

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: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/24/2017 6:23 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/24/2017	Time: 6:23 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE SAINT FRANCIS HOSPITAL (14-0080) 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)

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	227,915	-161,390	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	227,915	-161,390	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: 14-0080			Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 6:21 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 355 RIDGE AVENUE			PO Box:				1.00			
2.00	City: EVANSTON			State: IL		Zip Code: 60202		County: COOK			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		PRESENCE SAINT FRANCIS HOSPITAL	140080	29404	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
17.20	Hospital-Based (OPT) I										17.20
17.30	Hospital-Based (OOT) I										17.30
17.40	Hospital-Based (OSP) I										17.40
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	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,127	713	0	0	7,976	0		24.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 6:21 am				
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00		
		Urban/Rural		S		Date of Geogr				
		1.00		2.00						
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00		
		Beginning:		Ending:						
		1.00		2.00						
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00		
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.					Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					Y			60.00	
		Y/N		IME		Direct GME				
		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

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)	0.00	0.00				61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)	0.00	0.00				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).	0.00	0.00				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)	0.00	0.00				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
		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
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y		63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/(col. 1 + col. 2))	
				1.00	2.00	3.00	
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)			0.96	37.74	0.024806	64.00
		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	

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	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			
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)	INTERNAL MEDICINE	1400	5.34	47.58	0.100907		65.00
			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)			1.30	41.75	0.030197		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)	INTERNAL MEDICINE	1400	3.25	49.82	0.061240		67.00
					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

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				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		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	
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	
		1.00		2.00		3.00	
		Respiratory					
		4.00					
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		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	
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:	0		0		0	

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			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.	Y	5.06	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	
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	14H082	140.00	
		1.00	2.00	3.00	
141.00	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
	Name: PRESENCE RHC CORPORATION	Contractor's Name: NATIONAL GOVERNMENT SERVICES, INC.	Contractor's Number: 00131		
142.00	Street: 200 S WACKER DR	PO Box:			
143.00	City: CHI CAGO	State: IL	Zip Code:	60606	
			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.	N	Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
			1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
155.00	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)	N	N	N	N
156.00	Hospital	N	N	N	N
157.00	Subprovider - IPF	N	N	N	N
158.00	Subprovider - IRF	N	N	N	N
159.00	SUBPROVIDER	N	N	N	N
160.00	SNF	N	N	N	N
161.00	HOME HEALTH AGENCY	N	N	N	N
161.10	CMHC	N	N	N	N
161.10	CORF	N	N	N	N
161.20	OUTPATIENT PHYSICAL THERAPY	N	N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 6:21 am	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N	161.30	
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N	161.40	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	169.00
						Beginning	Ending
						1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						
						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	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 6:21 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	Y	01/01/2016			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)	N				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	05/19/2017		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.	Y				7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N				8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y				9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N				10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N				11.00	
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y			12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N			13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N			14.00	
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y			15.00	
		Part A		Part B			
		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	04/28/2017	Y	04/28/2017	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: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 6:21 am	
		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	N		21.00
						1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.						35.00
				Y/N	Date		
				1.00	2.00		
Home Office Costs							
36.00	Were home office costs claimed on the cost report?			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.	KEITH		WINKLER			41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 813-3734		KWI NKLER@PRESENCEHEALTH.ORG			43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 6:21 am
		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.	SENIOR REIMBURSEMENT ANALYST		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: 14-0080

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 6:21 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	169	61,854	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)		169	61,854	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,856	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT	32.02	10	3,660	0.00	0	9.02
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)		195	71,370	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
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		195				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: 14-0080

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 6:21 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,910	1,596	24,356			1.00
2.00 HMO and other (see instructions)	3,199	7,073				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,910	1,596	24,356			7.00
8.00 INTENSIVE CARE UNIT	1,552	262	3,813			8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT	1,052	128	2,469			9.02
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		1,757	2,316			13.00
14.00 Total (see instructions)	12,514	3,743	32,954	96.12	830.25	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
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
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)				96.12	830.25	27.00
28.00 Observation Bed Days		1,840	5,252			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: 14-0080

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 6:21 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,852	759	7,633	1.00
2.00 HMO and other (see instructions)				696	1,876		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
9.02 SURGICAL HEART UNIT							9.02
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	2,852	759	7,633	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
25.10 CMHC - CORF	0.00						25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00						25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00						25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00						25.40
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: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet S-3 Part II Date/Time Prepared: 5/24/2017 6:21 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	53,892,298	0	53,892,298	1,726,918.00	31.21	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		126,756	0	126,756	1,280.00	99.03	4.00
4.01	Physicians - Part A - Teaching		896,833	0	896,833	8,678.00	103.35	4.01
5.00	Physician and Non Physician-Part B		7,563	0	7,563	37.00	204.41	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	4,732,863	0	4,732,863	180,266.00	26.25	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		273,640	0	273,640	7,101.00	38.54	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		3,200,619	0	3,200,619	88,389.00	36.21	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		14,344,823	0	14,344,823	279,706.00	51.29	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		14,209,395	0	14,209,395			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		75,094	0	75,094			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		27,352	0	27,352			22.00
22.01	Physician Part A - Teaching		191,846	0	191,846			22.01
23.00	Physician Part B		1,500	0	1,500			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		997,919	0	997,919			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	216,664	0	216,664	1,488.00	145.61	26.00
27.00	Administrative & General	5.00	4,034,289	-201,809	3,832,480	118,977.00	32.21	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0080

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2017 6:21 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,590,926	0	1,590,926	68,018.00	23.39	30.00
31.00	Laundry & Linen Service	8.00	116,732	0	116,732	6,216.00	18.78	31.00
32.00	Housekeeping	9.00	1,354,984	0	1,354,984	92,679.00	14.62	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	962,434	-773,123	189,311	13,241.00	14.30	34.00
35.00	Dietary under contract (see instructions)		680,365	0	680,365	13,312.00	51.11	35.00
36.00	Cafeteria	11.00	0	773,123	773,123	54,073.00	14.30	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,245,541	0	1,245,541	25,765.00	48.34	38.00
39.00	Central Services and Supply	14.00	206,766	0	206,766	13,253.00	15.60	39.00
40.00	Pharmacy	15.00	1,885,481	0	1,885,481	46,153.00	40.85	40.00
41.00	Medical Records & Medical Records Library	16.00	159,600	0	159,600	8,206.00	19.45	41.00
42.00	Social Service	17.00	0	201,809	201,809	6,328.00	31.89	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0080

