142,178	-372,368	769,810	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,428,532	7,040,175	13,468,707	-3,170,967	10,297,740	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	619,033	1,190,815	1,809,848	-385,435	1,424,413	55.00	
57.00 05700 CT SCAN	1,013,982	642,002	1,655,984	-490,720	1,165,264	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	411,427	296,951	708,378	-232,093	476,285	58.00	
59.00 05900 CARDIAC CATHETERIZATION	1,005,372	3,069,009	4,074,381	-2,471,026	1,603,355	59.00	
60.00 06000 LABORATORY	3,628,769	7,973,443	11,602,212	-1,858,931	9,743,281	60.00	
64.00 06400 INTRAVENOUS THERAPY	1,444,749	1,060,278	2,505,027	-363,043	2,141,984	64.00	
65.00 06500 RESPIRATORY THERAPY	1,699,549	561,698	2,261,247	-299,422	1,961,825	65.00	
66.00 06600 PHYSICAL THERAPY	2,891,409	450,771	3,342,180	39,856	3,382,036	66.00	
67.00 06700 OCCUPATIONAL THERAPY	595,946	50,503	646,449	8,033	654,482	67.00	
68.00 06800 SPEECH PATHOLOGY	149,921	10,939	160,860	1,918	162,778	68.00	
69.00 06900 ELECTROCARDIOLOGY	2,245,763	4,101,271	6,347,034	-3,378,883	2,968,151	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	343,401	175,759	519,160	-43,814	475,346	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,250,508	12,250,508	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,550,925	11,550,925	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	14,452,296	14,452,296	73.00	
74.00 07400 RENAL DIALYSIS	0	727,407	727,407	-6,546	720,861	74.00	
76.00 03950 WOUND CARE CENTER	403,932	149,813	553,745	-1,013	552,732	76.00	
76.01 03951 DIABETIC CENTER	207,703	25,571	233,274	3,507	236,781	76.01	
76.02 03952 CLINICAL NUTRITION	0	0	0	286,562	286,562	76.02	
76.97 07697 CARDIAC REHABILITATION	276,834	223,218	500,052	-13,074	486,978	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
91.00 09100 EMERGENCY	8,052,203	5,599,016	13,651,219	-56,029	13,595,190	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
93.00 04950 ANTI COAGULATION CLINIC	322,735	94,924	417,659	5,449	423,108	93.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE		9,715,856	9,715,856	-9,715,856	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	97,599,434	183,437,916	281,037,350	-8,104	281,029,246	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	135,869	99,797	235,666	1,903	237,569	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.00 07950 ACLS	86,990	66,599	153,589	1,469	155,058	194.00	
194.01 07951 PHYSICIAN REFERRAL	329,711	270,777	600,488	4,732	605,220	194.01	
200.00	TOTAL (SUM OF LINES 118-199)	98,152,004	183,875,089	282,027,093	0	282,027,093	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet A
Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-7,338,710	11,416,866	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	351,612	9,251,045	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,264,029	20,433,030	4.00
5.01	00540	NONPATIENT TELEPHONES	-188,465	966,420	5.01
5.02	00550	DATA PROCESSING	4,188,794	14,826,647	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	3,255	5.03
5.04	00570	ADMINISTRATIVE	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-899,269	8,028,603	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-17,917,545	16,490,457	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,701,754	6.00
7.00	00700	OPERATION OF PLANT	-281,748	8,155,604	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	967,624	8.00
9.00	00900	HOUSEKEEPING	0	3,148,416	9.00
10.00	01000	DIETARY	-13,494	2,907,420	10.00
11.00	01100	CAFETERIA	-914,135	269,798	11.00
13.00	01300	NURSING ADMINISTRATION	-72,342	1,392,832	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,631,955	14.00
15.00	01500	PHARMACY	-10,256	4,581,617	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,851	16.00
17.00	01700	SOCIAL SERVICE	-53,878	1,753,932	17.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,038,970	25,475,457	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,141,098	31.00
43.00	04300	NURSERY	-174,030	2,749,123	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,543,650	11,206,788	50.00
51.00	05100	RECOVERY ROOM	0	4,303,032	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,032,517	5,742,357	52.00
53.00	05300	ANESTHESIOLOGY	-517,637	252,173	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,139,763	9,157,977	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-284,802	1,139,611	55.00
57.00	05700	CT SCAN	-11,630	1,153,634	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	476,285	58.00
59.00	05900	CARDIAC CATHETERIZATION	-90	1,603,265	59.00
60.00	06000	LABORATORY	-1,344,705	8,398,576	60.00
64.00	06400	INTRAVENOUS THERAPY	-27,375	2,114,609	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,961,825	65.00
66.00	06600	PHYSICAL THERAPY	-212	3,381,824	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	654,482	67.00
68.00	06800	SPEECH PATHOLOGY	0	162,778	68.00
69.00	06900	ELECTROCARDIOLOGY	-6,016	2,962,135	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	475,346	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,250,508	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,550,925	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,452,296	73.00
74.00	07400	RENAL DIALYSIS	0	720,861	74.00
76.00	03950	WOUND CARE CENTER	0	552,732	76.00
76.01	03951	DIABETIC CENTER	-8,936	227,845	76.01
76.02	03952	CLINICAL NUTRITION	0	286,562	76.02
76.97	07697	CARDIAC REHABILITATION	-33,547	453,431	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-1,643,802	11,951,388	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	423,108	93.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-27,693,089	253,336,157	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-12,543	225,026	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	ACLS	-685	154,373	194.00
194.01	07951	PHYSICIAN REFERRAL	-15,240	589,980	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-27,721,557	254,305,536	200.00

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BILLABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,250,508	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	63,788	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
TOTALS			0	12,314,296	
B - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,452,296	1.00
TOTALS			0	14,452,296	
C - IMPLANTABLE DEVICES CHARGED TO PATS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,550,925	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
TOTALS			0	11,550,925	
D - MAINTENANCE & REPAIRS					
1.00	MAINTENANCE & REPAIRS	6.00	1,099,675	2,583,511	1.00
TOTALS			1,099,675	2,583,511	
E - STERILE PROCESSING					
1.00	OPERATING ROOM	50.00	220,886	530,780	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	52,061	125,102	2.00
3.00	ELECTROCARDIOLOGY	69.00	64,158	154,170	3.00
4.00	CARDIAC CATHETERIZATION	59.00	94,211	226,386	4.00
5.00	EMERGENCY	91.00	169,720	407,833	5.00
TOTALS			601,036	1,444,271	
F - CAFETERIA					
1.00	CAFETERIA	11.00	479,249	693,425	1.00
2.00	CLINICAL NUTRITION	76.02	280,765	0	2.00
TOTALS			760,014	693,425	
G - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,715,856	1.00
TOTALS			0	9,715,856	

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
H - DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,899,433	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
TOTALS			0	8,899,433	
I - PTO/BONUS/INCENTIVE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	30,634	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	6,845	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	104,104	0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	18,568	0	4.00
5.00	OPERATION OF PLANT	7.00	17,456	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	1,995	0	6.00
7.00	HOUSEKEEPING	9.00	34,995	0	7.00
8.00	DIETARY	10.00	19,592	0	8.00
9.00	CAFETERIA	11.00	11,259	0	9.00
10.00	NURSING ADMINISTRATION	13.00	19,704	0	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	9,400	0	11.00
12.00	PHARMACY	15.00	51,297	0	12.00
13.00	SOCIAL SERVICE	17.00	27,008	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	371,656	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	87,616	0	15.00
16.00	NURSERY	43.00	40,585	0	16.00
17.00	OPERATING ROOM	50.00	103,723	0	17.00
18.00	RECOVERY ROOM	51.00	63,379	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	80,861	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	108,546	0	20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	10,452	0	21.00
22.00	CT SCAN	57.00	17,121	0	22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	6,947	0	23.00
24.00	CARDIAC CATHETERIZATION	59.00	18,566	0	24.00
25.00	LABORATORY	60.00	61,272	0	25.00
26.00	INTRAVENOUS THERAPY	64.00	24,395	0	26.00
27.00	RESPIRATORY THERAPY	65.00	28,697	0	27.00
28.00	PHYSICAL THERAPY	66.00	48,821	0	28.00
29.00	OCCUPATIONAL THERAPY	67.00	10,063	0	29.00
30.00	SPEECH PATHOLOGY	68.00	2,531	0	30.00
31.00	ELECTROCARDIOLOGY	69.00	39,003	0	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	5,798	0	32.00

RECLASSIFICATIONS

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
33.00	WOUND CARE CENTER	76.00	6,820	0		33.00
34.00	DIABETIC CENTER	76.01	3,507	0		34.00
35.00	CLINICAL NUTRITION	76.02	5,797	0		35.00
36.00	CARDIAC REHABILITATION	76.97	4,674	0		36.00
37.00	EMERGENCY	91.00	138,827	0		37.00
38.00	ANTI COAGULATION CLINIC	93.00	5,449	0		38.00
39.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	2,294	0		39.00
40.00	ACLS	194.00	1,469	0		40.00
41.00	PHYSICIAN REFERRAL	194.01	5,567	0		41.00
	TOTALS		1,657,293	0		0
500.00	Grand Total: Increases		4,118,018	61,654,013		500.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - BILLABLE MEDICAL SUPPLIES							
1.00	OPERATION OF PLANT	7.00	0	201	0	1.00	
2.00	HOUSEKEEPING	9.00	0	43	0	2.00	
3.00	DIETARY	10.00	0	417	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	1,529	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	328,750	0	5.00	
6.00	PHARMACY	15.00	0	18	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	328,332	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	185,286	0	8.00	
9.00	NURSERY	43.00	0	25,073	0	9.00	
10.00	OPERATING ROOM	50.00	0	4,652,626	0	10.00	
11.00	RECOVERY ROOM	51.00	0	143,174	0	11.00	
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	233,610	0	12.00	
13.00	ANESTHESIOLOGY	53.00	0	370,372	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,509,701	0	14.00	
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,840	0	15.00	
16.00	CT SCAN	57.00	0	271,542	0	16.00	
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	104,103	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	780,830	0	18.00	
19.00	LABORATORY	60.00	0	1,158,913	0	19.00	
20.00	INTRAVENOUS THERAPY	64.00	0	184,097	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	244,498	0	21.00	
22.00	PHYSICAL THERAPY	66.00	0	698	0	22.00	
23.00	OCCUPATIONAL THERAPY	67.00	0	1,288	0	23.00	
24.00	SPEECH PATHOLOGY	68.00	0	134	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	1,198,942	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,984	0	26.00	
27.00	RENAL DIALYSIS	74.00	0	22	0	27.00	
28.00	WOUND CARE CENTER	76.00	0	165	0	28.00	
29.00	CARDIAC REHABILITATION	76.97	0	947	0	29.00	
30.00	EMERGENCY	91.00	0	569,161	0	30.00	
	TOTALS		0	12,314,296			
B - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	14,452,296	0	1.00	
	TOTALS		0	14,452,296			
C - IMPLANTABLE DEVICES CHARGED TO PATS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	22,240	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	5	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	3,194	0	3.00	
4.00	NURSERY	43.00	0	460	0	4.00	
5.00	OPERATING ROOM	50.00	0	7,055,181	0	5.00	
6.00	RECOVERY ROOM	51.00	0	3	0	6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	12,432	0	7.00	
8.00	ANESTHESIOLOGY	53.00	0	1,529	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	308,597	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	1,652,956	0	10.00	
11.00	LABORATORY	60.00	0	163,816	0	11.00	
12.00	INTRAVENOUS THERAPY	64.00	0	174,640	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	1,029	0	13.00	
14.00	SPEECH PATHOLOGY	68.00	0	479	0	14.00	
15.00	ELECTROCARDIOLOGY	69.00	0	2,150,154	0	15.00	
16.00	EMERGENCY	91.00	0	4,210	0	16.00	
	TOTALS		0	11,550,925			
D - MAINTENANCE & REPAIRS							
1.00	OPERATION OF PLANT	7.00	1,099,675	2,583,511	0	1.00	
	TOTALS		1,099,675	2,583,511			
E - STERILE PROCESSING							
1.00	CENTRAL SERVICES & SUPPLY	14.00	601,036	1,444,271	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
	TOTALS		601,036	1,444,271			
F - CAFETERIA							
1.00	DIETARY	10.00	760,014	693,425	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		760,014	693,425			
G - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	9,715,856	11	1.00	
	TOTALS		0	9,715,856			

RECLASSIFICATIONS

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Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
H - DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	354	9	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	365,263	9	2.00
3.00	DATA PROCESSING	5.02	0	1,457,180	9	3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	5,601	9	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	54,318	9	5.00
6.00	OPERATION OF PLANT	7.00	0	49,061	9	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	627	9	7.00
8.00	HOUSEKEEPING	9.00	0	134,842	9	8.00
9.00	DIETARY	10.00	0	121,476	9	9.00
10.00	NURSING ADMINISTRATION	13.00	0	288,842	9	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	132,400	9	11.00
12.00	PHARMACY	15.00	0	11,834	9	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	246,681	9	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	185,186	9	14.00
15.00	NURSERY	43.00	0	55,291	9	15.00
16.00	OPERATING ROOM	50.00	0	1,623,213	9	16.00
17.00	RECOVERY ROOM	51.00	0	105,111	9	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	191,006	9	18.00
19.00	ANESTHESIOLOGY	53.00	0	467	9	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,461,215	9	20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	393,047	9	21.00
22.00	CT SCAN	57.00	0	236,299	9	22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	134,937	9	23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	376,403	9	24.00
25.00	LABORATORY	60.00	0	597,474	9	25.00
26.00	INTRAVENOUS THERAPY	64.00	0	28,701	9	26.00
27.00	RESPIRATORY THERAPY	65.00	0	82,592	9	27.00
28.00	PHYSICAL THERAPY	66.00	0	8,267	9	28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	742	9	29.00
30.00	ELECTROCARDIOLOGY	69.00	0	287,118	9	30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	32,628	9	31.00
32.00	RENAL DIALYSIS	74.00	0	6,524	9	32.00
33.00	WOUND CARE CENTER	76.00	0	7,668	9	33.00
34.00	CARDIAC REHABILITATION	76.97	0	16,801	9	34.00
35.00	EMERGENCY	91.00	0	199,038	9	35.00
36.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	391	9	36.00
37.00	PHYSICIAN REFERRAL	194.01	0	835	9	37.00
TOTALS			0	8,899,433		
I - PTO/BONUS/INCENTIVE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,657,293	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-6