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2017 6:21 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	48,935,404	0	48,935,404	1,551,249.00	31.55	1.00
2.00	Excluded area salaries (see instructions)	273,640	0	273,640	7,101.00	38.54	2.00
3.00	Subtotal salaries (line 1 minus line 2)	48,661,764	0	48,661,764	1,544,148.00	31.51	3.00
4.00	Subtotal other wages & related costs (see inst.)	17,545,442	0	17,545,442	368,095.00	47.67	4.00
5.00	Subtotal wage-related costs (see inst.)	14,236,747	0	14,236,747	0.00	29.26	5.00
6.00	Total (sum of lines 3 thru 5)	80,443,953	0	80,443,953	1,912,243.00	42.07	6.00
7.00	Total overhead cost (see instructions)	12,453,782	0	12,453,782	467,709.00	26.63	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2017 6:21 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,926,905	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	3,426,470	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	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	5,116,854	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	0	9.00
10.00	Dental, Hearing and Vision Plan	100,662	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	36,305	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)	167,694	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	734,399	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	3,718,554	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	158,673	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	116,590	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	15,503,106	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/24/2017 6:21 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,200,619	15,503,106	1.00
2.00	Hospital	3,200,619	14,209,395	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
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	1,293,711	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/24/2017 6:21 am
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			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)		0.176852	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		21,277,888	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		14,340,711	5.00
6.00	Medicaid charges		206,672,595	6.00
7.00	Medicaid cost (line 1 times line 6)		36,550,462	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)		931,863	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		10,579	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		931,863	19.00
			Uninsured patients	Insured patients
			1.00	2.00
20.00	Charity care charges for the entire facility (see instructions)	21,540,428	2,002,171	23,542,599
21.00	Cost of patients approved for charity care (line 1 times line 20)	3,809,468	354,088	4,163,556
22.00	Partial payment by patients approved for charity care	127,347	431,353	558,700
23.00	Cost of charity care (line 21 minus line 22)	3,682,121	-77,265	3,604,856
			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)		4,883,123	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		590,169	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		4,292,954	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		759,218	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,364,074	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,295,937	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet A		
Date/Time Prepared: 5/24/2017 6:21 am								
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,444,020	4,444,020	2,220,478	6,664,498	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,286,619	7,286,619	2.00
3.00	00300	OTHER CAP REL COSTS		116,455	116,455	-116,455	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	216,664	271,856	488,520	8,608,044	9,096,564	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	750,837	353,023	1,103,860	-209,726	894,134	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	3,283,452	37,871,004	41,154,456	-1,137,010	40,017,446	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,590,926	8,468,740	10,059,666	-3,192,190	6,867,476	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	116,732	596,042	712,774	-42,522	670,252	8.00
9.00	00900	HOUSEKEEPING	1,354,984	912,159	2,267,143	-463,256	1,803,887	9.00
10.00	01000	DIETARY	962,434	2,162,493	3,124,927	-2,544,910	580,017	10.00
11.00	01100	CAFETERIA	0	0	0	2,164,347	2,164,347	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,245,541	566,457	1,811,998	-170,226	1,641,772	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	206,766	255,809	462,575	-114,540	348,035	14.00
15.00	01500	PHARMACY	1,885,481	11,905,521	13,791,002	-11,510,348	2,280,654	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	159,600	92,611	252,211	-30,034	222,177	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	217,347	217,347	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,732,863	0	4,732,863	0	4,732,863	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,312,475	5,070,551	6,383,026	-1,038,166	5,344,860	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	216,402	137,662	354,064	-50,660	303,404	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,614,617	4,485,112	16,099,729	-4,602,249	11,497,480	30.00
31.00	03100	INTENSIVE CARE UNIT	2,773,680	1,144,322	3,918,002	-502,921	3,415,081	31.00
32.02	03202	SURGICAL HEART UNIT	1,850,389	859,222	2,709,611	-446,423	2,263,188	32.02
43.00	04300	NURSERY	853,071	495,476	1,348,547	-120,245	1,228,302	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,802,698	10,815,296	14,617,994	-8,299,550	6,318,444	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES	459,946	392,392	852,338	-158,452	693,886	50.02
50.03	05002	WOUND CARE CENTER	146,078	611,609	757,687	-28,287	729,400	50.03
51.00	05100	RECOVERY ROOM	1,715,227	517,321	2,232,548	-272,606	1,959,942	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,866,114	1,866,114	52.00
53.00	05300	ANESTHESIOLOGY	118,360	1,303,381	1,421,741	-55,101	1,366,640	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,437,058	1,307,770	3,744,828	-942,057	2,802,771	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	144,923	376,566	521,489	-49,839	471,650	55.00
56.00	05600	RADIOISOTOPE	187,845	290,742	478,587	-23,540	455,047	56.00
58.00	05800	MRI	243,030	396,236	639,266	-374,082	265,184	58.00
59.00	05900	CARDIAC CATHETERIZATION	654,465	2,210,528	2,864,993	-1,999,766	865,227	59.00
60.00	06000	LABORATORY	0	7,444,897	7,444,897	-85,014	7,359,883	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	780,744	780,744	-2,286	778,458	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,152,706	1,412,839	2,565,545	-273,670	2,291,875	64.00
65.00	06500	RESPIRATORY THERAPY	1,037,112	524,900	1,562,012	-412,512	1,149,500	65.00
66.00	06600	PHYSICAL THERAPY	1,543,871	350,386	1,894,257	-203,843	1,690,414	66.00
69.00	06900	ELECTROCARDIOLOGY	613,033	222,745	835,778	-129,577	706,201	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61,163	31,591	92,754	-21,698	71,056	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,085,441	7,085,441	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,891,764	2,891,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,014,131	12,014,131	73.00
73.02	07302	INPT RENAL DIALYSIS	0	564,917	564,917	-1,876	563,041	73.02
76.97	07697	CARDIAC REHABILITATION	105,111	24,389	129,500	-14,917	114,583	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	775,105	487,042	1,262,147	-244,455	1,017,692	90.01
91.00	09100	EMERGENCY	3,510,415	3,878,573	7,388,988	-1,022,167	6,366,821	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet A Date/Time Prepared: 5/24/2017 6:21 am	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		3,398,517	3,398,517	-3,398,517	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,835,060	117,551,916	171,386,976	48,592	171,435,568
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,725	16,725	-16,639	86
190.01	19001	POB RX	0	0	0	0	0
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	29,979	29,979	-500	29,479
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0
192.05	19205	OTHER NRCC	57,238	3,054,117	3,111,355	-31,453	3,079,902
192.06	19206	ASBURY STREET SNF	0	0	0	0	0
200.00		TOTAL (SUM OF LINES 118-199)	53,892,298	120,652,737	174,545,035	0	174,545,035

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0080

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

Worksheet A
Date/Time Prepared:
5/24/2017 6:21 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	513,306	7,177,804	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-301,728	6,984,891	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	993,868	10,090,432	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	309,525	309,525	5.03
5.04	00570	ADMINITTING	0	894,134	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	294,079	294,079	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-1,813,682	38,203,764	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-19,280	6,848,196	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	670,252	8.00
9.00	00900	HOUSEKEEPING	-1,293	1,802,594	9.00
10.00	01000	DIETARY	0	580,017	10.00
11.00	01100	CAFETERIA	-721,092	1,443,255	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-205	1,641,567	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	677,933	1,025,968	14.00
15.00	01500	PHARMACY	-1,038	2,279,616	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	901,386	1,123,563	16.00
17.00	01700	SOCIAL SERVICE	0	217,347	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	4,732,863	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,344,860	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	-303,404	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-883	11,496,597	30.00
31.00	03100	INTENSIVE CARE UNIT	-125,000	3,290,081	31.00
32.02	03202	SURGICAL HEART UNIT	-125,000	2,138,188	32.02
43.00	04300	NURSERY	-290,097	938,205	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	6,318,444	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES	0	693,886	50.02
50.03	05002	WOUND CARE CENTER	0	729,400	50.03
51.00	05100	RECOVERY ROOM	0	1,959,942	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,162	1,863,952	52.00
53.00	05300	ANESTHESIOLOGY	-873,346	493,294	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,154	2,801,617	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-172,577	299,073	55.00
56.00	05600	RADIOISOTOPE	-3,150	451,897	56.00
58.00	05800	MRI	0	265,184	58.00
59.00	05900	CARDIAC CATHETERIZATION	-243	864,984	59.00
60.00	06000	LABORATORY	216,551	7,576,434	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	778,458	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	-681,426	1,610,449	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,149,500	65.00
66.00	06600	PHYSICAL THERAPY	0	1,690,414	66.00
69.00	06900	ELECTROCARDIOLOGY	-3,600	702,601	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	71,056	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,085,441	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,891,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,014,131	73.00
73.02	07302	INPT RENAL DIALYSIS	0	563,041	73.02
76.97	07697	CARDIAC REHABILITATION	-7,260	107,323	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	-25,825	991,867	90.01
91.00	09100	EMERGENCY	-1,661,759	4,705,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-3,228,556	168,207,012	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0080

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

Worksheet A
Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	86	190.00
190.01	19001	POB RX	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	29,479	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	192.04
192.05	19205	OTHER NRCC	-24,415	3,055,487	192.05
192.06	19206	ASBURY STREET SNF	0	0	192.06
200.00		TOTAL (SUM OF LINES 118-199)	-3,252,971	171,292,064	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,398,517	1.00
	TOTALS		0	3,398,517	
B - ALLOCATED BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,608,044	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
	TOTALS		0	8,608,044	
C - SOCIOAL SERVICE					
1.00	SOCIAL SERVICE	17.00	201,809	15,538	1.00
	TOTALS		201,809	15,538	
D - CHARGEABLE IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,891,764	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
	TOTALS		0	2,891,764	
E - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,014,131	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
	TOTALS		0	12,014,131	
F - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,085,441	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

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	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
	TOTALS		0	7,085,441	
G - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,616,890	249,224	1.00
	TOTALS		1,616,890	249,224	
H - CAFETERIA					
1.00	CAFETERIA	11.00	773,123	1,391,224	1.00
	TOTALS		773,123	1,391,224	
I - ALLOCATED DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,025,375	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
	TOTALS		0	6,025,375	
J - OFFSITE FACILITIES BLDG DEPRECIATION					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,906	1.00
2.00	OTHER NRCC	192.05	0	28,344	2.00
	TOTALS		0	33,250	
K - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,233,003	1.00
	TOTALS		0	7,233,003	
500.00	Grand Total: Increases		2,591,822	48,945,511	500.00