Date/Time Prepared:
5/25/2017 12:02 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
	TOTALS		1,657,293		0		
500.00	Grand Total: Decreases		4,118,018	61,654,013			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2017 12:02 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,720,000	0	0	0	0	1.00
2.00	Land Improvements	6,091,366	360,436	0	360,436	0	2.00
3.00	Buildings and Fixtures	213,070,117	2,327,829	0	2,327,829	0	3.00
4.00	Building Improvements	1,473,636	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	51,591,918	9,935,591	0	9,935,591	800,396	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	280,947,037	12,623,856	0	12,623,856	800,396	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	280,947,037	12,623,856	0	12,623,856	800,396	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,720,000	0				1.00
2.00	Land Improvements	6,451,802	4,513				2.00
3.00	Buildings and Fixtures	215,397,946	1,013,698				3.00
4.00	Building Improvements	1,473,636	30,262				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	60,727,113	38,361,285				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	292,770,497	39,409,758				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	292,770,497	39,409,758				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	9,039,720	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,039,720	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	9,039,720				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	9,039,720				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	223,323,384	0	223,323,384	0.786210	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	60,727,113	0	60,727,113	0.213790	0	2.00
3.00	Total (sum of lines 1-2)	284,050,497	0	284,050,497	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	10,346,437	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,498,036	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,844,473	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	473,210	0	0	597,219	11,416,866	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,753,009	9,251,045	2.00
3.00	Total (sum of lines 1-2)	473,210	0	0	2,350,228	20,667,911	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8

Date/Time Prepared:
5/25/2017 12:02 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	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-9,242,646	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)	A	-44,000	NONPATIENT TELEPHONES		5.01	0 7.00
8.00 Television and radio service (chapter 21)	A	-54,000	OPERATION OF PLANT		7.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-7,433,284				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	7,024,746				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-914,135	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts		0			0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-140,142	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	1,306,717	CAP REL COSTS-BLDG & FIXT		1.00	9 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-1,401,397	CAP REL COSTS-MVBLE EQUIP		2.00	9 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)	B	-79,173	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 MEDICAID TAX/ASSESSMENT FEE	A	-10,765,703	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.00
33.01 ANSWERING SERVICE INCOME	B	-144,465	NONPATIENT TELEPHONES		5.01	0 33.01

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.02 BILLING SERVICE INCOME	B	-899,269	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 33.02
33.03 MANAGEMENT SERVICE INCOME	B	-947,568	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.03
33.04 LAB SERVICE INCOME	B	-863,377	LABORATORY	60.00	0 33.04
33.06 MISC A&G INCOME	B	-365,552	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.06
33.09 MISC DIETARY INCOME	B	-13,494	DIETARY	10.00	0 33.09
33.10 MISC OPERATING ROOM	B	-185,420	OPERATING ROOM	50.00	0 33.10
33.11 MISC NURSING ADMIN INCOME	B	-25,991	NURSING ADMINISTRATION	13.00	0 33.11
33.12 MISC PHARMACY INCOME	B	-10,256	PHARMACY	15.00	0 33.12
33.13 MISC ADULT & PEDI INCOME	B	-44,646	ADULTS & PEDIATRICS	30.00	0 33.13
33.15 MISC RADIOLOGY INCOME	B	-3,625	RADIOLOGY-DIAGNOSTIC	54.00	0 33.15
33.16 MISC LAB REVENUE	B	-81,866	LABORATORY	60.00	0 33.16
33.17 MISC RAD ONCOLOGY REVENUE	B	-24,179	INTRAVENOUS THERAPY	64.00	0 33.17
33.18 MISC PT REVENUE	B	-212	PHYSICAL THERAPY	66.00	0 33.18
33.19 MISC EKG REVENUE	B	-6,000	ELECTROCARDIOLOGY	69.00	0 33.19
33.20 MISC DIABETIC CENTER REVENUE	B	-8,936	DIABETIC CENTER	76.01	0 33.20
33.21 MISC CARDIAC REHAB REVENUE	B	-33,547	CARDIAC REHABILITATION	76.97	0 33.21
33.22 MISC ER REVENUE	B	-129,380	EMERGENCY	91.00	0 33.22
33.23 MISC A&G REVENUE	B	-25	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.23
33.26 MISC EMPLOYEE BENEFIT REVENUE	B	-10,249	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.26
34.00 MISC NON-ALLOW EXP - EMP BEN	A	-127	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 34.00
34.01 MISC NON-ALLOW EXP - A&G	A	-1,773,745	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.01
34.02 MISC NON-ALLOW EXP - OPERATING ROOM	A	-15,500	OPERATING ROOM	50.00	0 34.02
34.03 MISC NON-ALLOW EXP -NURSING ADMIN	A	-298	NURSING ADMINISTRATION	13.00	0 34.03
34.04 MISC NON-ALLOW EXP -OPERATION OF PLA	A	-227,748	OPERATION OF PLANT	7.00	0 34.04
34.05 MISC NON-ALLOW EXP - ADULTS & PEDI	A	-69	ADULTS & PEDIATRICS	30.00	0 34.05
34.06 MISC NON-ALLOW EXP - RADIOLOGY	A	-2,079	RADIOLOGY-THERAPEUTIC	55.00	0 34.06
34.07 MISC NON-ALLOW EXP -ONCOLOGY	A	-1,830	INTRAVENOUS THERAPY	64.00	0 34.07
34.08 MISC NON-ALLOW EXP - SOCIAL SERVICE	A	-53,878	SOCIAL SERVICE	17.00	0 34.08
34.09 MISC NON-ALLOW EXP - ER	A	-34,702	EMERGENCY	91.00	0 34.09
34.10 MISC NON-ALLOW EXP - EDUCATION	A	-15,240	PHYSICIAN REFERRAL	194.01	0 34.10
34.11 MISC NON-ALLOW EXP -CARDIAC CATH	A	-90	CARDIAC CATHETERIZATION	59.00	0 34.11
34.12 MISC NON-ALLOW EXP - DELIVERY	A	-1,404	DELIVERY ROOM & LABOR ROOM	52.00	0 34.12
34.13 MISC NON-ALLOW EXP - EKG	A	-16	ELECTROCARDIOLOGY	69.00	0 34.13
34.14 MISC NON-ALLOW EXP -GIFT	A	-12,543	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 34.14
34.15 MISC NON-ALLOW EXP -ACLS	A	-685	ACLS	194.00	0 34.15
34.16 LOBBYING FEES	A	-40,529	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.16
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,721,557			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: 14-0030
 Period: From 01/01/2016 To 12/31/2016
 Worksheet A-8-1
 Date/Time Prepared: 5/25/2017 12:02 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL - BUILDING & FIXTURE	597,219	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL - EQUIPMENT	1,753,009	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	4,274,405	0
4.00	5.02	DATA PROCESSING	DATA PROCESSING	5,868,211	1,679,417
4.01	5.06	OTHER ADMINISTRATIVE AND GEN	OTHER ADMINISTRATIVE & GENER	4,333,240	8,121,921
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			16,826,084	9,801,338

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

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

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

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

6.00	G		0.00	ADVOCATE HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	SOLE COPR BD MB				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: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8-2

Date/Time Prepared:
5/25/2017 12:02 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	5.06	OTHER ADMINISTRATIVE AND GENERAL	95,600	95,600	0	211,500	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	46,053	46,053	0	211,500	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	915,082	915,082	0	211,500	0	3.00
4.00	43.00	AGGREGATE-NURSERY	174,030	174,030	0	211,500	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	1,342,730	1,342,730	0	246,400	0	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	1,031,113	1,031,113	0	237,100	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	517,637	517,637	0	239,400	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	1,136,138	1,136,138	0	271,900	0	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	282,723	282,723	0	271,900	0	9.00
10.00	57.00	AGGREGATE-CT SCAN	11,630	11,630	0	271,900	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	399,462	399,462	0	260,300	0	11.00
12.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	1,366	1,366	0	211,500	0	12.00
13.00	91.00	AGGREGATE-EMERGENCY	1,479,720	1,479,720	0	211,500	0	13.00
200.00			7,433,284	7,433,284	0		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	11.00
12.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	0	0	12.00
13.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	13.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	95,600		1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	46,053		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	915,082		3.00
4.00	43.00	AGGREGATE-NURSERY	0	0	0	174,030		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	1,342,730		5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	1,031,113		6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	517,637		7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	1,136,138		8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	282,723		9.00
10.00	57.00	AGGREGATE-CT SCAN	0	0	0	11,630		10.00
11.00	60.00	AGGREGATE-LABORATORY	0	0	0	399,462		11.00
12.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	1,366		12.00
13.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,479,720		13.00
200.00			0	0	0	7,433,284		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	11,416,866	11,416,866			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,251,045		9,251,045		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	20,433,030	87,603	314	20,520,947	4.00
5.01 00540	NONPATIENT TELEPHONES	966,420	30,316	525,681	86,354	1,608,771
5.02 00550	DATA PROCESSING	14,826,647	277,212	1,503,101	0	50,302
5.03 00560	PURCHASING RECEIVING AND STORES	3,255	191,683	0	0	13,474
5.04 00570	ADMINISTRATIVE	0	0	0	0	34,134
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	8,028,603	0	9,842	0	26,948
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	16,490,457	389,309	128,682	1,313,314	167,973
6.00 00600	MAINTENANCE & REPAIRS	3,701,754	202,601	41,919	234,243	17,965
7.00 00700	OPERATION OF PLANT	8,155,604	1,656,845	32,936	220,216	20,660
8.00 00800	LAUNDRY & LINEN SERVICE	967,624	109,902	5,757	25,166	1,797
9.00 00900	HOUSEKEEPING	3,148,416	131,616	199,961	441,476	8,084
10.00 01000	DIETARY	2,907,420	200,788	40,837	299,536	2,695
11.00 01100	CAFETERIA	269,798	149,000	167,834	102,749	11,677
13.00 01300	NURSING ADMINISTRATION	1,392,832	44,053	360,510	248,577	8,983
14.00 01400	CENTRAL SERVICES & SUPPLY	1,631,955	214,183	266,990	118,588	9,881
15.00 01500	PHARMACY	4,581,617	125,835	26,745	647,132	22,456
16.00 01600	MEDICAL RECORDS & LIBRARY	26,851	0	0	0	30,541
17.00 01700	SOCIAL SERVICE	1,753,932	34,062	0	340,714	21,558
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	25,475,457	2,846,225	257,108	4,688,551	351,215
31.00 03100	INTENSIVE CARE UNIT	7,141,098	445,005	169,818	1,105,315	56,590
43.00 04300	NURSERY	2,749,123	140,237	66,559	512,003	8,084
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	11,206,788	813,587	1,823,232	1,308,511	61,979
51.00 05100	RECOVERY ROOM	4,303,032	222,724	106,562	799,554	48,506
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,742,357	371,281	185,720	1,020,093	41,320
53.00 05300	ANESTHESIOLOGY	252,173	0	578	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,157,977	487,346	947,166	1,369,348	125,755
55.00 05500	RADIOLOGY-THERAPEUTIC	1,139,611	106,961	479,080	131,861	19,762
57.00 05700	CT SCAN	1,153,634	69,273	100,349	215,989	3,593
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	476,285	66,735	14,845	87,638	4,491
59.00 05900	CARDIAC CATHETERIZATION	1,603,265	282,791	291,109	234,223	24,253
60.00 06000	LABORATORY	8,398,576	327,610	740,775	772,968	54,793
64.00 06400	INTRAVENOUS THERAPY	2,114,609	234,105	36,603	307,747	44,913
65.00 06500	RESPIRATORY THERAPY	1,961,825	98,803	124,909	362,023	8,084
66.00 06600	PHYSICAL THERAPY	3,381,824	104,745	23,978	615,902	34,134
67.00 06700	OCCUPATIONAL THERAPY	654,482	3,183	1,203	126,943	10,779
68.00 06800	SPEECH PATHOLOGY	162,778	17,404	31	31,935	3,593
69.00 06900	ELECTROCARDIOLOGY	2,962,135	124,747	250,821	492,039	39,523
70.00 07000	ELECTROENCEPHALOGRAPHY	475,346	140,137	33,777	73,148	9,881
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,250,508	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,550,925	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	14,452,296	0	0	0	0
74.00 07400	RENAL DIALYSIS	720,861	18,371	3,577	0	2,695
76.00 03950	WOUND CARE CENTER	552,732	17,545	8,682	86,042	4,491
76.01 03951	DIABETIC CENTER	227,845	0	167	44,243	8,084
76.02 03952	CLINICAL NUTRITION	286,562	0	0	60,027	0
76.97 07697	CARDIAC REHABILITATION	453,431	0	20,748	58,969	6,288
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	11,951,388	633,043	249,568	1,751,360	186,837
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00 04950	ANTI COAGULATION CLINIC	423,108	0	0	68,746	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	253,336,157	11,416,866	9,248,074	20,403,243	1,608,771
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	225,026	0	484	28,942	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00 19300	NONPAID WORKERS	0	0	0	0	0
194.00 07950	ACLS	154,373	0	0	18,530	0
194.01 07951	PHYSICIAN REFERRAL	589,980	0	2,487	70,232	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
202.00 TOTAL (sum lines 118-201)	254,305,536	11,416,866	9,251,045	20,520,947	1,608,771	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	16,657,262					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	278,889	487,301				5.03
5.04	00570	ADMINITTING	532,424	0	566,558			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	519,747	0	0	8,585,140		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	2,294,493	0	0	0	20,784,228	5.06
6.00	00600	MAINTENANCE & REPAIRS	88,737	0	0	0	4,287,219	6.00
7.00	00700	OPERATION OF PLANT	190,151	38	0	0	10,276,450	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,677	140	0	0	1,123,063	8.00
9.00	00900	HOUSEKEEPING	38,030	155	0	0	3,967,738	9.00
10.00	01000	DIETARY	50,707	12,038	0	0	3,514,021	10.00
11.00	01100	CAFETERIA	152,121	0	0	0	853,179	11.00
13.00	01300	NURSING ADMINISTRATION	50,707	16	0	0	2,105,678	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	50,707	8,193	0	0	2,300,497	14.00
15.00	01500	PHARMACY	253,535	137,436	0	0	5,794,756	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	481,717	0	0	0	539,109	16.00
17.00	01700	SOCIAL SERVICE	240,858	0	0	0	2,391,124	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,598,738	16,326	84,311	1,270,676	37,588,607	30.00
31.00	03100	INTENSIVE CARE UNIT	570,454	7,367	19,781	300,031	9,815,459	31.00
43.00	04300	NURSERY	316,919	1,166	7,745	117,479	3,919,315	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,686,009	141,632	41,529	629,883	17,713,150	50.00
51.00	05100	RECOVERY ROOM	722,575	3,224	18,910	286,817	6,511,904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	811,313	5,365	14,261	216,302	8,408,012	52.00
53.00	05300	ANESTHESIOLOGY	0	5,913	11,577	175,600	445,841	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	519,747	21,821	46,122	699,556	13,374,838	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	405,656	223	5,703	86,499	2,375,356	55.00
57.00	05700	CT SCAN	50,707	2,788	39,809	603,798	2,239,940	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,677	1,136	11,783	178,726	854,316	58.00
59.00	05900	CARDIAC CATHETERIZATION	304,242	24,661	11,966	181,497	2,958,007	59.00
60.00	06000	LABORATORY	608,484	38,233	63,434	962,128	11,967,001	60.00
64.00	06400	INTRAVENOUS THERAPY	202,828	4,464	3,114	47,230	2,995,613	64.00
65.00	06500	RESPIRATORY THERAPY	114,091	3,353	8,129	123,296	2,804,513	65.00
66.00	06600	PHYSICAL THERAPY	329,596	162	8,306	125,975	4,624,622	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	42	1,777	26,956	825,365	67.00
68.00	06800	SPEECH PATHOLOGY	0	6	453	6,874	223,074	68.00
69.00	06900	ELECTROCARDIOLOGY	405,656	33,379	20,763	314,921	4,643,984	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	50,707	302	1,736	26,326	811,360	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	15,142	229,670	12,495,320	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	13,728	208,225	11,772,878	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	69,711	1,057,337	15,579,344	73.00
74.00	07400	RENAL DIALYSIS	12,677	49	939	14,235	773,404	74.00
76.00	03950	WOUND CARE CENTER	50,707	752	394	5,970	727,315	76.00
76.01	03951	DIABETIC CENTER	76,061	0	178	2,696	359,274	76.01
76.02	03952	CLINICAL NUTRITION	0	0	37	567	347,193	76.02
76.97	07697	CARDIAC REHABILITATION	38,030	71	615	9,325	587,477	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,457,827	15,662	43,284	656,509	16,945,478	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	534	1,321	20,036	513,745	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,581,201	486,647	566,558	8,585,140	253,138,767	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	569	0	0	255,021	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	12,677	71	0	0	185,651	194.00
194.01	07951	PHYSICIAN REFERRAL	63,384	14	0	0	726,097	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	16,657,262	487,301	566,558	8,585,140	254,305,536	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	20,784,228					5.06
6.00	00600	MAINTENANCE & REPAIRS	381,580	4,668,799				6.00
7.00	00700	OPERATION OF PLANT	914,645	3,576,687	14,767,782			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	99,957	3,683	189,133	1,415,836		8.00
9.00	00900	HOUSEKEEPING	353,145	10,606	226,502	0	4,557,991	9.00
10.00	01000	DIETARY	312,762	87,646	345,542	0	3,433	10.00
11.00	01100	CAFETERIA	75,936	0	256,418	0	14,993	11.00
13.00	01300	NURSING ADMINISTRATION	187,414	1,768	75,813	0	2,423	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	204,753	31,376	368,594	0	5,603	14.00
15.00	01500	PHARMACY	515,756	13,699	216,553	140	52,249	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47,983	8,249	0	0	4,846	16.00
17.00	01700	SOCIAL SERVICE	212,820	589	58,619	0	4,139	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,345,432	476,234	4,898,143	506,777	1,859,339	30.00
31.00	03100	INTENSIVE CARE UNIT	873,615	29,461	765,821	87,602	147,407	31.00
43.00	04300	NURSERY	348,835	5,745	241,338	7,286	44,878	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,576,541	52,293	1,400,123	176,941	368,617	50.00
51.00	05100	RECOVERY ROOM	579,586	26,809	383,292	46,719	165,681	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	748,347	85,436	638,947	108,420	504,009	52.00
53.00	05300	ANESTHESIOLOGY	39,682	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,190,414	44,191	838,687	78,502	165,933	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	211,416	1,620	184,072	0	55,429	55.00
57.00	05700	CT SCAN	199,364	1,326	119,213	47,280	18,527	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	76,038	6,039	114,845	16,826	18,527	58.00
59.00	05900	CARDIAC CATHETERIZATION	263,274	5,892	486,663	31,295	68,352	59.00
60.00	06000	LABORATORY	1,065,111	27,840	563,793	106	54,571	60.00
64.00	06400	INTRAVENOUS THERAPY	266,622	19,591	402,878	17,676	154,777	64.00
65.00	06500	RESPIRATORY THERAPY	249,613	1,326	170,032	0	18,426	65.00
66.00	06600	PHYSICAL THERAPY	411,610	11,490	180,259	85,040	27,109	66.00
67.00	06700	OCCUPATIONAL THERAPY	73,461	295	5,477	0	18,426	67.00
68.00	06800	SPEECH PATHOLOGY	19,854	0	29,951	0	18,426	68.00
69.00	06900	ELECTROCARDIOLOGY	413,333	11,490	214,681	11,073	170,578	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	72,214	3,683	241,165	4,541	18,426	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,112,133	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,047,833	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,386,624	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	68,836	1,178	31,615	0	0	74.00
76.00	03950	WOUND CARE CENTER	64,734	4,419	30,193	1,507	18,426	76.00
76.01	03951	DIABETIC CENTER	31,977	0	0	0	18,426	76.01
76.02	03952	CLINICAL NUTRITION	30,902	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	52,288	10,017	0	0	11,106	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,508,215	97,221	1,089,420	188,105	498,658	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTI COAGULATION CLINIC	45,725	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,680,380	4,657,899	14,767,782	1,415,836	4,531,740	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,698	10,900	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	16,524	0	0	0	7,825	194.00
194.01	07951	PHYSICIAN REFERRAL	64,626	0	0	0	18,426	194.01
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)	20,784,228	4,668,799	14,767,782	1,415,836	4,557,991	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0030		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/25/2017 12:02 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	4,263,404					10.00
11.00	01100	CAFETERIA	0	1,200,526				11.00
13.00	01300	NURSING ADMINISTRATION	0	17,717	2,390,813			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17,434	0	2,928,257		14.00
15.00	01500	PHARMACY	0	49,857	0	10,657	6,653,667	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	22,511	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,923,162	433,839	960,775	539,239	53,809	30.00
31.00	03100	INTENSIVE CARE UNIT	247,515	89,703	198,655	216,365	18,962	31.00
43.00	04300	NURSERY	0	37,456	82,950	34,424	3,264	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	111,134	246,116	843,022	46,544	50.00
51.00	05100	RECOVERY ROOM	0	61,932	137,155	67,171	20,636	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	82,648	183,032	116,372	15,157	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	29,207	61,351	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	209,529	6,539	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	10,731	12	55.00
57.00	05700	CT SCAN	0	0	0	3,935	4,023	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,470	3,504	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	16,128	35,716	47,864	7,084	59.00
60.00	06000	LABORATORY	0	0	0	383,253	59	60.00
64.00	06400	INTRAVENOUS THERAPY	0	25,140	55,676	28,065	8,458	64.00
65.00	06500	RESPIRATORY THERAPY	0	34,558	76,531	7,832	92	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,761	9	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,459	5	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	46,549	27,231	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,004	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	27,042	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	6,184,687	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,762	597	74.00
76.00	03950	WOUND CARE CENTER	0	6,292	13,935	38,791	4,221	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	4,256	9,426	1,823	3	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	92,727	171,227	379,197	253,510	187,420	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTI COAGULATION CLINIC	0	5,260	11,649	420	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,263,404	1,187,092	2,390,813	2,928,257	6,653,667	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,646	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	1,457	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	5,331	0	0	0	194.01
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)	4,263,404	1,200,526	2,390,813	2,928,257	6,653,667	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	600,187					16.00
17.00	01700	SOCIAL SERVICE	0	2,689,802				17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	74,588	2,513,972	0	57,173,916	0	30.00
31.00	03100	INTENSIVE CARE UNIT	21,554	121,500	0	12,633,619	0	31.00
43.00	04300	NURSERY	8,440	36,549	0	4,770,480	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,251	0	0	22,579,732	0	50.00
51.00	05100	RECOVERY ROOM	20,605	988	0	8,022,478	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,539	11,854	0	10,917,773	0	52.00
53.00	05300	ANESTHESIOLOGY	12,615	0	0	588,696	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,256	0	0	15,958,889	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,214	0	0	2,844,850	0	55.00
57.00	05700	CT SCAN	43,377	0	0	2,676,985	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,840	0	0	1,105,405	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,039	0	0	3,933,314	0	59.00
60.00	06000	LABORATORY	69,119	0	0	14,130,853	0	60.00
64.00	06400	INTRAVENOUS THERAPY	3,393	0	0	3,977,889	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,858	0	0	3,371,781	0	65.00
66.00	06600	PHYSICAL THERAPY	9,050	0	0	5,354,950	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,937	0	0	926,425	0	67.00
68.00	06800	SPEECH PATHOLOGY	494	0	0	291,799	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,624	0	0	5,561,543	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,891	0	0	1,154,284	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,499	0	0	13,650,994	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,959	0	0	12,835,670	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,086	0	0	23,226,741	0	73.00
74.00	07400	RENAL DIALYSIS	1,023	0	0	878,415	0	74.00
76.00	03950	WOUND CARE CENTER	429	0	0	910,262	0	76.00
76.01	03951	DIABETIC CENTER	194	0	0	409,871	0	76.01
76.02	03952	CLINICAL NUTRITION	41	0	0	378,136	0	76.02
76.97	07697	CARDIAC REHABILITATION	670	0	0	677,066	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	47,163	4,939	0	21,463,280	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTI COAGULATION CLINIC	1,439	0	0	578,238	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	600,187	2,689,802	0	252,984,334	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	295,265	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	0	211,457	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	0	814,480	0	194.01
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	600,187	2,689,802	0	254,305,536	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/25/2017 12:02 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMINISTRATION		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
23.00	02300 PARAMED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	57,173,916	30.00
31.00	03100 INTENSIVE CARE UNIT	12,633,619	31.00
43.00	04300 NURSERY	4,770,480	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	22,579,732	50.00
51.00	05100 RECOVERY ROOM	8,022,478	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	10,917,773	52.00
53.00	05300 ANESTHESIOLOGY	588,696	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,958,889	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,844,850	55.00
57.00	05700 CT SCAN	2,676,985	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,105,405	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,933,314	59.00
60.00	06000 LABORATORY	14,130,853	60.00
64.00	06400 INTRAVENOUS THERAPY	3,977,889	64.00
65.00	06500 RESPIRATORY THERAPY	3,371,781	65.00
66.00	06600 PHYSICAL THERAPY	5,354,950	66.00
67.00	06700 OCCUPATIONAL THERAPY	926,425	67.00
68.00	06800 SPEECH PATHOLOGY	291,799	68.00
69.00	06900 ELECTROCARDIOLOGY	5,561,543	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,154,284	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,650,994	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,835,670	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,226,741	73.00
74.00	07400 RENAL DIALYSIS	878,415	74.00
76.00	03950 WOUND CARE CENTER	910,262	76.00
76.01	03951 DIABETIC CENTER	409,871	76.01
76.02	03952 CLINICAL NUTRITION	378,136	76.02
76.97	07697 CARDIAC REHABILITATION	677,066	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
91.00	09100 EMERGENCY	21,463,280	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04950 ANTI COAGULATION CLINIC	578,238	93.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	252,984,334	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	295,265	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES	0	192.01
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 ACLS	211,457	194.00
194.01	07951 PHYSICIAN REFERRAL	814,480	194.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	254,305,536	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 12:02 pm
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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			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	87,603	314	87,917	87,917 4.00
5.01 00540	NONPATIENT TELEPHONES	49,795	30,316	525,681	605,792	370 5.01
5.02 00550	DATA PROCESSING	0	277,212	1,503,101	1,780,313	0 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	191,683	0	191,683	0 5.03
5.04 00570	ADMINITTING	0	0	0	0	0 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	67,123	0	9,842	76,965	0 5.05
5.06 00590	OTHER ADMINISTRATION AND GENERAL	1,118,779	389,309	128,682	1,636,770	5,624 5.06
6.00 00600	MAINTENANCE & REPAIRS	3,414	202,601	41,919	247,934	1,003 6.00
7.00 00700	OPERATION OF PLANT	2,682	1,656,845	32,936	1,692,463	943 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	109,902	5,757	115,659	108 8.00
9.00 00900	HOUSEKEEPING	0	131,616	199,961	331,577	1,890 9.00
10.00 01000	DIETARY	0	200,788	40,837	241,625	1,283 10.00
11.00 01100	CAFETERIA	0	149,000	167,834	316,834	440 11.00