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6
Date/Time Prepared:
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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 - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	3,398,517	11		1.00
	TOTALS		0	3,398,517			
B - ALLOCATED BENEFITS							
1.00	ADMINISTRATIVE	5.04	0	209,726	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	449,884	0		2.00
3.00	OPERATION OF PLANT	7.00	0	336,362	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	42,522	0		4.00
5.00	HOUSEKEEPING	9.00	0	457,765	0		5.00
6.00	DIETARY	10.00	0	332,177	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	128,039	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	65,122	0		8.00
9.00	PHARMACY	15.00	0	229,947	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	30,034	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	999,297	0		11.00
12.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	31,205	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	1,890,769	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	369,589	0		14.00
15.00	SURGICAL HEART UNIT	32.02	0	240,494	0		15.00
16.00	NURSERY	43.00	0	92,845	0		16.00
17.00	OPERATING ROOM	50.00	0	518,309	0		17.00
18.00	GASTROINTESTINAL SERVICES	50.02	0	60,486	0		18.00
19.00	WOUND CARE CENTER	50.03	0	20,945	0		19.00
20.00	RECOVERY ROOM	51.00	0	228,892	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	27,124	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	341,695	0		22.00
23.00	MRI	58.00	0	33,247	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	13,324	0		24.00
25.00	RADIOISOTOPE	56.00	0	23,540	0		25.00
26.00	LABORATORY	60.00	0	48	0		26.00
27.00	INTRAVENOUS THERAPY	64.00	0	172,024	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	175,456	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	184,334	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	92,410	0		30.00
31.00	CARDIAC CATHETERIZATION	59.00	0	93,654	0		31.00
32.00	CARDIAC REHABILITATION	76.97	0	12,854	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,051	0		33.00
34.00	OPD	90.01	0	114,933	0		34.00
35.00	EMERGENCY	91.00	0	576,026	0		35.00
36.00	OTHER NRCC	192.05	0	3,915	0		36.00
	TOTALS		0	8,608,044			
C - SOCIOAL SERVICE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	201,809	15,538	0		1.00
	TOTALS		201,809	15,538			
D - CHARGEABLE IMPLANTS							
1.00	CARDIAC CATHETERIZATION	59.00	0	219,728	0		1.00
2.00	GASTROINTESTINAL SERVICES	50.02	0	57	0		2.00
3.00	OPERATING ROOM	50.00	0	2,634,642	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	37,337	0		4.00
	TOTALS		0	2,891,764			
E - CHARGEABLE DRUGS							
1.00	ADULTS & PEDIATRICS	30.00	0	138,847	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	35,018	0		2.00
3.00	EMERGENCY	91.00	0	211,855	0		3.00
4.00	GASTROINTESTINAL SERVICES	50.02	0	6,685	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	44,537	0		5.00
6.00	INTRAVENOUS THERAPY	64.00	0	53,041	0		6.00
7.00	MRI	58.00	0	26,179	0		7.00
8.00	NURSERY	43.00	0	5,954	0		8.00
9.00	OPERATING ROOM	50.00	0	124,672	0		9.00
10.00	PHARMACY	15.00	0	11,243,014	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	90,902	0		11.00
12.00	RECOVERY ROOM	51.00	0	4,627	0		12.00
13.00	SURGICAL HEART UNIT	32.02	0	23,651	0		13.00
14.00	WOUND CARE CENTER	50.03	0	5,149	0		14.00
	TOTALS		0	12,014,131			
F - CHARGEABLE SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	199,862	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	5,267	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	1,483,355	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6
Date/Time Prepared:
5/24/2017 6:21 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	EMERGENCY	91.00	0	67,449	0		4.00
5.00	GASTRO INTESTINAL SERVICES	50.02	0	81,233	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	33,270	0		6.00
7.00	INTRAVENOUS THERAPY	64.00	0	994	0		7.00
8.00	MRI	58.00	0	13,080	0		8.00
9.00	OPD	90.01	0	81,642	0		9.00
10.00	OPERATING ROOM	50.00	0	4,722,017	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	198,777	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	183,518	0		12.00
13.00	SURGICAL HEART UNIT	32.02	0	14,977	0		13.00
	TOTALS		0	7,085,441			
G - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	1,616,890	249,224	0		1.00
	TOTALS		1,616,890	249,224			
H - CAFETERIA							
1.00	DIETARY	10.00	773,123	1,391,224	0		1.00
	TOTALS		773,123	1,391,224			
I - ALLOCATED DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	469,779	9		1.00
2.00	OPERATION OF PLANT	7.00	0	2,855,828	9		2.00
3.00	HOUSEKEEPING	9.00	0	5,491	9		3.00
4.00	DIETARY	10.00	0	48,386	9		4.00
5.00	NURSING ADMINISTRATION	13.00	0	42,187	9		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	49,418	9		6.00
7.00	PHARMACY	15.00	0	37,387	9		7.00
8.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	38,869	9		8.00
9.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	19,455	9		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	506,657	9		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	55,525	9		11.00
12.00	SURGICAL HEART UNIT	32.02	0	167,301	9		12.00
13.00	NURSERY	43.00	0	21,446	9		13.00
14.00	OPERATING ROOM	50.00	0	299,910	9		14.00
15.00	GASTRO INTESTINAL SERVICES	50.02	0	9,991	9		15.00
16.00	WOUND CARE CENTER	50.03	0	2,193	9		16.00
17.00	RECOVERY ROOM	51.00	0	39,087	9		17.00
18.00	ANESTHESIOLOGY	53.00	0	22,710	9		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	273,346	9		19.00
20.00	MRI	58.00	0	301,576	9		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	36,515	9		21.00
22.00	LABORATORY	60.00	0	84,966	9		22.00
23.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	2,286	9		23.00
24.00	INTRAVENOUS THERAPY	64.00	0	47,611	9		24.00
25.00	RESPIRATORY THERAPY	65.00	0	53,538	9		25.00
26.00	PHYSICAL THERAPY	66.00	0	19,509	9		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	37,167	9		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	168,011	9		28.00
29.00	CARDIAC REHABILITATION	76.97	0	2,063	9		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,647	9		30.00
31.00	INPT RENAL DIALYSIS	73.02	0	1,876	9		31.00
32.00	OPD	90.01	0	47,880	9		32.00
33.00	EMERGENCY	91.00	0	166,837	9		33.00
34.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	16,639	9		34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,406	9		35.00
36.00	OTHER NRCC	192.05	0	55,882	9		36.00
	TOTALS		0	6,025,375			
J - OFFSITE FACILITIES BLDG DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	33,250	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	33,250			
K - EQUIPMENT DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,233,003	9		1.00
	TOTALS		0	7,233,003			
500.00	Grand Total: Decreases		2,591,822	48,945,511			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2017 6:21 am

		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	8,716,880	0	0	0	0	1.00
2.00	Land Improvements	691,956	102,574	0	102,574	0	2.00
3.00	Buildings and Fixtures	92,951,720	2,195,718	0	2,195,718	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	80,274,290	1,684,875	0	1,684,875	99,406	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	182,634,846	3,983,167	0	3,983,167	99,406	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	182,634,846	3,983,167	0	3,983,167	99,406	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,716,880	0				1.00
2.00	Land Improvements	794,530	0				2.00
3.00	Buildings and Fixtures	95,147,438	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	81,859,759	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	186,518,607	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	186,518,607	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2017 6:21 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	4,444,020	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)	4,444,020	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	4,444,020				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,444,020				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet A-7 Part III Date/Time Prepared: 5/24/2017 6:21 am
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	95,941,968	0	95,941,968	0.539601	62,839	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	81,859,759	0	81,859,759	0.460399	53,616	2.00
3.00	Total (sum of lines 1-2)	177,801,727	0	177,801,727	1.000000	116,455	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	62,839	3,716,448	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	53,616	6,931,275	0	2.00
3.00	Total (sum of lines 1-2)	0	0	116,455	10,647,723	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	3,398,517	62,839	0	0	7,177,804	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	53,616	0	0	6,984,891	2.00
3.00	Total (sum of lines 1-2)	3,398,517	116,455	0	0	14,162,695	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0080

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

Worksheet A-8

Date/Time Prepared:
5/24/2017 6:21 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)	B	-15,515		OPERATION OF PLANT	7.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,387,081					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	2,398,361					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-644,277		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	B	-3,791		MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines	B	-76,815		CAFETERIA	11.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)				*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		0	28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			*** Cost Center Deleted ***	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			*** Cost Center Deleted ***	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 REFERENCE LAB REVENUE	B	-2,199		LABORATORY	60.00		0	33.00
36.00 INCOME/SALES TAX	A	-3,754		OPERATION OF PLANT	7.00		0	36.00

Provider CCN: 14-0080
 Period: From 01/01/2016 To 12/31/2016
 Worksheet A-8
 Date/Time Prepared: 5/24/2017 6:21 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
37.00 INCOME/SALES TAX	A	-24,415	OTHER NRCC	192.05	0	37.00
38.00 SAVE THE DAY/COMMUNITY OUTREAC	A	-21,904	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.00
39.00 MISC REVENUE	B	-147,827	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39.00
41.02 MISC REVENUE	B	-11	OPERATION OF PLANT	7.00	0	41.02
41.03 MISC REVENUE	B	-1,293	HOUSEKEEPING	9.00	0	41.03
41.04 MISC REVENUE	B	-205	NURSING ADMINISTRATION	13.00	0	41.04
41.06 MISC REVENUE	B	-1,038	PHARMACY	15.00	0	41.06
41.08 MISC REVENUE	B	-303,404	PARAMEDICAL EDUCATION PROGRAM	23.00	0	41.08
41.11 MISC REVENUE	B	-883	ADULTS & PEDIATRICS	30.00	0	41.11
41.12 MISC REVENUE	B	-2,162	DELIVERY ROOM & LABOR ROOM	52.00	0	41.12
41.13 MISC REVENUE	B	-105	RADIOLOGY-DIAGNOSTIC	54.00	0	41.13
41.15 MISC REVENUE	B	-3,150	RADIOISOTOPE	56.00	0	41.15
41.16 MISC REVENUE	B	-243	CARDIAC CATHETERIZATION	59.00	0	41.16
41.17 MISC REVENUE	B	-3,600	ELECTROCARDIOLOGY	69.00	0	41.17
41.18 MISC REVENUE	B	-7,260	CARDIAC REHABILITATION	76.97	0	41.18
41.19 MISC REVENUE	B	-400	OPD	90.01	0	41.19
41.20		0		0.00	0	41.20
41.21		0		0.00	0	41.21
41.22		0		0.00	0	41.22
41.23		0		0.00	0	41.23
41.24		0		0.00	0	41.24
41.25		0		0.00	0	41.25
42.00		0		0.00	0	42.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,252,971				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: 14-0080

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2017 6:21 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COSTS	16,605,045	17,876,094 1.00
2.00	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE COSTS	309,525	0 2.00
3.00	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE COSTS	294,079	0 3.00
3.01	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE COSTS	677,933	0 3.01
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	993,868	0 3.02
3.03	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COSTS	513,306	0 3.03
3.04	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COSTS	-301,728	0 3.04
3.05	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE COSTS	905,177	0 3.05
3.06	60.00	LABORATORY	ALVERNO LAB COSTS	7,340,222	7,062,972 3.06
4.00	0.00			0	0 4.00
4.01	0.00			0	0 4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			27,337,427	24,939,066 5.00

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

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

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

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

6.00	B		100.00	PRESENCE RHC CORPORATION	100.00	6.00
7.00	C		66.00	ALVERNO LAB	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0080

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2017 6:21 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-1,271,049	0		1.00
2.00	309,525	0		2.00
3.00	294,079	0		3.00
3.01	677,933	0		3.01
3.02	993,868	0		3.02
3.03	513,306	9		3.03
3.04	-301,728	9		3.04
3.05	905,177	0		3.05
3.06	277,250	0		3.06
4.00	0	0		4.00
4.01	0	0		4.01
5.00	2,398,361			5.00

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

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

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

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

6.00	SOLE CORPORATE MEMBER		6.00
7.00	RELATED LAB		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0080

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2017 6:21 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	31.00	INTENSIVE CARE UNIT	125,000	125,000	0	0	0	1.00
2.00	32.02	SURGICAL HEART UNIT	125,000	125,000	0	0	0	2.00
3.00	43.00	NURSERY	290,097	290,097	0	0	0	3.00
4.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	483,056	347,554	135,502	179,000	1,280	4.00
5.00	53.00	ANESTHESIOLOGY	873,346	873,346	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,049	1,049	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	172,577	172,577	0	0	0	7.00
8.00	60.00	LABORATORY	58,500	58,500	0	0	0	8.00
9.00	64.00	INTRAVENOUS THERAPY	681,426	681,426	0	0	0	9.00
10.00	90.01	OPD	25,425	25,425	0	0	0	10.00
11.00	91.00	EMERGENCY	1,661,759	1,661,759	0	0	0	11.00
200.00			4,497,235	4,361,733	135,502		1,280	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	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	1.00
2.00	32.02	SURGICAL HEART UNIT	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	110,154	5,508	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	9.00
10.00	90.01	OPD	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
200.00			110,154	5,508	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	31.00	INTENSIVE CARE UNIT	0	0	0	125,000	1.00
2.00	32.02	SURGICAL HEART UNIT	0	0	0	125,000	2.00
3.00	43.00	NURSERY	0	0	0	290,097	3.00
4.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	110,154	25,348	372,902	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	873,346	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,049	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	172,577	7.00
8.00	60.00	LABORATORY	0	0	0	58,500	8.00
9.00	64.00	INTRAVENOUS THERAPY	0	0	0	681,426	9.00
10.00	90.01	OPD	0	0	0	25,425	10.00
11.00	91.00	EMERGENCY	0	0	0	1,661,759	11.00
200.00			0	110,154	25,348	4,387,081	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

Worksheet B
Part I
Date/Time Prepared:
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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			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,177,804	7,177,804			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,984,891		6,984,891		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,090,432	31,139	0	10,121,571	4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	309,525	0	0	0	5.03
5.04 00570	ADMINISTRATIVE	894,134	22,553	0	141,585	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	294,079	116,283	0	0	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	38,203,764	698,747	4,443,473	581,102	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	6,848,196	106,720	469,829	299,999	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	670,252	0	0	22,012	8.00
9.00 00900	HOUSEKEEPING	1,802,594	235,164	5,303	255,508	9.00
10.00 01000	DIETARY	580,017	63,402	9,185	35,698	10.00
11.00 01100	CAFETERIA	1,443,255	258,914	37,509	145,787	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,641,567	50,338	40,740	234,870	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,025,968	307,760	47,723	38,990	14.00
15.00 01500	PHARMACY	2,279,616	54,613	35,468	355,543	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,123,563	86,876	0	30,096	16.00
17.00 01700	SOCIAL SERVICE	217,347	35,819	0	38,055	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	4,732,863	0	0	892,471	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,344,860	331,363	32,756	247,492	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	20,415	18,788	40,807	23.00
23.01 02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	11,496,597	1,675,403	181,239	1,885,271	30.00
31.00 03100	INTENSIVE CARE UNIT	3,290,081	158,053	53,620	523,030	31.00
32.02 03202	SURGICAL HEART UNIT	2,138,188	153,686	54,127	348,926	32.02
43.00 04300	NURSERY	938,205	19,973	20,710	160,863	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,318,444	357,158	288,264	717,071	50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02 03340	GASTROINTESTINAL SERVICES	693,886	46,064	9,648	86,732	50.02
50.03 05002	WOUND CARE CENTER	729,400	0	2,118	27,546	50.03
51.00 05100	RECOVERY ROOM	1,959,942	230,631	37,746	323,439	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,863,952	116,154	20,015	304,895	52.00
53.00 05300	ANESTHESIOLOGY	493,294	14,611	21,931	22,319	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,801,617	350,967	239,715	459,554	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	299,073	131,576	33,860	27,328	55.00
56.00 05600	RADIOISOTOPE	451,897	57,027	0	35,422	56.00
58.00 05800	MRI	265,184	92,035	291,231	45,828	58.00
59.00 05900	CARDIAC CATHETERIZATION	864,984	141,673	162,085	123,412	59.00
60.00 06000	LABORATORY	7,576,434	302,951	82,051	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	778,458	13,487	2,208	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00 06400	INTRAVENOUS THERAPY	1,610,449	62,370	18,388	217,365	64.00
65.00 06500	RESPIRATORY THERAPY	1,149,500	62,278	51,701	195,567	65.00
66.00 06600	PHYSICAL THERAPY	1,690,414	83,117	5,093	291,126	66.00
69.00 06900	ELECTROCARDIOLOGY	702,601	73,241	35,892	115,599	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	71,056	13,598	12,213	11,533	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,085,441	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,891,764	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,014,131	0	0	0	73.00
73.02 07302	INPT RENAL DIALYSIS	563,041	8,199	1,812	0	73.02
76.97 07697	CARDIAC REHABILITATION	107,323	41,273	1,427	19,821	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD	991,867	18,702	46,238	146,161	90.01
91.00 09100	EMERGENCY	4,705,062	179,611	154,029	661,955	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	1.00	2.00	4.00	5.01	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						0
118.00 SUBTOTALS (SUM OF LINES 1-117)	168,207,012	6,823,944	6,968,135	10,110,778		0
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	86	35,027	0	0		0
190.01 19001 POB RX	0	0	0	0		0
190.02 19002 MOBILE MEDICAL CARE	0	0	0	0		0
190.03 19003 ARTHRITIS CENTER	0	0	0	0		0
192.00 19200 PHYSICIANS' PRIVATE OFFICES	29,479	0	1,009	0		0
192.02 19202 OUTREACH TRANSPORTATION	0	0	0	0		0
192.03 19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0		0
192.04 19204 WOMENS HEALTH CENTER	0	0	0	0		0
192.05 19205 OTHER NRCC	3,055,487	318,833	15,747	10,793		0
192.06 19206 ASBURY STREET SNF	0	0	0	0		0
200.00 Cross Foot Adjustments						0
201.00 Negative Cost Centers						0
202.00 TOTAL (sum lines 118-201)	171,292,064	7,177,804	6,984,891	10,121,571		0

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/24/2017 6:21 am	
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	0					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	309,525				5.03
5.04	00570	ADMINITTING	0	651	1,058,923			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	410,362		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	772	0	0	43,927,858	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	3,179	0	0	7,727,923	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,309	0	0	695,573	8.00
9.00	00900	HOUSEKEEPING	0	2,527	0	0	2,301,096	9.00
10.00	01000	DIETARY	0	629	0	0	688,931	10.00
11.00	01100	CAFETERIA	0	2,569	0	0	1,888,034	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,809	0	0	1,969,324	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,158	0	0	1,425,599	14.00
15.00	01500	PHARMACY	0	914	0	0	2,726,154	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	62	0	0	1,240,597	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	291,221	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	5,625,334	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	89	0	0	5,956,560	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	672	0	0	80,682	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	11,771	121,342	46,990	15,418,613	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,029	23,750	9,197	4,062,770	31.00
32.02	03202	SURGICAL HEART UNIT	0	2,615	15,562	6,026	2,719,130	32.02
43.00	04300	NURSERY	0	335	6,676	2,585	1,149,347	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	23,516	88,067	34,104	7,826,624	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES	0	3,680	14,876	5,761	860,647	50.02
50.03	05002	WOUND CARE CENTER	0	3,004	4,693	1,817	768,578	50.03
51.00	05100	RECOVERY ROOM	0	1,335	21,543	8,343	2,582,979	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,673	11,214	4,342	2,324,245	52.00
53.00	05300	ANESTHESIOLOGY	0	5,762	21,856	8,464	588,237	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,246	87,085	33,724	3,975,908	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	155	2,625	1,017	495,634	55.00
56.00	05600	RADIOISOTOPE	0	4,581	7,393	2,863	559,183	56.00
58.00	05800	MRI	0	301	16,790	6,502	717,871	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,744	26,491	10,259	1,332,648	59.00
60.00	06000	LABORATORY	0	3,655	106,093	41,084	8,112,268	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	6	7,176	2,779	804,114	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	2,022	3,917	1,517	1,916,028	64.00
65.00	06500	RESPIRATORY THERAPY	0	268	32,871	12,729	1,504,914	65.00
66.00	06600	PHYSICAL THERAPY	0	389	13,328	5,161	2,088,628	66.00
69.00	06900	ELECTROCARDIOLOGY	0	180	33,715	13,056	974,284	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	116	977	378	109,871	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	129,940	33,891	13,124	7,262,396	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	54,433	25,984	10,062	2,982,243	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,290	222,495	86,457	12,334,373	73.00
73.02	07302	INPT RENAL DIALYSIS	0	85	2,268	878	576,283	73.02
76.97	07697	CARDIAC REHABILITATION	0	41	344	133	170,362	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	1,792	12,602	4,880	1,222,242	90.01
91.00	09100	EMERGENCY	0	10,099	93,299	36,130	5,840,185	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	309,403	1,058,923	410,362	167,825,481	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	35,113	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	30,488	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	122	0	0	3,400,982	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	309,525	1,058,923	410,362	171,292,064	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