13.00 01300	NURSING ADMINISTRATION	0	44,053	360,510	404,563	1,064 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	265,798	214,183	266,990	746,971	508 14.00
15.00 01500	PHARMACY	305,600	125,835	26,745	458,180	2,771 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	0	34,062	0	34,062	1,459 17.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	35,579	2,846,225	257,108	3,138,912	20,121 30.00
31.00 03100	INTENSIVE CARE UNIT	80,131	445,005	169,818	694,954	4,733 31.00
43.00 04300	NURSERY	12,736	140,237	66,559	219,532	2,192 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	19,655	813,587	1,823,232	2,656,474	5,603 50.00
51.00 05100	RECOVERY ROOM	0	222,724	106,562	329,286	3,424 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	371,281	185,720	557,001	4,368 52.00
53.00 05300	ANESTHESIOLOGY	0	0	578	578	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	215,731	487,346	947,166	1,650,243	5,864 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	106,961	479,080	586,041	565 55.00
57.00 05700	CT SCAN	21,300	69,273	100,349	190,922	925 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	66,735	14,845	81,580	375 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	282,791	291,109	573,900	1,003 59.00
60.00 06000	LABORATORY	0	327,610	740,775	1,068,385	3,310 60.00
64.00 06400	INTRAVENOUS THERAPY	0	234,105	36,603	270,708	1,318 64.00
65.00 06500	RESPIRATORY THERAPY	1,749	98,803	124,909	225,461	1,550 65.00
66.00 06600	PHYSICAL THERAPY	24,384	104,745	23,978	153,107	2,637 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	3,183	1,203	4,386	544 67.00
68.00 06800	SPEECH PATHOLOGY	0	17,404	31	17,435	137 68.00
69.00 06900	ELECTROCARDIOLOGY	-147	124,747	250,821	375,421	2,107 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,716	140,137	33,777	177,630	313 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	18,371	3,577	21,948	0 74.00
76.00 03950	WOUND CARE CENTER	29,425	17,545	8,682	55,652	368 76.00
76.01 03951	DIABETIC CENTER	0	0	167	167	189 76.01
76.02 03952	CLINICAL NUTRITION	0	0	0	0	257 76.02
76.97 07697	CARDIAC REHABILITATION	161,037	0	20,748	181,785	253 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	187,896	633,043	249,568	1,070,507	7,500 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04950	ANTI COAGULATION CLINIC	0	0	0	0	294 93.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,606,383	11,416,866	9,248,074	23,271,323	87,413 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	484	484	124 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.01
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00 07950	ACLS	0	0	0	0	79 194.00
194.01 07951	PHYSICIAN REFERRAL	111,488	0	2,487	113,975	301 194.01
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	2,717,871	11,416,866	9,251,045	23,385,782	87,917 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0030		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 12:02 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	606,162					5.01
5.02	00550	DATA PROCESSING	18,953	1,799,266				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,077	30,125	226,885			5.03
5.04	00570	ADMINISTRATIVE	12,861	57,511	0	70,372		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	10,153	56,141	0	0	143,259	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	63,290	247,844	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	6,769	9,585	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	7,784	20,540	18	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	677	1,369	65	0	0	8.00
9.00	00900	HOUSEKEEPING	3,046	4,108	72	0	0	9.00
10.00	01000	DIETARY	1,015	5,477	5,605	0	0	10.00
11.00	01100	CAFETERIA	4,400	16,432	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,384	5,477	8	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,723	5,477	3,814	0	0	14.00
15.00	01500	PHARMACY	8,461	27,386	63,988	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,507	52,034	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	8,123	26,017	0	0	0	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	132,337	280,708	7,601	10,091	21,561	30.00
31.00	03100	INTENSIVE CARE UNIT	21,322	61,619	3,430	2,473	4,992	31.00
43.00	04300	NURSERY	3,046	34,233	543	968	1,955	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,353	182,117	65,944	5,191	10,480	50.00
51.00	05100	RECOVERY ROOM	18,276	78,050	1,501	2,364	4,772	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,569	87,635	2,498	1,783	3,599	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,753	1,447	2,922	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,383	56,141	10,160	5,765	11,639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,446	43,818	104	713	1,439	55.00
57.00	05700	CT SCAN	1,354	5,477	1,298	4,976	10,046	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,692	1,369	529	1,473	2,974	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,138	32,863	11,482	1,496	3,020	59.00
60.00	06000	LABORATORY	20,645	65,727	17,801	7,929	16,008	60.00
64.00	06400	INTRAVENOUS THERAPY	16,922	21,909	2,079	389	786	64.00
65.00	06500	RESPIRATORY THERAPY	3,046	12,324	1,561	1,016	2,051	65.00
66.00	06600	PHYSICAL THERAPY	12,861	35,602	75	1,038	2,096	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,061	0	20	222	449	67.00
68.00	06800	SPEECH PATHOLOGY	1,354	0	3	57	114	68.00
69.00	06900	ELECTROCARDIOLOGY	14,892	43,818	15,541	2,595	5,240	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,723	5,477	141	217	438	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,893	3,821	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,716	3,464	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,714	17,592	73.00
74.00	07400	RENAL DIALYSIS	1,015	1,369	23	117	237	74.00
76.00	03950	WOUND CARE CENTER	1,692	5,477	350	49	99	76.00
76.01	03951	DIABETIC CENTER	3,046	8,216	0	22	45	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	5	9	76.02
76.97	07697	CARDIAC REHABILITATION	2,369	4,108	33	77	155	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	70,397	157,470	7,292	5,411	10,923	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTI COAGULATION CLINIC	0	0	249	165	333	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	606,162	1,791,050	226,581	70,372	143,259	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	265	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	1,369	33	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	6,847	6	0	0	194.01
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)	606,162	1,799,266	226,885	70,372	143,259	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 12:02 pm		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,953,528				5.06
6.00	00600	MAINTENANCE & REPAIRS	35,867	301,158			6.00
7.00	00700	OPERATION OF PLANT	85,973	230,709	2,038,430		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,396	238	26,106	153,618	8.00
9.00	00900	HOUSEKEEPING	33,194	684	31,265	0	405,836 9.00
10.00	01000	DIETARY	29,398	5,654	47,696	0	306 10.00
11.00	01100	CAFETERIA	7,138	0	35,394	0	1,335 11.00
13.00	01300	NURSING ADMINISTRATION	17,616	114	10,465	0	216 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,246	2,024	50,878	0	499 14.00
15.00	01500	PHARMACY	48,479	884	29,891	15	4,652 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,510	532	0	0	432 16.00
17.00	01700	SOCIAL SERVICE	20,004	38	8,091	0	369 17.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	314,352	30,719	676,102	54,984	165,547 30.00
31.00	03100	INTENSIVE CARE UNIT	82,116	1,900	105,708	9,505	13,125 31.00
43.00	04300	NURSERY	32,789	371	33,312	790	3,996 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	148,188	3,373	193,262	19,198	32,821 50.00
51.00	05100	RECOVERY ROOM	54,479	1,729	52,907	5,069	14,752 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	70,341	5,511	88,195	11,764	44,876 52.00
53.00	05300	ANESTHESIOLOGY	3,730	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,894	2,851	115,766	8,518	14,774 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	19,872	105	25,408	0	4,935 55.00
57.00	05700	CT SCAN	18,739	86	16,455	5,130	1,650 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,147	390	15,852	1,826	1,650 58.00
59.00	05900	CARDIAC CATHETERIZATION	24,747	380	67,175	3,396	6,086 59.00
60.00	06000	LABORATORY	100,116	1,796	77,822	11	4,859 60.00
64.00	06400	INTRAVENOUS THERAPY	25,061	1,264	55,610	1,918	13,781 64.00
65.00	06500	RESPIRATORY THERAPY	23,463	86	23,470	0	1,641 65.00
66.00	06600	PHYSICAL THERAPY	38,690	741	24,881	9,227	2,414 66.00
67.00	06700	OCCUPATIONAL THERAPY	6,905	19	756	0	1,641 67.00
68.00	06800	SPEECH PATHOLOGY	1,866	0	4,134	0	1,641 68.00
69.00	06900	ELECTROCARDIOLOGY	38,852	741	29,633	1,201	15,188 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,788	238	33,289	493	1,641 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	104,536	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	98,492	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	130,337	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	6,470	76	4,364	0	0 74.00
76.00	03950	WOUND CARE CENTER	6,085	285	4,168	164	1,641 76.00
76.01	03951	DIABETIC CENTER	3,006	0	0	0	1,641 76.01
76.02	03952	CLINICAL NUTRITION	2,905	0	0	0	0 76.02
76.97	07697	CARDIAC REHABILITATION	4,915	646	0	0	989 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	141,766	6,271	150,375	20,409	44,400 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04950	ANTI COAGULATION CLINIC	4,298	0	0	0	0 93.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,943,766	300,455	2,038,430	153,618	403,498 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,134	703	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	ACLS	1,553	0	0	0	697 194.00
194.01	07951	PHYSICIAN REFERRAL	6,075	0	0	0	1,641 194.01
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	1,953,528	301,158	2,038,430	153,618	405,836 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 12:02 pm			
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	338,059					10.00
11.00	01100	CAFETERIA	0	381,973				11.00
13.00	01300	NURSING ADMINISTRATION	0	5,637	448,544			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,547	0	838,687		14.00
15.00	01500	PHARMACY	0	15,863	0	3,052	663,622	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	7,162	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	311,080	138,036	180,253	154,445	5,367	30.00
31.00	03100	INTENSIVE CARE UNIT	19,626	28,541	37,270	61,970	1,891	31.00
43.00	04300	NURSERY	0	11,918	15,562	9,859	326	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	35,360	46,174	241,452	4,642	50.00
51.00	05100	RECOVERY ROOM	0	19,705	25,732	19,239	2,058	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,296	34,339	33,330	1,512	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,365	6,119	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	60,012	652	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,073	1	55.00
57.00	05700	CT SCAN	0	0	0	1,127	401	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	707	349	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,131	6,701	13,709	707	59.00
60.00	06000	LABORATORY	0	0	0	109,769	6	60.00
64.00	06400	INTRAVENOUS THERAPY	0	7,999	10,445	8,038	844	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,995	14,358	2,243	9	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,650	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	418	1	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,332	2,716	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	287	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,745	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	616,846	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	505	60	74.00
76.00	03950	WOUND CARE CENTER	0	2,002	2,614	11,110	421	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	1,354	1,768	522	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	7,353	54,479	71,142	72,608	18,693	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTI COAGULATION CLINIC	0	1,674	2,186	120	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	338,059	377,699	448,544	838,687	663,622	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,114	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	464	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	1,696	0	0	0	194.01
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)	338,059	381,973	448,544	838,687	663,622	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	69,015				16.00
17.00	01700	SOCIAL SERVICE	0	105,325			17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,557	98,440		5,749,213	0 30.00
31.00	03100	INTENSIVE CARE UNIT	2,473	4,758		1,162,406	0 31.00
43.00	04300	NURSERY	968	1,431		373,791	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,191	0		3,678,823	0 50.00
51.00	05100	RECOVERY ROOM	2,364	39		635,746	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,783	464		990,864	0 52.00
53.00	05300	ANESTHESIOLOGY	1,447	0		27,361	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,765	0		2,107,427	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	713	0		694,233	0 55.00
57.00	05700	CT SCAN	4,976	0		263,562	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,473	0		119,386	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,496	0		762,430	0 59.00
60.00	06000	LABORATORY	7,929	0		1,502,113	0 60.00
64.00	06400	INTRAVENOUS THERAPY	389	0		439,460	0 64.00
65.00	06500	RESPIRATORY THERAPY	1,016	0		324,290	0 65.00
66.00	06600	PHYSICAL THERAPY	1,038	0		286,058	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	222	0		19,644	0 67.00
68.00	06800	SPEECH PATHOLOGY	57	0		26,798	0 68.00
69.00	06900	ELECTROCARDIOLOGY	2,595	0		563,872	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	217	0		230,892	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,893	0		119,888	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,716	0		105,388	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,891	0		782,380	0 73.00
74.00	07400	RENAL DIALYSIS	117	0		36,301	0 74.00
76.00	03950	WOUND CARE CENTER	49	0		92,226	0 76.00
76.01	03951	DIABETIC CENTER	22	0		16,354	0 76.01
76.02	03952	CLINICAL NUTRITION	5	0		3,181	0 76.02
76.97	07697	CARDIAC REHABILITATION	77	0		199,051	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0		0	0 90.00
91.00	09100	EMERGENCY	5,411	193		1,922,600	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
93.00	04950	ANTI COAGULATION CLINIC	165	0		9,484	0 93.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	69,015	105,325	0	23,245,222	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		5,824	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		0	0 192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0		0	0 192.01
193.00	19300	NONPAID WORKERS	0	0		0	0 193.00
194.00	07950	ACLS	0	0		4,195	0 194.00
194.01	07951	PHYSICIAN REFERRAL	0	0		130,541	0 194.01
200.00		Cross Foot Adjustments			0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	69,015	105,325	0	23,385,782	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 12:02 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMINISTRATION		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
23.00	02300 PARAMED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	5,749,213	30.00
31.00	03100 INTENSIVE CARE UNIT	1,162,406	31.00
43.00	04300 NURSERY	373,791	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	3,678,823	50.00
51.00	05100 RECOVERY ROOM	635,746	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	990,864	52.00
53.00	05300 ANESTHESIOLOGY	27,361	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,107,427	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	694,233	55.00
57.00	05700 CT SCAN	263,562	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	119,386	58.00
59.00	05900 CARDIAC CATHETERIZATION	762,430	59.00
60.00	06000 LABORATORY	1,502,113	60.00
64.00	06400 INTRAVENOUS THERAPY	439,460	64.00
65.00	06500 RESPIRATORY THERAPY	324,290	65.00
66.00	06600 PHYSICAL THERAPY	286,058	66.00
67.00	06700 OCCUPATIONAL THERAPY	19,644	67.00
68.00	06800 SPEECH PATHOLOGY	26,798	68.00
69.00	06900 ELECTROCARDIOLOGY	563,872	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	230,892	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	119,888	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	105,388	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	782,380	73.00
74.00	07400 RENAL DIALYSIS	36,301	74.00
76.00	03950 WOUND CARE CENTER	92,226	76.00
76.01	03951 DIABETIC CENTER	16,354	76.01
76.02	03952 CLINICAL NUTRITION	3,181	76.02
76.97	07697 CARDIAC REHABILITATION	199,051	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
91.00	09100 EMERGENCY	1,922,600	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04950 ANTI COAGULATION CLINIC	9,484	93.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	23,245,222	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,824	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES	0	192.01
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 ACLS	4,195	194.00
194.01	07951 PHYSICIAN REFERRAL	130,541	194.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	23,385,782	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# INSTRUMENTS)	DATA PROCESSING (# TERMINALS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)							
	1.00	2.00	4.00	5.01	5.02				
GENERAL SERVICE COST CENTERS									
1.00 00100	CAP REL COSTS-BLDG & FIXT	566,783							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,476,980						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,349	254	97,964,367					4.00
5.01 00540	NONPATIENT TELEPHONES	1,505	424,872	412,240		1,791			5.01
5.02 00550	DATA PROCESSING	13,762	1,214,853	0		56	1,314		5.02
5.03 00560	PURCHASING RECEIVING AND STORES	9,516	0	0		15	22		5.03
5.04 00570	ADMINISTRATIVE	0	0	0		38	42		5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	7,955	0		30	41		5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	19,327	104,005	6,269,578		187	181		5.06
6.00 00600	MAINTENANCE & REPAIRS	10,058	33,880	1,118,243		20	7		6.00
7.00 00700	OPERATION OF PLANT	82,253	26,620	1,051,281		23	15		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,456	4,653	120,139		2	1		8.00
9.00 00900	HOUSEKEEPING	6,534	161,615	2,107,547		9	3		9.00
10.00 01000	DIETARY	9,968	33,006	1,429,943		3	4		10.00
11.00 01100	CAFETERIA	7,397	135,649	490,508		13	12		11.00
13.00 01300	NURSING ADMINISTRATION	2,187	291,375	1,186,673		10	4		13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	10,633	215,790	566,123		11	4		14.00
15.00 01500	PHARMACY	6,247	21,616	3,089,320		25	20		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0		34	38		16.00
17.00 01700	SOCIAL SERVICE	1,691	0	1,626,521		24	19		17.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0		0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00 03000	ADULTS & PEDIATRICS	141,299	207,803	22,382,702		391	205		30.00
31.00 03100	INTENSIVE CARE UNIT	22,092	137,252	5,276,622		63	45		31.00
43.00 04300	NURSERY	6,962	53,795	2,444,230		9	25		43.00
ANCILLARY SERVICE COST CENTERS									
50.00 05000	OPERATING ROOM	40,390	1,473,590	6,246,652		69	133		50.00
51.00 05100	RECOVERY ROOM	11,057	86,127	3,816,960		54	57		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	18,432	150,105	4,869,785		46	64		52.00
53.00 05300	ANESTHESIOLOGY	0	467	0		0	0		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	24,194	765,529	6,537,078		140	41		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	5,310	387,207	629,485		22	32		55.00
57.00 05700	CT SCAN	3,439	81,105	1,031,103		4	4		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,313	11,998	418,374		5	1		58.00
59.00 05900	CARDIAC CATHETERIZATION	14,039	235,283	1,118,149		27	24		59.00
60.00 06000	LABORATORY	16,264	598,717	3,690,041		61	48		60.00
64.00 06400	INTRAVENOUS THERAPY	11,622	29,584	1,469,144		50	16		64.00
65.00 06500	RESPIRATORY THERAPY	4,905	100,955	1,728,246		9	9		65.00
66.00 06600	PHYSICAL THERAPY	5,200	19,380	2,940,230		38	26		66.00
67.00 06700	OCCUPATIONAL THERAPY	158	972	606,009		12	0		67.00
68.00 06800	SPEECH PATHOLOGY	864	25	152,452		4	0		68.00
69.00 06900	ELECTROCARDIOLOGY	6,193	202,721	2,348,924		44	32		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	6,957	27,300	349,199		11	4		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		0	0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		0	0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0		0	0		73.00
74.00 07400	RENAL DIALYSIS	912	2,891	0		3	1		74.00
76.00 03950	WOUND CARE CENTER	871	7,017	410,752		5	4		76.00
76.01 03951	DIABETIC CENTER	0	135	211,210		9	6		76.01
76.02 03952	CLINICAL NUTRITION	0	0	286,562		0	0		76.02
76.97 07697	CARDIAC REHABILITATION	0	16,769	281,508		7	3		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00 09000	CLINIC	0	0	0		0	0		90.00
91.00 09100	EMERGENCY	31,427	201,709	8,360,750		208	115		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		0	0		92.00
93.00 04950	ANTI COAGULATION CLINIC	0	0	328,184		0	0		93.00
SPECIAL PURPOSE COST CENTERS									
113.00 11300	INTEREST EXPENSE	0	0	0		0	0		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	566,783	7,474,579	97,402,467		1,791	1,308		118.00
NONREIMBURSABLE COST CENTERS									
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	391	138,163		0	0		190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		0	0		192.00
192.01 19201	PHYSICIANS' PRIVATE OFFICES	0	0	0		0	0		192.01
193.00 19300	NONPAID WORKERS	0	0	0		0	0		193.00
194.00 07950	ACLS	0	0	88,459		0	1		194.00
194.01 07951	PHYSICIAN REFERRAL	0	2,010	335,278		0	5		194.01
200.00	Cross Foot Adjustments								200.00
201.00	Negative Cost Centers								201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# INSTRUMENTS)	DATA PROCESSING (# TERMINALS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
202.00 Cost to be allocated (per Wkst. B, Part I)	11,416,866	9,251,045	20,520,947	1,608,771	16,657,262	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	20.143275	1.237270	0.209474	898.252931	12,676.759513	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			87,917	606,162	1,799,266	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000897	338.448911	1,369.304414	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