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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						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	00591	43,927,858					5.06
6.00	00600		0				6.00
7.00	00700	2,665,361	0	10,393,284			7.00
8.00	00800		0	0	935,476		8.00
9.00	00900	793,648	0	394,063	4,674	3,493,481	9.00
10.00	01000	237,612	0	106,242	0	42,856	10.00
11.00	01100	651,183	0	433,861	0	174,893	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	679,220	0	84,352	0	11,148	13.00
14.00	01400	491,689	0	515,712	5,022	8,918	14.00
15.00	01500	940,251	0	91,515	0	13,955	15.00
16.00	01600	427,882	0	145,578	0	22,378	16.00
17.00	01700	100,442	0	60,022	0	5,532	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	1,940,178	0	0	0	0	21.00
22.00	02200	2,054,418	0	555,264	18,455	80,345	22.00
23.00	02300	27,827	0	34,210	10,700	5,945	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,317,821	0	2,807,469	350,940	1,489,065	30.00
31.00	03100	1,401,246	0	264,849	56,353	134,679	31.00
32.02	03202	937,828	0	257,532	35,849	212,712	32.02
43.00	04300	396,410	0	33,469	14,884	11,065	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,699,403	0	598,489	98,758	277,285	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	03340	296,837	0	77,189	20,833	5,698	50.02
50.03	05002	265,083	0	0	8,828	0	50.03
51.00	05100	890,869	0	386,468	14,528	63,748	51.00
52.00	05200	801,632	0	194,639	27,819	75,969	52.00
53.00	05300	202,883	0	24,484	0	7,349	53.00
54.00	05400	1,371,291	0	588,115	59,293	155,570	54.00
55.00	05500	170,944	0	220,481	2,874	61,353	55.00
56.00	05600	192,862	0	95,559	2,617	22,378	56.00
58.00	05800	247,594	0	154,223	8,257	18,662	58.00
59.00	05900	459,630	0	237,401	12,591	107,842	59.00
60.00	06000	2,797,921	0	507,654	512	39,636	60.00
62.00	06200	277,339	0	22,601	0	1,404	62.00
62.30	06250	0	0	0	0	0	62.30
64.00	06400	660,838	0	104,513	2,122	61,353	64.00
65.00	06500	519,045	0	104,359	0	23,864	65.00
66.00	06600	720,368	0	139,279	7,217	11,395	66.00
69.00	06900	336,031	0	122,730	10,898	22,791	69.00
70.00	07000	37,895	0	22,786	0	5,698	70.00
71.00	07100	2,504,800	0	0	0	0	71.00
72.00	07200	1,028,576	0	0	0	0	72.00
73.00	07300	4,254,125	0	0	0	0	73.00
73.02	07302	198,760	0	13,740	139	7,845	73.02
76.97	07697	58,758	0	69,161	64	5,698	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	421,551	0	31,339	18,566	10,982	90.01
91.00	09100	2,014,280	0	300,974	142,683	217,006	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
		42,732,234	0	9,800,322	935,476	3,417,017	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

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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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,110	0	58,694	0	5,532	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,515	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	1,172,999	0	534,268	0	70,932	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	43,927,858	0	10,393,284	935,476	3,493,481	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/24/2017 6:21 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
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	00591	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	1,075,641					10.00
11.00	01100	CAFETERIA	0	3,147,971				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	59,432	0	2,803,476		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	94,420	0	0	2,541,360	14.00
15.00	01500	PHARMACY	0	105,923	0	0	27,749	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	18,692	0	0	1,534	16.00
17.00	01700	SOCIAL SERVICE	0	1,438	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	415,544	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	48,887	0	0	3,058	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	1,438	0	0	17,687	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	885,104	778,845	0	966,039	232,137	30.00
31.00	03100	INTENSIVE CARE UNIT	114,968	172,544	0	353,176	79,051	31.00
32.02	03202	SURGICAL HEART UNIT	75,569	111,674	0	212,367	43,402	32.02
43.00	04300	NURSERY	0	43,136	0	103,875	2,639	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	236,769	0	248,146	357,907	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES	0	27,319	0	45,013	37,440	50.02
50.03	05002	WOUND CARE CENTER	0	959	0	16,158	46,421	50.03
51.00	05100	RECOVERY ROOM	0	103,047	0	177,742	28,867	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	98,254	0	140,809	36,552	52.00
53.00	05300	ANESTHESIOLOGY	0	12,462	0	0	65,974	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	160,083	0	26,546	59,349	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,231	0	0	2,353	55.00
56.00	05600	RADIOISOTOPE	0	11,024	0	0	158,685	56.00
58.00	05800	MRI	0	15,337	0	0	9,743	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	40,740	0	30,008	34,798	59.00
60.00	06000	LABORATORY	0	0	0	0	121,516	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	217	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	24,923	0	88,871	50,523	64.00
65.00	06500	RESPIRATORY THERAPY	0	78,603	0	0	7,372	65.00
66.00	06600	PHYSICAL THERAPY	0	85,793	0	0	9,159	66.00
69.00	06900	ELECTROCARDIOLOGY	0	43,136	0	0	4,422	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,314	0	0	332	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	480,975	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	394,501	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	2,564	73.02
76.97	07697	CARDIAC REHABILITATION	0	5,751	0	11,542	855	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	53,680	0	13,850	10,829	90.01
91.00	09100	EMERGENCY	0	268,881	0	369,334	207,261	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,075,641	3,129,279	0	2,803,476	2,535,872	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	15	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	18,692	0	0	5,473	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,075,641	3,147,971	0	2,803,476	2,541,360	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/24/2017 6:21 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
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	00591	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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	3,905,547					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,856,661				16.00
17.00	01700	SOCIAL SERVICE	0	0	458,655			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	3,107	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	212,711	336,882	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	41,633	33,161	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	27,279	46,278	0	0	32.02
43.00	04300	NURSERY	0	11,702	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	154,380	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES	0	26,077	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	8,227	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	37,765	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,657	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	38,313	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	152,660	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,602	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	12,960	0	0	0	56.00
58.00	05800	MRI	0	29,432	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	46,439	0	0	0	59.00
60.00	06000	LABORATORY	0	185,979	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	12,579	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	6,867	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	57,623	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	23,363	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	419	59,102	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,713	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	59,410	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	45,550	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,897,272	390,415	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	3,976	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	604	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	27	22,092	0	0	0	90.01
91.00	09100	EMERGENCY	0	163,551	42,334	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,900,825	1,856,661	458,655	0	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
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To 12/31/2016

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	4,722	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,905,547	1,856,661	458,655	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
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To 12/31/2016

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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 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 00591	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
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	7,981,056				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		8,716,987			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			181,596		23.00
23.01 02301	RADIOLOGY SCHOOL				0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	3,096,380	3,381,894	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	635,210	693,783	0	0	31.00
32.02 03202	SURGICAL HEART UNIT	0	0	0	0	32.02
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	548,353	598,917	0	0	50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02 03340	GASTROINTESTINAL SERVICES	146,721	160,250	0	0	50.02
50.03 05002	WOUND CARE CENTER	0	0	0	0	50.03
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	415,129	453,408	0	0	52.00
53.00 05300	ANESTHESIOLOGY	141,279	154,306	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	730,993	798,397	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	31,129	34,000	0	0	56.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	225,088	245,844	0	0	59.00
60.00 06000	LABORATORY	137,143	149,789	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	170,884	186,641	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.02 07302	INPT RENAL DIALYSIS	0	0	0	0	73.02
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD	55,510	60,629	0	0	90.01
91.00 09100	EMERGENCY	977,197	1,067,304	181,596	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40 09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal			
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00						
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,311,016	7,985,162	181,596	0	164,529,664	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	111,464	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	362,013	395,395	0	0	798,411	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	308,027	336,430	0	0	5,852,525	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	7,981,056	8,716,987	181,596	0	171,292,064	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	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	00591	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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,478,274	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,328,993	31.00
32.02	03202	SURGICAL HEART UNIT	0	32.02
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,147,270	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES	-306,971	50.02
50.03	05002	WOUND CARE CENTER	0	50.03
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-868,537	52.00
53.00	05300	ANESTHESIOLOGY	-295,585	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,529,390	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	-65,129	56.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-470,932	59.00
60.00	06000	LABORATORY	-286,932	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	-357,525	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OPD	-116,139	90.01
91.00	09100	EMERGENCY	-2,044,501	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
From 01/01/2016
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-15,296,178	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	POB RX	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	190.02
190.03	19003	ARTHRITIS CENTER	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-757,408	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	192.04
192.05	19205	OTHER NRCC	-644,457	192.05
192.06	19206	ASBURY STREET SNF	0	192.06
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	-16,698,043	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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