Period: From 01/01/2016 To 12/31/2016

Worksheet B-1

Date/Time Prepared: 5/25/2017 12:02 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQUISITIONS)	ADMINITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560	51,211,312					5.03
5.04	00570	0	1,334,932,958				5.04
5.05	00580	0	0	1,334,932,958			5.05
5.06	00590	0	0	0	-20,784,228	233,521,308	5.06
6.00	00600	0	0	0	0	4,287,219	6.00
7.00	00700	3,952	0	0	0	10,276,450	7.00
8.00	00800	14,716	0	0	0	1,123,063	8.00
9.00	00900	16,250	0	0	0	3,967,738	9.00
10.00	01000	1,265,134	0	0	0	3,514,021	10.00
11.00	01100	0	0	0	0	853,179	11.00
13.00	01300	1,722	0	0	0	2,105,678	13.00
14.00	01400	861,026	0	0	0	2,300,497	14.00
15.00	01500	14,444,169	0	0	0	5,794,756	15.00
16.00	01600	0	0	0	0	539,109	16.00
17.00	01700	0	0	0	0	2,391,124	17.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,715,817	197,557,472	197,557,472	0	37,588,607	30.00
31.00	03100	774,302	46,653,804	46,653,804	0	9,815,459	31.00
43.00	04300	122,541	18,267,537	18,267,537	0	3,919,315	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	14,882,464	97,944,811	97,944,811	0	17,713,150	50.00
51.00	05100	338,814	44,599,086	44,599,086	0	6,511,904	51.00
52.00	05200	563,804	33,634,320	33,634,320	0	8,408,012	52.00
53.00	05300	621,418	27,305,212	27,305,212	0	445,841	53.00
54.00	05400	2,293,356	108,778,655	108,778,655	0	13,374,838	54.00
55.00	05500	23,474	13,450,243	13,450,243	0	2,375,356	55.00
57.00	05700	293,058	93,888,656	93,888,656	0	2,239,940	57.00
58.00	05800	119,350	27,791,273	27,791,273	0	854,316	58.00
59.00	05900	2,591,797	28,222,207	28,222,207	0	2,958,007	59.00
60.00	06000	4,018,234	149,607,790	149,607,790	0	11,967,001	60.00
64.00	06400	469,189	7,344,151	7,344,151	0	2,995,613	64.00
65.00	06500	352,379	19,172,175	19,172,175	0	2,804,513	65.00
66.00	06600	16,994	19,588,673	19,588,673	0	4,624,622	66.00
67.00	06700	4,458	4,191,645	4,191,645	0	825,365	67.00
68.00	06800	613	1,068,868	1,068,868	0	223,074	68.00
69.00	06900	3,508,077	48,969,216	48,969,216	0	4,643,984	69.00
70.00	07000	31,739	4,093,574	4,093,574	0	811,360	70.00
71.00	07100	0	35,712,924	35,712,924	0	12,495,320	71.00
72.00	07200	0	32,378,281	32,378,281	0	11,772,878	72.00
73.00	07300	0	164,412,596	164,412,596	0	15,579,344	73.00
74.00	07400	5,166	2,213,548	2,213,548	0	773,404	74.00
76.00	03950	78,994	928,292	928,292	0	727,315	76.00
76.01	03951	0	419,165	419,165	0	359,274	76.01
76.02	03952	0	88,163	88,163	0	347,193	76.02
76.97	07697	7,416	1,449,965	1,449,965	0	587,477	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	1,646,068	102,085,060	102,085,060	0	16,945,478	91.00
92.00	09200						92.00
93.00	04950	56,096	3,115,596	3,115,596	0	513,745	93.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		51,142,587	1,334,932,958	1,334,932,958	-20,784,228	232,354,539	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	59,819	0	0	0	255,021	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	0	0	0	0	0	193.00
194.00	07950	7,480	0	0	0	185,651	194.00
194.01	07951	1,426	0	0	0	726,097	194.01
200.00							200.00
201.00							201.00
202.00		487,301	566,558	8,585,140		20,784,228	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQUISITIONS)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	
		5.03	5.04	5.05	5A.06	5.06	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.009515	0.000424	0.006431		0.089004	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	226,885	70,372	143,259		1,953,528	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.004430	0.000053	0.000107		0.008366	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description		MAINTENANCE & REPAIRS (COSTED REQUISITION WORK)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	31,695					6.00
7.00	00700	24,281	426,013				7.00
8.00	00800	25	5,456	1,555,819			8.00
9.00	00900	72	6,534	0	90,290		9.00
10.00	01000	595	9,968	0	68	187,268	10.00
11.00	01100	0	7,397	0	297	0	11.00
13.00	01300	12	2,187	0	48	0	13.00
14.00	01400	213	10,633	0	111	0	14.00
15.00	01500	93	6,247	154	1,035	0	15.00
16.00	01600	56	0	0	96	0	16.00
17.00	01700	4	1,691	0	82	0	17.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,233	141,299	556,881	36,832	172,323	30.00
31.00	03100	200	22,092	96,263	2,920	10,872	31.00
43.00	04300	39	6,962	8,006	889	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	355	40,390	194,435	7,302	0	50.00
51.00	05100	182	11,057	51,338	3,282	0	51.00
52.00	05200	580	18,432	119,139	9,984	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	300	24,194	86,264	3,287	0	54.00
55.00	05500	11	5,310	0	1,098	0	55.00
57.00	05700	9	3,439	51,955	367	0	57.00
58.00	05800	41	3,313	18,490	367	0	58.00
59.00	05900	40	14,039	34,389	1,354	0	59.00
60.00	06000	189	16,264	116	1,081	0	60.00
64.00	06400	133	11,622	19,424	3,066	0	64.00
65.00	06500	9	4,905	0	365	0	65.00
66.00	06600	78	5,200	93,448	537	0	66.00
67.00	06700	2	158	0	365	0	67.00
68.00	06800	0	864	0	365	0	68.00
69.00	06900	78	6,193	12,168	3,379	0	69.00
70.00	07000	25	6,957	4,990	365	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	8	912	0	0	0	74.00
76.00	03950	30	871	1,656	365	0	76.00
76.01	03951	0	0	0	365	0	76.01
76.02	03952	0	0	0	0	0	76.02
76.97	07697	68	0	0	220	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	660	31,427	206,703	9,878	4,073	91.00
92.00	09200						92.00
93.00	04950	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1-117)		31,621	426,013	1,555,819	89,770	187,268	
NONREIMBURSABLE COST CENTERS							
190.00	19000	74	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	155	0	194.00
194.01	07951	0	0	0	365	0	194.01
200.00							200.00
201.00							201.00
202.00		4,668,799	14,767,782	1,415,836	4,557,991	4,263,404	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description		MAINTENANCE & REPAIRS (COSTED REQUIREMENT WORK)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	147.303960	34.665097	0.910026	50.481681	22.766324	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	301,158	2,038,430	153,618	405,836	338,059	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	9.501751	4.784901	0.098738	4.494806	1.805215	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description		CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,765,999					11.00
13.00	01300	26,062	1,588,075				13.00
14.00	01400	25,646	0	5,097,390			14.00
15.00	01500	73,341	0	18,551	15,553,287		15.00
16.00	01600	0	0	0	0	1,298,820,772	16.00
17.00	01700	33,114	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	638,186	638,186	938,686	125,781	161,445,288	30.00
31.00	03100	131,955	131,955	376,640	44,325	46,653,804	31.00
43.00	04300	55,099	55,099	59,924	7,630	18,267,537	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	163,480	163,480	1,467,500	108,798	97,944,811	50.00
51.00	05100	91,104	91,104	116,929	48,237	44,599,086	51.00
52.00	05200	121,577	121,577	202,576	35,430	33,634,320	52.00
53.00	05300	0	0	50,843	143,412	27,305,212	53.00
54.00	05400	0	0	364,739	15,286	108,778,656	54.00
55.00	05500	0	0	18,680	28	13,450,243	55.00
57.00	05700	0	0	6,850	9,405	93,888,656	57.00
58.00	05800	0	0	4,300	8,191	27,791,273	58.00
59.00	05900	23,724	23,724	83,319	16,559	28,222,207	59.00
60.00	06000	0	0	667,152	138	149,607,789	60.00
64.00	06400	36,982	36,982	48,854	19,770	7,344,151	64.00
65.00	06500	50,835	50,835	13,633	214	19,172,175	65.00
66.00	06600	0	0	10,028	21	19,588,673	66.00
67.00	06700	0	0	2,540	12	4,191,645	67.00
68.00	06800	0	0	0	0	1,068,868	68.00
69.00	06900	0	0	81,030	63,653	48,969,216	69.00
70.00	07000	0	0	1,747	0	4,093,574	70.00
71.00	07100	0	0	47,073	0	35,712,923	71.00
72.00	07200	0	0	0	0	32,378,281	72.00
73.00	07300	0	0	0	14,457,024	164,412,596	73.00
74.00	07400	0	0	3,067	1,395	2,213,548	74.00
76.00	03950	9,256	9,256	67,525	9,866	928,292	76.00
76.01	03951	0	0	0	0	419,165	76.01
76.02	03952	0	0	0	0	88,163	76.02
76.97	07697	6,261	6,261	3,173	7	1,449,965	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	251,878	251,878	441,300	438,105	102,085,156	91.00
92.00	09200						92.00
93.00	04950	7,738	7,738	731	0	3,115,499	93.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		1,746,238	1,588,075	5,097,390	15,553,287	1,298,820,772	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	9,776	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	0	0	0	0	0	193.00
194.00	07950	2,143	0	0	0	0	194.00
194.01	07951	7,842	0	0	0	0	194.01
200.00							200.00
201.00							201.00
202.00		1,200,526	2,390,813	2,928,257	6,653,667	600,187	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description		CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.679800	1.505479	0.574462	0.427798	0.000462	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	381,973	448,544	838,687	663,622	69,015	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.216293	0.282445	0.164533	0.042668	0.000053	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
		17.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMINISTRATIVE		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE	2,723	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,545	30.00
31.00	03100	INTENSIVE CARE UNIT	123	31.00
43.00	04300	NURSERY	37	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03950	WOUND CARE CENTER	0	76.00
76.01	03951	DIABETIC CENTER	0	76.01
76.02	03952	CLINICAL NUTRITION	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	5	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04950	ANTI COAGULATION CLINIC	0	93.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,723	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	192.01
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	ACLS	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	194.01
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,689,802	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	987.808300	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
		17.00	23.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	105,325	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	38.679765	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
5/25/2017 12:02 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,173,916		57,173,916	0	57,173,916	30.00
31.00	03100	INTENSIVE CARE UNIT	12,633,619		12,633,619	0	12,633,619	31.00
43.00	04300	NURSERY	4,770,480		4,770,480	0	4,770,480	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,579,732		22,579,732	0	22,579,732	50.00
51.00	05100	RECOVERY ROOM	8,022,478		8,022,478	0	8,022,478	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,917,773		10,917,773	0	10,917,773	52.00
53.00	05300	ANESTHESIOLOGY	588,696		588,696	0	588,696	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,958,889		15,958,889	0	15,958,889	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,844,850		2,844,850	0	2,844,850	55.00
57.00	05700	CT SCAN	2,676,985		2,676,985	0	2,676,985	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,105,405		1,105,405	0	1,105,405	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,933,314		3,933,314	0	3,933,314	59.00
60.00	06000	LABORATORY	14,130,853		14,130,853	0	14,130,853	60.00
64.00	06400	INTRAVENOUS THERAPY	3,977,889		3,977,889	0	3,977,889	64.00
65.00	06500	RESPIRATORY THERAPY	3,371,781	0	3,371,781	0	3,371,781	65.00
66.00	06600	PHYSICAL THERAPY	5,354,950	0	5,354,950	0	5,354,950	66.00
67.00	06700	OCCUPATIONAL THERAPY	926,425	0	926,425	0	926,425	67.00
68.00	06800	SPEECH PATHOLOGY	291,799	0	291,799	0	291,799	68.00
69.00	06900	ELECTROCARDIOLOGY	5,561,543		5,561,543	0	5,561,543	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,154,284		1,154,284	0	1,154,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,650,994		13,650,994	0	13,650,994	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,835,670		12,835,670	0	12,835,670	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,226,741		23,226,741	0	23,226,741	73.00
74.00	07400	RENAL DIALYSIS	878,415		878,415	0	878,415	74.00
76.00	03950	WOUND CARE CENTER	910,262		910,262	0	910,262	76.00
76.01	03951	DIABETIC CENTER	409,871		409,871	0	409,871	76.01
76.02	03952	CLINICAL NUTRITION	378,136		378,136	0	378,136	76.02
76.97	07697	CARDIAC REHABILITATION	677,066		677,066	0	677,066	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	21,463,280		21,463,280	0	21,463,280	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,391,945		8,391,945	0	8,391,945	92.00
93.00	04950	ANTICOAGULATION CLINIC	578,238		578,238	0	578,238	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	261,376,279	0	261,376,279	0	261,376,279	200.00
201.00		Less Observation Beds	8,391,945		8,391,945		8,391,945	201.00
202.00		Total (see instructions)	252,984,334	0	252,984,334	0	252,984,334	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0030		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/25/2017 12:02 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	161,445,288		161,445,288				30.00
31.00	03100	INTENSIVE CARE UNIT	46,653,804		46,653,804				31.00
43.00	04300	NURSERY	18,267,537		18,267,537				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	41,413,180	56,531,631	97,944,811	0.230535	0.000000		50.00
51.00	05100	RECOVERY ROOM	11,015,805	33,583,281	44,599,086	0.179880	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,578,577	10,055,743	33,634,320	0.324602	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	11,892,696	15,412,516	27,305,212	0.021560	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,420,814	87,357,841	108,778,655	0.146710	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	646,099	12,804,144	13,450,243	0.211509	0.000000		55.00
57.00	05700	CT SCAN	27,974,287	65,914,369	93,888,656	0.028512	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,254,475	20,536,798	27,791,273	0.039775	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	16,724,696	11,497,511	28,222,207	0.139369	0.000000		59.00
60.00	06000	LABORATORY	60,204,543	89,403,247	149,607,790	0.094453	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	902,385	6,441,766	7,344,151	0.541640	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	16,944,743	2,227,432	19,172,175	0.175868	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,205,419	14,383,254	19,588,673	0.273370	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,772,839	1,418,806	4,191,645	0.221017	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	718,499	350,369	1,068,868	0.272998	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	20,225,178	28,744,038	48,969,216	0.113572	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	416,759	3,676,815	4,093,574	0.281975	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,784,127	13,928,797	35,712,924	0.382242	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,716,012	12,662,269	32,378,281	0.396428	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,505,023	75,907,573	164,412,596	0.141271	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,034,829	178,719	2,213,548	0.396836	0.000000		74.00
76.00	03950	WOUND CARE CENTER	31,822	896,470	928,292	0.980577	0.000000		76.00
76.01	03951	DIABETIC CENTER	223	418,942	419,165	0.977827	0.000000		76.01
76.02	03952	CLINICAL NUTRITION	87,293	870	88,163	4.289055	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	1,647	1,448,318	1,449,965	0.466953	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
91.00	09100	EMERGENCY	22,353,095	79,731,965	102,085,060	0.210249	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,097,710	29,014,474	36,112,184	0.232385	0.000000		92.00
93.00	04950	ANTI COAGULATION CLINIC	14,319	3,101,277	3,115,596	0.185595	0.000000		93.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	657,303,723	677,629,235	1,334,932,958				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	657,303,723	677,629,235	1,334,932,958				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 12:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.230535		50.00
51.00	05100 RECOVERY ROOM	0.179880		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.324602		52.00
53.00	05300 ANESTHESIOLOGY	0.021560		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146710		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.211509		55.00
57.00	05700 CT SCAN	0.028512		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.039775		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139369		59.00
60.00	06000 LABORATORY	0.094453		60.00
64.00	06400 INTRAVENOUS THERAPY	0.541640		64.00
65.00	06500 RESPIRATORY THERAPY	0.175868		65.00
66.00	06600 PHYSICAL THERAPY	0.273370		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.221017		67.00
68.00	06800 SPEECH PATHOLOGY	0.272998		68.00
69.00	06900 ELECTROCARDIOLOGY	0.113572		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.281975		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.382242		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.396428		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.141271		73.00
74.00	07400 RENAL DIALYSIS	0.396836		74.00
76.00	03950 WOUND CARE CENTER	0.980577		76.00
76.01	03951 DIABETIC CENTER	0.977827		76.01
76.02	03952 CLINICAL NUTRITION	4.289055		76.02
76.97	07697 CARDIAC REHABILITATION	0.466953		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.210249		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.232385		92.00
93.00	04950 ANTI COAGULATION CLINIC	0.185595		93.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
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: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
5/25/2017 12:02 pm

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		57,173,916	0	57,173,916	30.00	
31.00	03100 INTENSIVE CARE UNIT		12,633,619	0	12,633,619	31.00	
43.00	04300 NURSERY		4,770,480	0	4,770,480	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		22,579,732	0	22,579,732	50.00	
51.00	05100 RECOVERY ROOM		8,022,478	0	8,022,478	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		10,917,773	0	10,917,773	52.00	
53.00	05300 ANESTHESIOLOGY		588,696	0	588,696	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		15,958,889	0	15,958,889	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		2,844,850	0	2,844,850	55.00	
57.00	05700 CT SCAN		2,676,985	0	2,676,985	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,105,405	0	1,105,405	58.00	
59.00	05900 CARDIAC CATHETERIZATION		3,933,314	0	3,933,314	59.00	
60.00	06000 LABORATORY		14,130,853	0	14,130,853	60.00	
64.00	06400 INTRAVENOUS THERAPY		3,977,889	0	3,977,889	64.00	
65.00	06500 RESPIRATORY THERAPY	0	3,371,781	0	3,371,781	65.00	
66.00	06600 PHYSICAL THERAPY	0	5,354,950	0	5,354,950	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	926,425	0	926,425	67.00	
68.00	06800 SPEECH PATHOLOGY	0	291,799	0	291,799	68.00	
69.00	06900 ELECTROCARDIOLOGY		5,561,543	0	5,561,543	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,154,284	0	1,154,284	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,650,994	0	13,650,994	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		12,835,670	0	12,835,670	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		23,226,741	0	23,226,741	73.00	
74.00	07400 RENAL DIALYSIS		878,415	0	878,415	74.00	
76.00	03950 WOUND CARE CENTER		910,262	0	910,262	76.00	
76.01	03951 DIABETIC CENTER		409,871	0	409,871	76.01	
76.02	03952 CLINICAL NUTRITION		378,136	0	378,136	76.02	
76.97	07697 CARDIAC REHABILITATION		677,066	0	677,066	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
91.00	09100 EMERGENCY		21,463,280	0	21,463,280	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,391,945	0	8,391,945	92.00	
93.00	04950 ANTICOAGULATION CLINIC		578,238	0	578,238	93.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		261,376,279	0	261,376,279	200.00	
201.00	Less Observation Beds		8,391,945		8,391,945	201.00	
202.00	Total (see instructions)		252,984,334	0	252,984,334	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0030		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/25/2017 12:02 pm		
			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	161,445,288		161,445,288				30.00
31.00	03100	INTENSIVE CARE UNIT	46,653,804		46,653,804				31.00
43.00	04300	NURSERY	18,267,537		18,267,537				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	41,413,180	56,531,631	97,944,811	0.230535	0.000000		50.00
51.00	05100	RECOVERY ROOM	11,015,805	33,583,281	44,599,086	0.179880	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,578,577	10,055,743	33,634,320	0.324602	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	11,892,696	15,412,516	27,305,212	0.021560	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,420,814	87,357,841	108,778,655	0.146710	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	646,099	12,804,144	13,450,243	0.211509	0.000000		55.00
57.00	05700	CT SCAN	27,974,287	65,914,369	93,888,656	0.028512	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,254,475	20,536,798	27,791,273	0.039775	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	16,724,696	11,497,511	28,222,207	0.139369	0.000000		59.00
60.00	06000	LABORATORY	60,204,543	89,403,247	149,607,790	0.094453	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	902,385	6,441,766	7,344,151	0.541640	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	16,944,743	2,227,432	19,172,175	0.175868	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,205,419	14,383,254	19,588,673	0.273370	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,772,839	1,418,806	4,191,645	0.221017	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	718,499	350,369	1,068,868	0.272998	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	20,225,178	28,744,038	48,969,216	0.113572	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	416,759	3,676,815	4,093,574	0.281975	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,784,127	13,928,797	35,712,924	0.382242	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,716,012	12,662,269	32,378,281	0.396428	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,505,023	75,907,573	164,412,596	0.141271	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,034,829	178,719	2,213,548	0.396836	0.000000		74.00
76.00	03950	WOUND CARE CENTER	31,822	896,470	928,292	0.980577	0.000000		76.00
76.01	03951	DIABETIC CENTER	223	418,942	419,165	0.977827	0.000000		76.01
76.02	03952	CLINICAL NUTRITION	87,293	870	88,163	4.289055	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	1,647	1,448,318	1,449,965	0.466953	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
91.00	09100	EMERGENCY	22,353,095	79,731,965	102,085,060	0.210249	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,097,710	29,014,474	36,112,184	0.232385	0.000000		92.00
93.00	04950	ANTI COAGULATION CLINIC	14,319	3,101,277	3,115,596	0.185595	0.000000		93.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	657,303,723	677,629,235	1,334,932,958				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	657,303,723	677,629,235	1,334,932,958				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 12:02 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.230535		50.00
51.00	05100 RECOVERY ROOM	0.179880		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.324602		52.00
53.00	05300 ANESTHESIOLOGY	0.021560		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146710		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.211509		55.00
57.00	05700 CT SCAN	0.028512		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.039775		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139369		59.00
60.00	06000 LABORATORY	0.094453		60.00
64.00	06400 INTRAVENOUS THERAPY	0.541640		64.00
65.00	06500 RESPIRATORY THERAPY	0.175868		65.00
66.00	06600 PHYSICAL THERAPY	0.273370		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.221017		67.00
68.00	06800 SPEECH PATHOLOGY	0.272998		68.00
69.00	06900 ELECTROCARDIOLOGY	0.113572		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.281975		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.382242		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.396428		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.141271		73.00
74.00	07400 RENAL DIALYSIS	0.396836		74.00
76.00	03950 WOUND CARE CENTER	0.980577		76.00
76.01	03951 DIABETIC CENTER	0.977827		76.01
76.02	03952 CLINICAL NUTRITION	4.289055		76.02
76.97	07697 CARDIAC REHABILITATION	0.466953		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.210249		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.232385		92.00
93.00	04950 ANTI COAGULATION CLINIC	0.185595		93.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
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: 14-0030