Worksheet B
Part II
Date/Time Prepared:
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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	31,139	0	31,139	4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMITTING	14,126	22,553	0	36,679	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	116,283	0	116,283	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	37,003	698,747	4,443,473	5,179,223	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	4,360	106,720	469,829	580,909	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	930	235,164	5,303	241,397	9.00
10.00 01000	DIETARY	1,076	63,402	9,185	73,663	10.00
11.00 01100	CAFETERIA	4,393	258,914	37,509	300,816	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	7,851	50,338	40,740	98,929	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	54,895	307,760	47,723	410,378	14.00
15.00 01500	PHARMACY	19,080	54,613	35,468	109,161	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,161	86,876	0	91,037	16.00
17.00 01700	SOCIAL SERVICE	0	35,819	0	35,819	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,887	331,363	32,756	369,006	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	14,580	20,415	18,788	53,783	23.00
23.01 02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	31,222	1,675,403	181,239	1,887,864	30.00
31.00 03100	INTENSIVE CARE UNIT	3,392	158,053	53,620	215,065	31.00
32.02 03202	SURGICAL HEART UNIT	5,239	153,686	54,127	213,052	32.02
43.00 04300	NURSERY	3,314	19,973	20,710	43,997	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	422,605	357,158	288,264	1,068,027	50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02 03340	GASTROINTESTINAL SERVICES	7,189	46,064	9,648	62,901	50.02
50.03 05002	WOUND CARE CENTER	51,499	0	2,118	53,617	50.03
51.00 05100	RECOVERY ROOM	5,440	230,631	37,746	273,817	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,602	116,154	20,015	138,771	52.00
53.00 05300	ANESTHESIOLOGY	56	14,611	21,931	36,598	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,273	350,967	239,715	599,955	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,808	131,576	33,860	167,244	55.00
56.00 05600	RADIOISOTOPE	86	57,027	0	57,113	56.00
58.00 05800	MRI	2,259	92,035	291,231	385,525	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,693	141,673	162,085	305,451	59.00
60.00 06000	LABORATORY	50,721	302,951	82,051	435,723	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,442	13,487	2,208	17,137	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00 06400	INTRAVENOUS THERAPY	126,790	62,370	18,388	207,548	64.00
65.00 06500	RESPIRATORY THERAPY	18,881	62,278	51,701	132,860	65.00
66.00 06600	PHYSICAL THERAPY	2,756	83,117	5,093	90,966	66.00
69.00 06900	ELECTROCARDIOLOGY	7,561	73,241	35,892	116,694	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	108	13,598	12,213	25,919	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.02 07302	INPT RENAL DIALYSIS	1,475	8,199	1,812	11,486	73.02
76.97 07697	CARDIAC REHABILITATION	129	41,273	1,427	42,829	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD	97,105	18,702	46,238	162,045	90.01
91.00 09100	EMERGENCY	9,988	179,611	154,029	343,628	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40 09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	2A
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,031,975	6,823,944	6,968,135	14,824,054	31,106	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	63	35,027	0	35,090	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,009	1,009	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	3,910	318,833	15,747	338,490	33	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers				0		201.00
202.00		TOTAL (sum lines 118-201)	1,035,948	7,177,804	6,984,891	15,198,643	31,139	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 6:21 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACC OUNTS 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	0					5.01
5.02	00550	DATA PROCESSING		0				5.02
5.03	00560	PURCHASING RECEIVING AND STORES			0			5.03
5.04	00570	ADMINING				37,114		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					116,283	5.05
5.06	00591	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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM						23.00
23.01	02301	RADIOLOGY SCHOOL						23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	4,254	13,343	30.00
31.00	03100	INTENSIVE CARE UNIT				833	2,612	31.00
32.02	03202	SURGICAL HEART UNIT				546	1,711	32.02
43.00	04300	NURSERY				234	734	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	3,088	9,684	50.00
50.01	05001	AMBULATORY PRE/POST OP				0	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES				522	1,636	50.02
50.03	05002	WOUND CARE CENTER				165	516	50.03
51.00	05100	RECOVERY ROOM				755	2,369	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				393	1,233	52.00
53.00	05300	ANESTHESIOLOGY				766	2,403	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				3,053	9,576	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				92	289	55.00
56.00	05600	RADIOISOTOPE				259	813	56.00
58.00	05800	MRI				589	1,846	58.00
59.00	05900	CARDIAC CATHETERIZATION				929	2,913	59.00
60.00	06000	LABORATORY				3,720	11,666	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL				252	789	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
64.00	06400	INTRAVENOUS THERAPY				137	431	64.00
65.00	06500	RESPIRATORY THERAPY				1,152	3,615	65.00
66.00	06600	PHYSICAL THERAPY				467	1,466	66.00
69.00	06900	ELECTROCARDIOLOGY				1,182	3,707	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				34	107	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				1,188	3,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				911	2,857	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				7,788	24,308	73.00
73.02	07302	INPT RENAL DIALYSIS				80	249	73.02
76.97	07697	CARDIAC REHABILITATION				12	38	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY				0	0	76.98
76.99	07699	LI THOTRI PSY				0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	442	1,386	90.01
91.00	09100	EMERGENCY	0	0	0	3,271	10,259	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	37,114	116,283	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 6:21 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	37,114	116,283	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 6:21 am		
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	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	5,181,010				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	314,364	0	896,196		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	28,295	0	0	28,363	8.00
9.00	00900	HOUSEKEEPING	93,606	0	33,979	142	369,910
10.00	01000	DIETARY	28,025	0	9,161	0	4,538
11.00	01100	CAFETERIA	76,803	0	37,411	0	18,519
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	80,110	0	7,274	0	1,180
14.00	01400	CENTRAL SERVICES & SUPPLY	57,992	0	44,469	152	944
15.00	01500	PHARMACY	110,897	0	7,891	0	1,478
16.00	01600	MEDICAL RECORDS & LIBRARY	50,466	0	12,553	0	2,369
17.00	01700	SOCIAL SERVICE	11,847	0	5,176	0	586
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	228,833	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	242,307	0	47,879	560	8,507
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	3,282	0	2,950	324	630
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	627,177	0	242,083	10,641	157,670
31.00	03100	INTENSIVE CARE UNIT	165,269	0	22,838	1,709	14,261
32.02	03202	SURGICAL HEART UNIT	110,611	0	22,207	1,087	22,523
43.00	04300	NURSERY	46,754	0	2,886	451	1,172
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	318,379	0	51,607	2,994	29,361
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0
50.02	03340	GASTROINTESTINAL SERVICES	35,010	0	6,656	632	603
50.03	05002	WOUND CARE CENTER	31,265	0	0	268	0
51.00	05100	RECOVERY ROOM	105,073	0	33,324	440	6,750
52.00	05200	DELIVERY ROOM & LABOR ROOM	94,548	0	16,783	843	8,044
53.00	05300	ANESTHESIOLOGY	23,929	0	2,111	0	778
54.00	05400	RADIOLOGY-DIAGNOSTIC	161,736	0	50,712	1,798	16,473
55.00	05500	RADIOLOGY-THERAPEUTIC	20,162	0	19,012	87	6,496
56.00	05600	RADIOISOTOPE	22,747	0	8,240	79	2,369
58.00	05800	MRI	29,202	0	13,298	250	1,976
59.00	05900	CARDIAC CATHETERIZATION	54,211	0	20,471	382	11,419
60.00	06000	LABORATORY	329,999	0	43,774	16	4,197
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	32,711	0	1,949	0	149
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	77,942	0	9,012	64	6,496
65.00	06500	RESPIRATORY THERAPY	61,218	0	8,999	0	2,527
66.00	06600	PHYSICAL THERAPY	84,963	0	12,010	219	1,207
69.00	06900	ELECTROCARDIOLOGY	39,633	0	10,583	330	2,413
70.00	07000	ELECTROENCEPHALOGRAPHY	4,469	0	1,965	0	603
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	295,427	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	121,315	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	501,750	0	0	0	0
73.02	07302	INPT RENAL DIALYSIS	23,443	0	1,185	4	831
76.97	07697	CARDIAC REHABILITATION	6,930	0	5,964	2	603
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	49,720	0	2,702	563	1,163
91.00	09100	EMERGENCY	237,573	0	25,952	4,326	22,978
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,039,993	0	845,066	28,363	361,813

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 6:21 am	
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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,428	0	5,061	0	586	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,240	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	138,349	0	46,069	0	7,511	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,181,010	0	896,196	28,363	369,910	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 6:21 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
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	00591	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	115,497					10.00
11.00	01100	CAFETERIA	0	433,997				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	8,194	0	196,409		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,017	0	0	527,072	14.00
15.00	01500	PHARMACY	0	14,603	0	0	5,755	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,577	0	0	318	16.00
17.00	01700	SOCIAL SERVICE	0	198	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	57,289	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	6,740	0	0	634	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	198	0	0	3,668	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	95,038	107,376	0	67,681	48,145	30.00
31.00	03100	INTENSIVE CARE UNIT	12,345	23,788	0	24,743	16,395	31.00
32.02	03202	SURGICAL HEART UNIT	8,114	15,396	0	14,878	9,001	32.02
43.00	04300	NURSERY	0	5,947	0	7,277	547	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	32,642	0	17,385	74,229	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES	0	3,766	0	3,154	7,765	50.02
50.03	05002	WOUND CARE CENTER	0	132	0	1,132	9,628	50.03
51.00	05100	RECOVERY ROOM	0	14,207	0	12,452	5,987	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,546	0	9,865	7,581	52.00
53.00	05300	ANESTHESIOLOGY	0	1,718	0	0	13,683	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	22,070	0	1,860	12,309	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	859	0	0	488	55.00
56.00	05600	RADIOISOTOPE	0	1,520	0	0	32,911	56.00
58.00	05800	MRI	0	2,114	0	0	2,021	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,617	0	2,102	7,217	59.00
60.00	06000	LABORATORY	0	0	0	0	25,202	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	45	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	3,436	0	6,226	10,478	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,837	0	0	1,529	65.00
66.00	06600	PHYSICAL THERAPY	0	11,828	0	0	1,900	66.00
69.00	06900	ELECTROCARDIOLOGY	0	5,947	0	0	917	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	595	0	0	69	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	99,752	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	81,819	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	532	73.02
76.97	07697	CARDIAC REHABILITATION	0	793	0	809	177	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	7,401	0	970	2,246	90.01
91.00	09100	EMERGENCY	0	37,069	0	25,875	42,986	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	115,497	431,420	0	196,409	525,934	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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

Worksheet B
Part II
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Cost Center Description			DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
			10.00	11.00	12.00	13.00	14.00		
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	3	190.00
190.01	19001	POB RX	0	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	2,577	0	0	0	1,135	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	115,497	433,997	0	196,409	0	527,072	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 6:21 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
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	00591	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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	250,879					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	159,413				16.00
17.00	01700	SOCIAL SERVICE	0	0	53,743			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	200	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	18,274	39,474			30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,577	3,886			31.00
32.02	03202	SURGICAL HEART UNIT	0	2,344	5,423			32.02
43.00	04300	NURSERY	0	1,005	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	13,263	0			50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0			50.01
50.02	03340	GASTROINTESTINAL SERVICES	0	2,240	0			50.02
50.03	05002	WOUND CARE CENTER	0	707	0			50.03
51.00	05100	RECOVERY ROOM	0	3,244	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,689	0			52.00
53.00	05300	ANESTHESIOLOGY	0	3,291	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,115	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	395	0			55.00
56.00	05600	RADIOISOTOPE	0	1,113	0			56.00
58.00	05800	MRI	0	2,528	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,990	0			59.00
60.00	06000	LABORATORY	0	15,977	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,081	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
64.00	06400	INTRAVENOUS THERAPY	0	590	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	4,950	0			65.00
66.00	06600	PHYSICAL THERAPY	0	2,007	0			66.00
69.00	06900	ELECTROCARDIOLOGY	27	5,077	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	147	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,104	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,913	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	250,347	33,449	0			73.00
73.02	07302	INPT RENAL DIALYSIS	0	342	0			73.02
76.97	07697	CARDIAC REHABILITATION	0	52	0			76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	2	1,898	0			90.01
91.00	09100	EMERGENCY	0	14,051	4,960			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	250,576	159,413	53,743	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 6:21 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	POB RX	0	0	0			190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0			190.02
190.03	19003	ARTHRITIS CENTER	0	0	0			190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0			192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0			192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0			192.04
192.05	19205	OTHER NRCC	303	0	0			192.05
192.06	19206	ASBURY STREET SNF	0	0	0			192.06
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)	250,879	159,413	53,743	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 6:21 am

Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 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 00591	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
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	288,867				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		676,394			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			65,161		23.00
23.01 02301	RADIOLOGY SCHOOL				0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				3,324,823	30.00
31.00 03100	INTENSIVE CARE UNIT				508,930	31.00
32.02 03202	SURGICAL HEART UNIT				427,966	32.02
43.00 04300	NURSERY				111,499	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				1,622,865	50.00
50.01 05001	AMBULATORY PRE/POST OP				0	50.01
50.02 03340	GASTROINTESTINAL SERVICES				125,152	50.02
50.03 05002	WOUND CARE CENTER				97,515	50.03
51.00 05100	RECOVERY ROOM				459,413	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				294,234	52.00
53.00 05300	ANESTHESIOLOGY				85,346	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				894,070	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				215,208	55.00
56.00 05600	RADIOISOTOPE				127,273	56.00
58.00 05800	MRI				439,490	58.00
59.00 05900	CARDIAC CATHETERIZATION				415,082	59.00
60.00 06000	LABORATORY				870,274	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				54,113	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	62.30
64.00 06400	INTRAVENOUS THERAPY				323,029	64.00
65.00 06500	RESPIRATORY THERAPY				228,289	65.00
66.00 06600	PHYSICAL THERAPY				207,928	66.00
69.00 06900	ELECTROCARDIOLOGY				186,866	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				33,943	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				405,198	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				128,996	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				899,461	73.00
73.02 07302	INPT RENAL DIALYSIS				38,152	73.02
76.97 07697	CARDIAC REHABILITATION				58,270	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY				0	76.98
76.99 07699	LI THOTRI PSY				0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD				230,988	90.01
91.00 09100	EMERGENCY				774,964	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF				0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY				0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY				0	99.30
99.40 09940	OUTPATIENT SPEECH PATHOLOGY				0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	13,589,337
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				42,168
190.01	19001	POB RX				0
190.02	19002	MOBILE MEDICAL CARE				0
190.03	19003	ARTHRITIS CENTER				0
192.00	19200	PHYSICIANS' PRIVATE OFFICES				2,249
192.02	19202	OUTREACH TRANSPORTATION				0
192.03	19203	SAINT FRANCIS HEALTH CENTER				0
192.04	19204	WOMENS HEALTH CENTER				0
192.05	19205	OTHER NRCC				534,467
192.06	19206	ASBURY STREET SNF				0
200.00		Cross Foot Adjustments	288,867	676,394	65,161	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	288,867	676,394	65,161	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 6:21 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	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	00591	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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	32.02
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	50.02
50.03	05002	WOUND CARE CENTER	0	50.03
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIpsy	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OPD	0	90.01
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	POB RX	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	190.02
190.03	19003	ARTHRITIS CENTER	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	192.04
192.05	19205	OTHER NRCC	0	192.05
192.06	19206	ASBURY STREET SNF	0	192.06
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 6:21 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PT PHONES)	DATA PROCESSING (TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	389,560				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,233,005			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,690	0	53,675,634		4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMINISTRATIVE	1,224	0	750,837	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	6,311	0	0	0	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	37,923	4,601,312	3,081,643	0	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	5,792	486,518	1,590,926	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	116,732	0	8.00
9.00 00900	HOUSEKEEPING	12,763	5,491	1,354,984	0	9.00
10.00 01000	DIETARY	3,441	9,511	189,311	0	10.00
11.00 01100	CAFETERIA	14,052	38,841	773,123	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,732	42,187	1,245,541	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	16,703	49,418	206,766	0	14.00
15.00 01500	PHARMACY	2,964	36,728	1,885,481	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,715	0	159,600	0	16.00
17.00 01700	SOCIAL SERVICE	1,944	0	201,809	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	4,732,863	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,984	33,920	1,312,475	0	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	1,108	19,455	216,402	0	23.00
23.01 02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	90,929	187,677	9,997,727	0	30.00
31.00 03100	INTENSIVE CARE UNIT	8,578	55,525	2,773,680	0	31.00
32.02 03202	SURGICAL HEART UNIT	8,341	56,050	1,850,389	0	32.02
43.00 04300	NURSERY	1,084	21,446	853,071	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	19,384	298,504	3,802,698	0	50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02 03340	GASTROINTESTINAL SERVICES	2,500	9,991	459,946	0	50.02
50.03 05002	WOUND CARE CENTER	0	2,193	146,078	0	50.03
51.00 05100	RECOVERY ROOM	12,517	39,087	1,715,227	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,304	20,726	1,616,890	0	52.00
53.00 05300	ANESTHESIOLOGY	793	22,710	118,360	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,048	248,230	2,437,058	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,141	35,063	144,923	0	55.00
56.00 05600	RADIOISOTOPE	3,095	0	187,845	0	56.00
58.00 05800	MRI	4,995	301,576	243,030	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	7,689	167,842	654,465	0	59.00
60.00 06000	LABORATORY	16,442	84,966	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	732	2,286	0	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00 06400	INTRAVENOUS THERAPY	3,385	19,041	1,152,706	0	64.00
65.00 06500	RESPIRATORY THERAPY	3,380	53,538	1,037,112	0	65.00
66.00 06600	PHYSICAL THERAPY	4,511	5,274	1,543,871	0	66.00
69.00 06900	ELECTROCARDIOLOGY	3,975	37,167	613,033	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	738	12,647	61,163	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.02 07302	INPT RENAL DIALYSIS	445	1,876	0	0	73.02
76.97 07697	CARDIAC REHABILITATION	2,240	1,478	105,111	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD	1,015	47,880	775,105	0	90.01
91.00 09100	EMERGENCY	9,748	159,500	3,510,415	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PT PHONES)	DATA PROCESSING (TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	370,355	7,215,654	53,618,396	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,901	0	0	0	0	190.00
190.01 19001 POB RX	0	0	0	0	0	190.01
190.02 19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03 19003 ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	1,045	0	0	0	192.00
192.02 19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03 19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04 19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05 19205 OTHER NRCC	17,304	16,306	57,238	0	0	192.05
192.06 19206 ASBURY STREET SNF	0	0	0	0	0	192.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	7,177,804	6,984,891	10,121,571	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	18.425413	0.965697	0.188569	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			31,139	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000580	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 6:21 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
		5.03	5.04	5.05	5A.06	5.06	
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	16,361,682				5.03
5.04	00570	ADMITTING	34,409	843,834,058			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	843,834,058		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	40,826	0	0	-43,927,858	127,364,206
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	168,044	0	0	0	7,727,923
8.00	00800	LAUNDRY & LINEN SERVICE	174,896	0	0	0	695,573
9.00	00900	HOUSEKEEPING	133,587	0	0	0	2,301,096
10.00	01000	DIETARY	33,249	0	0	0	688,931
11.00	01100	CAFETERIA	135,811	0	0	0	1,888,034
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	95,625	0	0	0	1,969,324
14.00	01400	CENTRAL SERVICES & SUPPLY	272,666	0	0	0	1,425,599
15.00	01500	PHARMACY	48,322	0	0	0	2,726,154
16.00	01600	MEDICAL RECORDS & LIBRARY	3,264	0	0	0	1,240,597
17.00	01700	SOCIAL SERVICE	0	0	0	0	291,221
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	5,625,334
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,720	0	0	0	5,956,560
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	35,541	0	0	0	80,682
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	622,212	96,686,796	96,686,796	0	15,418,613
31.00	03100	INTENSIVE CARE UNIT	265,813	18,924,056	18,924,056	0	4,062,760
32.00	03202	SURGICAL HEART UNIT	138,215	12,399,673	12,399,673	0	2,719,130
43.00	04300	NURSERY	17,718	5,319,249	5,319,249	0	1,149,347
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,243,029	70,172,689	70,172,689	0	7,826,624
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0
50.02	03340	GASTROINTESTINAL SERVICES	194,547	11,853,141	11,853,141	0	860,647
50.03	05002	WOUND CARE CENTER	158,785	3,739,640	3,739,640	0	768,578
51.00	05100	RECOVERY ROOM	70,543	17,165,933	17,165,933	0	2,582,979
52.00	05200	DELIVERY ROOM & LABOR ROOM	194,168	8,935,179	8,935,179	0	2,324,245
53.00	05300	ANESTHESIOLOGY	304,581	17,414,967	17,414,967	0	588,237
54.00	05400	RADIOLOGY-DIAGNOSTIC	171,604	69,390,735	69,390,735	0	3,975,908
55.00	05500	RADIOLOGY-THERAPEUTIC	8,168	2,091,757	2,091,757	0	495,634
56.00	05600	RADIOISOTOPE	242,174	5,891,067	5,891,067	0	559,183
58.00	05800	MRI	15,912	13,378,109	13,378,109	0	717,871
59.00	05900	CARDIAC CATHETERIZATION	197,922	21,108,531	21,108,531	0	1,332,648
60.00	06000	LABORATORY	193,195	84,535,880	84,535,880	0	8,112,268
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	328	5,717,817	5,717,817	0	804,114
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	106,905	3,121,466	3,121,466	0	1,916,028
65.00	06500	RESPIRATORY THERAPY	14,179	26,192,221	26,192,221	0	1,504,914
66.00	06600	PHYSICAL THERAPY	20,578	10,619,600	10,619,600	0	2,088,628
69.00	06900	ELECTROCARDIOLOGY	9,536	26,864,631	26,864,631	0	974,284
70.00	07000	ELECTROENCEPHALOGRAPHY	6,107	778,752	778,752	0	109,871
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,868,735	27,004,735	27,004,735	0	7,262,396
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,877,306	20,704,394	20,704,394	0	2,982,243
73.00	07300	DRUGS CHARGED TO PATIENTS	596,811	177,357,987	177,357,987	0	12,334,373
73.02	07302	INPT RENAL DIALYSIS	4,486	1,807,270	1,807,270	0	576,283
76.97	07697	CARDIAC REHABILITATION	2,168	274,402	274,402	0	170,362
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	94,714	10,041,796	10,041,796	0	1,222,242
91.00	09100	EMERGENCY	533,819	74,341,585	74,341,585	0	5,840,185
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMINITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
		5.03	5.04	5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,355,218	843,834,058	843,834,058	-43,927,858	123,897,623
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22	0	0	0	35,113
190.01	19001	POB RX	0	0	0	0	0
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	30,488
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0
192.05	19205	OTHER NRCC	6,442	0	0	0	3,400,982
192.06	19206	ASBURY STREET SNF	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	309,525	1,058,923	410,362		43,927,858
203.00		Unit cost multiplier (Wkst. B, Part I)	0.018918	0.001255	0.000486		0.344900
204.00		Cost to be allocated (per Wkst. B, Part II)	0	37,114	116,283		5,181,010
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000044	0.000138		0.040679