Period: From 01/01/2016 To 12/31/2016

Worksheet C Part II Date/Time Prepared: 5/25/2017 12:02 pm

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,579,732	3,678,823	18,900,909	0	0	50.00
51.00	05100	RECOVERY ROOM	8,022,478	635,746	7,386,732	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,917,773	990,864	9,926,909	0	0	52.00
53.00	05300	ANESTHESIOLOGY	588,696	27,361	561,335	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,958,889	2,107,427	13,851,462	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,844,850	694,233	2,150,617	0	0	55.00
57.00	05700	CT SCAN	2,676,985	263,562	2,413,423	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,105,405	119,386	986,019	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,933,314	762,430	3,170,884	0	0	59.00
60.00	06000	LABORATORY	14,130,853	1,502,113	12,628,740	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	3,977,889	439,460	3,538,429	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,371,781	324,290	3,047,491	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,354,950	286,058	5,068,892	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	926,425	19,644	906,781	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	291,799	26,798	265,001	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,561,543	563,872	4,997,671	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,154,284	230,892	923,392	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,650,994	119,888	13,531,106	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,835,670	105,388	12,730,282	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,226,741	782,380	22,444,361	0	0	73.00
74.00	07400	RENAL DIALYSIS	878,415	36,301	842,114	0	0	74.00
76.00	03950	WOUND CARE CENTER	910,262	92,226	818,036	0	0	76.00
76.01	03951	DIABETIC CENTER	409,871	16,354	393,517	0	0	76.01
76.02	03952	CLINICAL NUTRITION	378,136	3,181	374,955	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	677,066	199,051	478,015	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	21,463,280	1,922,600	19,540,680	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,391,945	843,869	7,548,076	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	578,238	9,484	568,754	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	186,798,264	16,803,681	169,994,583	0	0	200.00
201.00		Less Observation Beds	8,391,945	843,869	7,548,076	0	0	201.00
202.00		Total (line 200 minus line 201)	178,406,319	15,959,812	162,446,507	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part II Date/Time Prepared: 5/25/2017 12:02 pm
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Cost Center Description		Title XIX			Hospital	PPS
		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	22,579,732	97,944,811	0.230535		50.00
51.00	05100 RECOVERY ROOM	8,022,478	44,599,086	0.179880		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	10,917,773	33,634,320	0.324602		52.00
53.00	05300 ANESTHESIOLOGY	588,696	27,305,212	0.021560		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,958,889	108,778,655	0.146710		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,844,850	13,450,243	0.211509		55.00
57.00	05700 CT SCAN	2,676,985	93,888,656	0.028512		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,105,405	27,791,273	0.039775		58.00
59.00	05900 CARDIAC CATHETERIZATION	3,933,314	28,222,207	0.139369		59.00
60.00	06000 LABORATORY	14,130,853	149,607,790	0.094453		60.00
64.00	06400 INTRAVENOUS THERAPY	3,977,889	7,344,151	0.541640		64.00
65.00	06500 RESPIRATORY THERAPY	3,371,781	19,172,175	0.175868		65.00
66.00	06600 PHYSICAL THERAPY	5,354,950	19,588,673	0.273370		66.00
67.00	06700 OCCUPATIONAL THERAPY	926,425	4,191,645	0.221017		67.00
68.00	06800 SPEECH PATHOLOGY	291,799	1,068,868	0.272998		68.00
69.00	06900 ELECTROCARDIOLOGY	5,561,543	48,969,216	0.113572		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,154,284	4,093,574	0.281975		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,650,994	35,712,924	0.382242		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,835,670	32,378,281	0.396428		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,226,741	164,412,596	0.141271		73.00
74.00	07400 RENAL DIALYSIS	878,415	2,213,548	0.396836		74.00
76.00	03950 WOUND CARE CENTER	910,262	928,292	0.980577		76.00
76.01	03951 DIABETIC CENTER	409,871	419,165	0.977827		76.01
76.02	03952 CLINICAL NUTRITION	378,136	88,163	4.289055		76.02
76.97	07697 CARDIAC REHABILITATION	677,066	1,449,965	0.466953		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
91.00	09100 EMERGENCY	21,463,280	102,085,060	0.210249		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,391,945	36,112,184	0.232385		92.00
93.00	04950 ANTI COAGULATION CLINIC	578,238	3,115,596	0.185595		93.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	186,798,264	1,108,566,329			200.00
201.00	Less Observation Beds	8,391,945	0			201.00
202.00	Total (line 200 minus line 201)	178,406,319	1,108,566,329			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0030		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part I Date/Time Prepared: 5/25/2017 12:02 pm	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	5,749,213	0	5,749,213	57,222	100.47	30.00
31.00	INTENSIVE CARE UNIT	1,162,406		1,162,406	5,775	201.28	31.00
43.00	NURSERY	373,791		373,791	7,852	47.60	43.00
200.00	Total (Lines 30-199)	7,285,410		7,285,410	70,849		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	21,194	2,129,361				
31.00	INTENSIVE CARE UNIT	2,784	560,364				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	23,978	2,689,725				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/25/2017 12:02 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,678,823	97,944,811	0.037560	16,005,174	601,154	50.00
51.00	05100	RECOVERY ROOM	635,746	44,599,086	0.014255	4,578,254	65,263	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	990,864	33,634,320	0.029460	23,392	689	52.00
53.00	05300	ANESTHESIOLOGY	27,361	27,305,212	0.001002	4,072,978	4,081	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,107,427	108,778,655	0.019374	10,570,294	204,789	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	694,233	13,450,243	0.051615	269,887	13,930	55.00
57.00	05700	CT SCAN	263,562	93,888,656	0.002807	12,576,390	35,302	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	119,386	27,791,273	0.004296	3,043,989	13,077	58.00
59.00	05900	CARDIAC CATHETERIZATION	762,430	28,222,207	0.027015	7,344,803	198,420	59.00
60.00	06000	LABORATORY	1,502,113	149,607,790	0.010040	26,870,224	269,777	60.00
64.00	06400	INTRAVENOUS THERAPY	439,460	7,344,151	0.059838	432,035	25,852	64.00
65.00	06500	RESPIRATORY THERAPY	324,290	19,172,175	0.016915	8,352,455	141,282	65.00
66.00	06600	PHYSICAL THERAPY	286,058	19,588,673	0.014603	2,871,391	41,931	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,644	4,191,645	0.004686	1,584,221	7,424	67.00
68.00	06800	SPEECH PATHOLOGY	26,798	1,068,868	0.025071	417,702	10,472	68.00
69.00	06900	ELECTROCARDIOLOGY	563,872	48,969,216	0.011515	10,447,892	120,307	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	230,892	4,093,574	0.056404	227,030	12,805	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	119,888	35,712,924	0.003357	9,749,113	32,728	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	105,388	32,378,281	0.003255	9,298,419	30,266	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	782,380	164,412,596	0.004759	38,992,436	185,565	73.00
74.00	07400	RENAL DIALYSIS	36,301	2,213,548	0.016399	1,295,113	21,239	74.00
76.00	03950	WOUND CARE CENTER	92,226	928,292	0.099350	17,322	1,721	76.00
76.01	03951	DIABETIC CENTER	16,354	419,165	0.039016	0	0	76.01
76.02	03952	CLINICAL NUTRITION	3,181	88,163	0.036081	45,427	1,639	76.02
76.97	07697	CARDIAC REHABILITATION	199,051	1,449,965	0.137280	666	91	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	1,922,600	102,085,060	0.018833	9,011,181	169,708	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	843,869	36,112,184	0.023368	4,403,006	102,889	92.00
93.00	04950	ANTI COAGULATION CLINIC	9,484	3,115,596	0.003044	14,319	44	93.00
200.00		Total (Lines 50-199)	16,803,681	1,108,566,329		182,515,113	2,312,445	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0030		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/25/2017 12:02 pm	
Cost Center Description			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	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,222	0.00	21,194	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,775	0.00	2,784	0		31.00
43.00	04300	NURSERY	7,852	0.00	0	0		43.00
200.00		Total (lines 30-199)	70,849		23,978	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:02 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	0	0	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:02 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	97,944,811	0.000000	0.000000	16,005,174	50.00
51.00	05100	RECOVERY ROOM	0	44,599,086	0.000000	0.000000	4,578,254	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	33,634,320	0.000000	0.000000	23,392	52.00
53.00	05300	ANESTHESIOLOGY	0	27,305,212	0.000000	0.000000	4,072,978	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	108,778,655	0.000000	0.000000	10,570,294	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,450,243	0.000000	0.000000	269,887	55.00
57.00	05700	CT SCAN	0	93,888,656	0.000000	0.000000	12,576,390	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27,791,273	0.000000	0.000000	3,043,989	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	28,222,207	0.000000	0.000000	7,344,803	59.00
60.00	06000	LABORATORY	0	149,607,790	0.000000	0.000000	26,870,224	60.00
64.00	06400	INTRAVENOUS THERAPY	0	7,344,151	0.000000	0.000000	432,035	64.00
65.00	06500	RESPIRATORY THERAPY	0	19,172,175	0.000000	0.000000	8,352,455	65.00
66.00	06600	PHYSICAL THERAPY	0	19,588,673	0.000000	0.000000	2,871,391	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,191,645	0.000000	0.000000	1,584,221	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,068,868	0.000000	0.000000	417,702	68.00
69.00	06900	ELECTROCARDIOLOGY	0	48,969,216	0.000000	0.000000	10,447,892	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,093,574	0.000000	0.000000	227,030	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,712,924	0.000000	0.000000	9,749,113	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,378,281	0.000000	0.000000	9,298,419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	164,412,596	0.000000	0.000000	38,992,436	73.00
74.00	07400	RENAL DIALYSIS	0	2,213,548	0.000000	0.000000	1,295,113	74.00
76.00	03950	WOUND CARE CENTER	0	928,292	0.000000	0.000000	17,322	76.00
76.01	03951	DIABETIC CENTER	0	419,165	0.000000	0.000000	0	76.01
76.02	03952	CLINICAL NUTRITION	0	88,163	0.000000	0.000000	45,427	76.02
76.97	07697	CARDIAC REHABILITATION	0	1,449,965	0.000000	0.000000	666	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	102,085,060	0.000000	0.000000	9,011,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	36,112,184	0.000000	0.000000	4,403,006	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	3,115,596	0.000000	0.000000	14,319	93.00
200.00		Total (Lines 50-199)	0	1,108,566,329			182,515,113	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:02 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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	15,579,570	0	50.00
51.00	05100 RECOVERY ROOM	0	10,828,358	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	27,485	0	52.00
53.00	05300 ANESTHESIOLOGY	0	4,099,587	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	24,641,052	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,098,015	0	55.00
57.00	05700 CT SCAN	0	16,181,768	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,449,071	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,765,235	0	59.00
60.00	06000 LABORATORY	0	16,930,451	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	2,885,391	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	606,543	0	65.00
66.00	06600 PHYSICAL THERAPY	0	177,325	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	9,671	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	19,171	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	11,167,154	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	879,234	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,513,638	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,829,586	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	24,397,775	0	73.00
74.00	07400 RENAL DIALYSIS	0	119,873	0	74.00
76.00	03950 WOUND CARE CENTER	0	499,034	0	76.00
76.01	03951 DIABETIC CENTER	0	1,245	0	76.01
76.02	03952 CLINICAL NUTRITION	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	694,922	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	11,312,559	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,654,407	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	0	1,633,338	0	93.00
200.00	Total (Lines 50-199)	0	179,001,458	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 12:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.230535	15,579,570	0	0	3,591,636	50.00
51.00	05100 RECOVERY ROOM	0.179880	10,828,358	0	0	1,947,805	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.324602	27,485	0	0	8,922	52.00
53.00	05300 ANESTHESIOLOGY	0.021560	4,099,587	0	0	88,387	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146710	24,641,052	0	0	3,615,089	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.211509	5,098,015	0	0	1,078,276	55.00
57.00	05700 CT SCAN	0.028512	16,181,768	0	0	461,375	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.039775	5,449,071	0	0	216,737	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139369	4,765,235	0	0	664,126	59.00
60.00	06000 LABORATORY	0.094453	16,930,451	351	0	1,599,132	60.00
64.00	06400 INTRAVENOUS THERAPY	0.541640	2,885,391	5	0	1,562,843	64.00
65.00	06500 RESPIRATORY THERAPY	0.175868	606,543	1	0	106,672	65.00
66.00	06600 PHYSICAL THERAPY	0.273370	177,325	0	0	48,475	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.221017	9,671	0	0	2,137	67.00
68.00	06800 SPEECH PATHOLOGY	0.272998	19,171	0	0	5,234	68.00
69.00	06900 ELECTROCARDIOLOGY	0.113572	11,167,154	0	0	1,268,276	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.281975	879,234	0	0	247,922	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.382242	4,513,638	0	0	1,725,302	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.396428	6,829,586	0	0	2,707,439	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.141271	24,397,775	0	113,222	3,446,698	73.00
74.00	07400 RENAL DIALYSIS	0.396836	119,873	0	0	47,570	74.00
76.00	03950 WOUND CARE CENTER	0.980577	499,034	0	0	489,341	76.00
76.01	03951 DIABETIC CENTER	0.977827	1,245	0	0	1,217	76.01
76.02	03952 CLINICAL NUTRITION	4.289055	0	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0.466953	694,922	0	0	324,496	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.210249	11,312,559	12	2,040	2,378,454	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.232385	9,654,407	0	0	2,243,539	92.00
93.00	04950 ANTI COAGULATION CLINIC	0.185595	1,633,338	17	0	303,139	93.00
200.00	Subtotal (see instructions)		179,001,458	386	115,262	30,180,239	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		179,001,458	386	115,262	30,180,239	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 12:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	33	0	60.00
64.00	06400 INTRAVENOUS THERAPY	3	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	15,995	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03950 WOUND CARE CENTER	0	0	76.00
76.01	03951 DIABETIC CENTER	0	0	76.01
76.02	03952 CLINICAL NUTRITION	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	3	429	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	3	0	93.00
200.00	Subtotal (see instructions)	42	16,424	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	42	16,424	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/25/2017 12:02 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XIX Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,749,213	0	5,749,213	57,222	100.47	30.00
31.00	INTENSIVE CARE UNIT	1,162,406		1,162,406	5,775	201.28	31.00
43.00	NURSERY	373,791		373,791	7,852	47.60	43.00
200.00	Total (Lines 30-199)	7,285,410		7,285,410	70,849		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	1,701	170,899				
31.00	INTENSIVE CARE UNIT	166	33,412				
43.00	NURSERY	4,123	196,255				
200.00	Total (Lines 30-199)	5,990	400,566				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/25/2017 12:02 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,678,823	97,944,811	0.037560	790,932	29,707	50.00
51.00	05100	RECOVERY ROOM	635,746	44,599,086	0.014255	237,202	3,381	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	990,864	33,634,320	0.029460	2,289,872	67,460	52.00
53.00	05300	ANESTHESIOLOGY	27,361	27,305,212	0.001002	343,560	344	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,107,427	108,778,655	0.019374	530,428	10,277	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	694,233	13,450,243	0.051615	0	0	55.00
57.00	05700	CT SCAN	263,562	93,888,656	0.002807	708,081	1,988	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	119,386	27,791,273	0.004296	214,686	922	58.00
59.00	05900	CARDIAC CATHETERIZATION	762,430	28,222,207	0.027015	246,539	6,660	59.00
60.00	06000	LABORATORY	1,502,113	149,607,790	0.010040	2,497,925	25,079	60.00
64.00	06400	INTRAVENOUS THERAPY	439,460	7,344,151	0.059838	25,270	1,512	64.00
65.00	06500	RESPIRATORY THERAPY	324,290	19,172,175	0.016915	499,848	8,455	65.00
66.00	06600	PHYSICAL THERAPY	286,058	19,588,673	0.014603	89,686	1,310	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,644	4,191,645	0.004686	61,709	289	67.00
68.00	06800	SPEECH PATHOLOGY	26,798	1,068,868	0.025071	27,327	685	68.00
69.00	06900	ELECTROCARDIOLOGY	563,872	48,969,216	0.011515	330,282	3,803	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	230,892	4,093,574	0.056404	11,396	643	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	119,888	35,712,924	0.003357	494,848	1,661	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	105,388	32,378,281	0.003255	215,607	702	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	782,380	164,412,596	0.004759	2,856,224	13,593	73.00
74.00	07400	RENAL DIALYSIS	36,301	2,213,548	0.016399	636,607	10,440	74.00
76.00	03950	WOUND CARE CENTER	92,226	928,292	0.099350	2,819	280	76.00
76.01	03951	DIABETIC CENTER	16,354	419,165	0.039016	0	0	76.01
76.02	03952	CLINICAL NUTRITION	3,181	88,163	0.036081	5,010	181	76.02
76.97	07697	CARDIAC REHABILITATION	199,051	1,449,965	0.137280	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	1,922,600	102,085,060	0.018833	686,490	12,929	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	843,869	36,112,184	0.023368	151,670	3,544	92.00
93.00	04950	ANTI COAGULATION CLINIC	9,484	3,115,596	0.003044	0	0	93.00
200.00		Total (Lines 50-199)	16,803,681	1,108,566,329		13,954,018	205,845	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0030		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/25/2017 12:02 pm		
Cost Center Description			Title XIX			Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	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	57,222	0.00	1,701	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,775	0.00	166	0	0	0	31.00
43.00	04300	NURSERY	7,852	0.00	4,123	0	0	0	43.00
200.00		Total (lines 30-199)	70,849		5,990	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:02 pm
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	0	0	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:02 pm
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Cost Center Description		Title XIX			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	97,944,811	0.000000	0.000000	790,932	50.00
51.00	05100	RECOVERY ROOM	0	44,599,086	0.000000	0.000000	237,202	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	33,634,320	0.000000	0.000000	2,289,872	52.00
53.00	05300	ANESTHESIOLOGY	0	27,305,212	0.000000	0.000000	343,560	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	108,778,655	0.000000	0.000000	530,428	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,450,243	0.000000	0.000000	0	55.00
57.00	05700	CT SCAN	0	93,888,656	0.000000	0.000000	708,081	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27,791,273	0.000000	0.000000	214,686	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	28,222,207	0.000000	0.000000	246,539	59.00
60.00	06000	LABORATORY	0	149,607,790	0.000000	0.000000	2,497,925	60.00
64.00	06400	INTRAVENOUS THERAPY	0	7,344,151	0.000000	0.000000	25,270	64.00
65.00	06500	RESPIRATORY THERAPY	0	19,172,175	0.000000	0.000000	499,848	65.00
66.00	06600	PHYSICAL THERAPY	0	19,588,673	0.000000	0.000000	89,686	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,191,645	0.000000	0.000000	61,709	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,068,868	0.000000	0.000000	27,327	68.00
69.00	06900	ELECTROCARDIOLOGY	0	48,969,216	0.000000	0.000000	330,282	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,093,574	0.000000	0.000000	11,396	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,712,924	0.000000	0.000000	494,848	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,378,281	0.000000	0.000000	215,607	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	164,412,596	0.000000	0.000000	2,856,224	73.00
74.00	07400	RENAL DIALYSIS	0	2,213,548	0.000000	0.000000	636,607	74.00
76.00	03950	WOUND CARE CENTER	0	928,292	0.000000	0.000000	2,819	76.00
76.01	03951	DIABETIC CENTER	0	419,165	0.000000	0.000000	0	76.01
76.02	03952	CLINICAL NUTRITION	0	88,163	0.000000	0.000000	5,010	76.02
76.97	07697	CARDIAC REHABILITATION	0	1,449,965	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	102,085,060	0.000000	0.000000	686,490	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	36,112,184	0.000000	0.000000	151,670	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	3,115,596	0.000000	0.000000	0	93.00
200.00		Total (lines 50-199)	0	1,108,566,329			13,954,018	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:02 pm
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Cost Center Description		Title XIX			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03950 WOUND CARE CENTER	0	0	0		76.00
76.01	03951 DIABETIC CENTER	0	0	0		76.01
76.02	03952 CLINICAL NUTRITION	0	0	0		76.02
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04950 ANTI COAGULATION CLINIC	0	0	0		93.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2017 12:02 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		57,222	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		57,222	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)		48,823	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)		21,194	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		57,173,916	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)		57,173,916	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		27 57,173,916	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		999.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,176,197	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)		21,176,197	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/25/2017 12:02 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)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	12,633,619	5,775	2,187.64	2,784	6,090,390		43.00
44.00 CORONARY CARE UNIT							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)					31,028,177		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					58,294,764		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,689,725		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,312,445		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,002,170		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53,292,594		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)					8,399		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					999.16		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					8,391,945		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 12:02 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,749,213	57,173,916	0.100557	8,391,945	843,869	90.00
91.00	Nursing School cost	0	57,173,916	0.000000	8,391,945	0	91.00
92.00	Allied health cost	0	57,173,916	0.000000	8,391,945	0	92.00
93.00	All other Medical Education	0	57,173,916	0.000000	8,391,945	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/25/2017 12:02 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		57,222	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		57,222	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)		48,823	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)		1,701	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)		7,852	15.00
16.00	Nursery days (title V or XIX only)		4,123	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		57,173,916	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)		57,173,916	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		57,173,916	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		999.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,699,571	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)		1,699,571	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 12:02 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	4,770,480	7,852	607.55	4,123	2,504,929	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,633,619	5,775	2,187.64	166	363,148	43.00
44.00	CORONARY CARE UNIT						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)					2,675,076	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,242,724	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)					400,566	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					205,845	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					606,411	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,636,313	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)					8,399	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					999.16	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,391,945	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 12:02 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,749,213	57,173,916	0.100557	8,391,945	843,869	90.00
91.00	Nursing School cost	0	57,173,916	0.000000	8,391,945	0	91.00
92.00	Allied health cost	0	57,173,916	0.000000	8,391,945	0	92.00
93.00	All other Medical Education	0	57,173,916	0.000000	8,391,945	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 12:02 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		73,238,878	30.00
31.00	03100	INTENSIVE CARE UNIT		23,340,351	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.230535	16,005,174	50.00
51.00	05100	RECOVERY ROOM	0.179880	4,578,254	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.324602	23,392	52.00
53.00	05300	ANESTHESIOLOGY	0.021560	4,072,978	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146710	10,570,294	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211509	269,887	55.00
57.00	05700	CT SCAN	0.028512	12,576,390	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.039775	3,043,989	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139369	7,344,803	59.00
60.00	06000	LABORATORY	0.094453	26,870,224	60.00
64.00	06400	INTRAVENOUS THERAPY	0.541640	432,035	64.00
65.00	06500	RESPIRATORY THERAPY	0.175868	8,352,455	65.00
66.00	06600	PHYSICAL THERAPY	0.273370	2,871,391	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.221017	1,584,221	67.00
68.00	06800	SPEECH PATHOLOGY	0.272998	417,702	68.00
69.00	06900	ELECTROCARDIOLOGY	0.113572	10,447,892	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281975	227,030	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.382242	9,749,113	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.396428	9,298,419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.141271	38,992,436	73.00
74.00	07400	RENAL DIALYSIS	0.396836	1,295,113	74.00
76.00	03950	WOUND CARE CENTER	0.980577	17,322	76.00
76.01	03951	DIABETIC CENTER	0.977827	0	76.01
76.02	03952	CLINICAL NUTRITION	4.289055	45,427	76.02
76.97	07697	CARDIAC REHABILITATION	0.466953	666	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.210249	9,011,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.232385	4,403,006	92.00
93.00	04950	ANTI COAGULATION CLINIC	0.185595	14,319	93.00
200.00		Total (sum of lines 50-94 and 96-98)		182,515,113	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)		182,515,113	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 12:02 pm	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,963,730	30.00
31.00	03100	INTENSIVE CARE UNIT		1,387,929	31.00
43.00	04300	NURSERY		3,826,155	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.230535	790,932	182,338 50.00
51.00	05100	RECOVERY ROOM	0.179880	237,202	42,668 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.324602	2,289,872	743,297 52.00
53.00	05300	ANESTHESIOLOGY	0.021560	343,560	7,407 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146710	530,428	77,819 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211509	0	0 55.00
57.00	05700	CT SCAN	0.028512	708,081	20,189 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.039775	214,686	8,539 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139369	246,539	34,360 59.00
60.00	06000	LABORATORY	0.094453	2,497,925	235,937 60.00
64.00	06400	INTRAVENOUS THERAPY	0.541640	25,270	13,687 64.00
65.00	06500	RESPIRATORY THERAPY	0.175868	499,848	87,907 65.00
66.00	06600	PHYSICAL THERAPY	0.273370	89,686	24,517 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.221017	61,709	13,639 67.00
68.00	06800	SPEECH PATHOLOGY	0.272998	27,327	7,460 68.00
69.00	06900	ELECTROCARDIOLOGY	0.113572	330,282	37,511 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281975	11,396	3,213 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.382242	494,848	189,152 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.396428	215,607	85,473 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.141271	2,856,224	403,502 73.00
74.00	07400	RENAL DIALYSIS	0.396836	636,607	252,629 74.00
76.00	03950	WOUND CARE CENTER	0.980577	2,819	2,764 76.00
76.01	03951	DIABETIC CENTER	0.977827	0	0 76.01
76.02	03952	CLINICAL NUTRITION	4.289055	5,010	21,488 76.02
76.97	07697	CARDIAC REHABILITATION	0.466953	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.210249	686,490	144,334 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.232385	151,670	35,246 92.00
93.00	04950	ANTI COAGULATION CLINIC	0.185595	0	0 93.00
200.00		Total (sum of lines 50-94 and 96-98)		13,954,018	2,675,076 200.00
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)		13,954,018	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 12:02 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	34,954,586	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	11,316,602	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)	1,235,917	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	4,797,163	3.00	
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	232.05	4.00	
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.70	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.74	31.00
32.00	Sum of lines 30 and 31		22.44	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.73	33.00
34.00	Disproportionate share adjustment (see instructions)		894,190	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 12:02 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000359617	0.000299872	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,303,757	1,792,480	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,724,671	451,804	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,176,475		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	50,577,770		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		50,577,770	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,207,515	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		8,097	54.00
54.01	Islet isolation add-on payment		0	54.01
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)		54,793,382	59.00
60.00	Primary payer payments		19,482	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		54,773,900	61.00
62.00	Deductibles billed to program beneficiaries		4,751,404	62.00
63.00	Coinurance billed to program beneficiaries		187,061	63.00
64.00	Allowable bad debts (see instructions)		652,975	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		424,434	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		360,819	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		50,259,869	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		7,369	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
70.88	SCH or MDH volume decrease adjustment		0	70.88
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)		180,992	70.93
70.94	HRR adjustment amount (see instructions)		-90,426	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 12:02 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			50,343,066	71.00
71.01	Sequestration adjustment (see instructions)			1,006,861	71.01
72.00	Interim payments			49,162,677	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)			173,528	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			265,685	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		1.0053762118	1.0092815590	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.9990	0.9951	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/25/2017 12:02 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		16,466	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		30,180,239	2.00
3.00	PPS payments		27,962,881	3.00
4.00	Outlier payment (see instructions)		242,842	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)		16,466	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		115,648	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)		115,648	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		115,648	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		99,182	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)		16,466	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)		28,205,723	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,481,258	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)		22,740,931	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)		22,740,931	30.00
31.00	Primary payer payments		466	31.00
32.00	Subtotal (line 30 minus line 31)		22,740,465	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		761,260	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		494,819	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		559,941	36.00
37.00	Subtotal (see instructions)		23,235,284	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-23	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)		23,235,307	40.00
40.01	Sequestration adjustment (see instructions)		464,706	40.01
41.00	Interim payments		22,546,833	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		223,768	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2017 12:02 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		48,946,485		22,360,924	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/18/2016	216,192	08/18/2016	185,909	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)		216,192		185,909	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)		49,162,677		22,546,833	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		173,528		223,768	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		49,336,205		22,770,601	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: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/25/2017 12:02 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		16,526	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		23,978	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,487	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		54,598	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,334,932,958	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		22,910,203	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 14-0030 Period: From 01/01/2016 To 12/31/2016 Worksheet G Date/Time Prepared: 5/25/2017 12:02 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	18,030,000	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	51,921,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	7,822,000	0	0	0	9.00
10.00	Due from other funds	366,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	78,139,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,720,000	0	0	0	12.00
13.00	Land improvements	19,917,000	0	0	0	13.00
14.00	Accumulated depreciation	-2,506,000	0	0	0	14.00
15.00	Buildings	247,775,000	0	0	0	15.00
16.00	Accumulated depreciation	-36,694,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	60,770,000	0	0	0	23.00
24.00	Accumulated depreciation	-33,010,000	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)	264,972,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	129,875,000	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	12,391,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	142,266,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	485,377,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,964,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,805,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	13,845,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	42,902,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	81,516,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	750,000	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	248,844,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	249,594,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	331,110,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	154,267,000				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)	154,267,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	485,377,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-1

Date/Time Prepared:
5/25/2017 12:02 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		105,243,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		20,098,057			2.00
3.00	Total (sum of line 1 and line 2)		125,341,057		0	3.00
4.00	ADJUST PRIOR YEAR TO INC OTHER DIV	0		0		4.00
5.00	THAT ROLL INTO CORP 60	42,130,000		0		5.00
6.00		0		0		6.00
7.00	CY OTHER DIVISION NET INCOME	6,798,349		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		48,928,349		0	10.00
11.00	Subtotal (line 3 plus line 10)		174,269,406		0	11.00
12.00	TRANSFER	20,000,000		0		12.00
13.00	ADJUSTMENT	2,406		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)		20,002,406		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		154,267,000		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	ADJUST PRIOR YEAR TO INC OTHER DIV		0			4.00
5.00	THAT ROLL INTO CORP 60		0			5.00
6.00			0			6.00
7.00	CY OTHER DIVISION NET INCOME		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	TRANSFER		0			12.00
13.00	ADJUSTMENT		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: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2017 12:02 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	179,712,825		179,712,825	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	179,712,825		179,712,825	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	46,653,804		46,653,804	11.00
12.00	CORONARY CARE UNIT				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)	46,653,804		46,653,804	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	226,366,629		226,366,629	17.00
18.00	Ancillary services	401,471,970	565,781,519	967,253,489	18.00
19.00	Outpatient services	0	141,312,840	141,312,840	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	627,838,599	707,094,359	1,334,932,958	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		282,027,093		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		282,027,093		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0030

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-3

Date/Time Prepared:
5/25/2017 12:02 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,334,932,958	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,038,839,473	2.00
3.00	Net patient revenues (line 1 minus line 2)	296,093,485	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	282,027,093	4.00
5.00	Net income from service to patients (line 3 minus line 4)	14,066,392	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	81	6.00
7.00	Income from investments	74,947	7.00
8.00	Revenues from telephone and other miscellaneous communication services	19,185	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	914,135	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	8,183	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	18,223	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	4,996,911	24.00
25.00	Total other income (sum of lines 6-24)	6,031,665	25.00
26.00	Total (line 5 plus line 25)	20,098,057	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	20,098,057	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet I-5 Date/Time Prepared: 5/25/2017 12:02 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART 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
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
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: 14-0030	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/25/2017 12:02 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,719,923	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		314,988	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)		149.17	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		1.70	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.74	8.00
9.00	Sum of lines 7 and 8		22.44	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.64	10.00
11.00	Disproportionate share adjustment (see instructions)		172,604	11.00
12.00	Total prospective capital payments (see instructions)		4,207,515	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00