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS ((SQUARE FEET))	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	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	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS	0				6.00	
7.00	00700	OPERATION OF PLANT	0	336,620			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	980,913		8.00	
9.00	00900	HOUSEKEEPING	0	12,763	4,901	42,307	9.00	
10.00	01000	DIETARY	0	3,441	0	519	10.00	
11.00	01100	CAFETERIA	0	14,052	0	2,118	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	0	2,732	0	135	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,703	5,266	108	14.00	
15.00	01500	PHARMACY	0	2,964	0	169	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,715	0	271	16.00	
17.00	01700	SOCIAL SERVICE	0	1,944	0	67	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	17,984	19,351	973	22.00	
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	1,108	11,220	72	23.00	
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	90,929	367,984	18,033	76,225	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,578	59,090	1,631	9,901	31.00
32.02	03202	SURGICAL HEART UNIT	0	8,341	37,590	2,576	6,508	32.02
43.00	04300	NURSERY	0	1,084	15,607	134	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	19,384	103,555	3,358	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	2,500	21,845	69	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	9,257	0	0	50.03
51.00	05100	RECOVERY ROOM	0	12,517	15,234	772	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,304	29,170	920	0	52.00
53.00	05300	ANESTHESIOLOGY	0	793	0	89	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,048	62,173	1,884	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,141	3,014	743	0	55.00
56.00	05600	RADIOISOTOPE	0	3,095	2,744	271	0	56.00
58.00	05800	MRI	0	4,995	8,658	226	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,689	13,203	1,306	0	59.00
60.00	06000	LABORATORY	0	16,442	537	480	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	732	0	17	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	3,385	2,225	743	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,380	0	289	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,511	7,568	138	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,975	11,427	276	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	738	0	69	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	445	146	95	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	2,240	67	69	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	1,015	19,468	133	0	90.01
91.00	09100	EMERGENCY	0	9,748	149,613	2,628	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS ((SQUARE FEET))	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	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	317,415	980,913	41,381	92,634	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,901	0	67	0	190.00
190.01	19001 POB RX	0	0	0	0	0	190.01
190.02	19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003 ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205 OTHER NRCC	0	17,304	0	859	0	192.05
192.06	19206 ASBURY STREET SNF	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	10,393,284	935,476	3,493,481	1,075,641	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	30.875420	0.953679	82.574538	11.611730	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	896,196	28,363	369,910	115,497	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	2.662337	0.028915	8.743470	1.246810	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		CAFETERIA (FTES SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED))	NURSING ADMINISTRATION (DIRECT NRSG FTES))	CENTRAL SERVICES & SUPPLY (COSTED REQUIS))	PHARMACY (COSTED REQUIS))	
		11.00	12.00	13.00	14.00	15.00	
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	00591						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	6,568					11.00
12.00	01200	0	0				12.00
13.00	01300	124	0	2,429			13.00
14.00	01400	197	0	0	3,844,635		14.00
15.00	01500	221	0	0	41,979	11,273,253	15.00
16.00	01600	39	0	0	2,321	0	16.00
17.00	01700	3	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	867	0	0	0	0	21.00
22.00	02200	102	0	0	4,626	0	22.00
23.00	02300	3	0	0	26,758	8,967	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,625	0	837	351,183	0	30.00
31.00	03100	360	0	306	119,590	0	31.00
32.02	03202	233	0	184	65,659	0	32.02
43.00	04300	90	0	90	3,993	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	494	0	215	541,450	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	03340	57	0	39	56,640	0	50.02
50.03	05002	2	0	14	70,227	0	50.03
51.00	05100	215	0	154	43,671	0	51.00
52.00	05200	205	0	122	55,297	0	52.00
53.00	05300	26	0	0	99,807	0	53.00
54.00	05400	334	0	23	89,785	0	54.00
55.00	05500	13	0	0	3,559	0	55.00
56.00	05600	23	0	0	240,062	0	56.00
58.00	05800	32	0	0	14,740	0	58.00
59.00	05900	85	0	26	52,644	0	59.00
60.00	06000	0	0	0	183,832	0	60.00
62.00	06200	0	0	0	328	0	62.00
62.30	06250	0	0	0	0	0	62.30
64.00	06400	52	0	77	76,433	0	64.00
65.00	06500	164	0	0	11,153	0	65.00
66.00	06600	179	0	0	13,856	0	66.00
69.00	06900	90	0	0	6,690	1,209	69.00
70.00	07000	9	0	0	503	0	70.00
71.00	07100	0	0	0	727,632	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	596,811	11,249,369	73.00
73.02	07302	0	0	0	3,879	0	73.02
76.97	07697	12	0	10	1,293	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	112	0	12	16,383	79	90.01
91.00	09100	561	0	320	313,550	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 6:21 am

Cost Center Description		CAFETERIA (FTES SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED))	NURSING ADMINISTRATION (DIRECT NRSG FTES))	CENTRAL SERVICES & SUPPLY (COSTED REQUIS))	PHARMACY (COSTED REQUIS))	
		11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,529	0	2,429	3,836,334	11,259,624
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	22	0
190.01	19001	POB RX	0	0	0	0	0
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0
192.05	19205	OTHER NRCC	39	0	0	8,279	13,629
192.06	19206	ASBURY STREET SNF	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	3,147,971	0	2,803,476	2,541,360	3,905,547
203.00		Unit cost multiplier (Wkst. B, Part I)	479.289129	0.000000	1,154.168794	0.661015	0.346444
204.00		Cost to be allocated (per Wkst. B, Part II)	433,997	0	196,409	527,072	250,879
205.00		Unit cost multiplier (Wkst. B, Part II)	66.077497	0.000000	80.860025	0.137093	0.022254

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 6:21 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV ((ASSIGNED TIME))	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 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 00591 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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	843,834,058					16.00
17.00 01700 SOCIAL SERVICE	0	10,000				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			36,663	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM	0	0				23.00
23.01 02301 RADIOLOGY SCHOOL	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	96,686,796	7,345	0	0	14,224	30.00
31.00 03100 INTENSIVE CARE UNIT	18,924,056	723	0	0	2,918	31.00
32.02 03202 SURGICAL HEART UNIT	12,399,673	1,009	0	0	0	32.02
43.00 04300 NURSERY	5,319,249	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	70,172,689	0	0	0	2,519	50.00
50.01 05001 AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02 03340 GASTROINTESTINAL SERVICES	11,853,141	0	0	0	674	50.02
50.03 05002 WOUND CARE CENTER	3,739,640	0	0	0	0	50.03
51.00 05100 RECOVERY ROOM	17,165,933	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	8,935,179	0	0	0	1,907	52.00
53.00 05300 ANESTHESIOLOGY	17,414,967	0	0	0	649	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	69,390,735	0	0	0	3,358	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,091,757	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	5,891,067	0	0	0	143	56.00
58.00 05800 MRI	13,378,109	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	21,108,531	0	0	0	1,034	59.00
60.00 06000 LABORATORY	84,535,880	0	0	0	630	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	5,717,817	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 06400 INTRAVENOUS THERAPY	3,121,466	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	26,192,221	0	0	0	785	65.00
66.00 06600 PHYSICAL THERAPY	10,619,600	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	26,864,631	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	778,752	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	27,004,735	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	20,704,394	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	177,357,987	0	0	0	0	73.00
73.02 07302 INPT RENAL DIALYSIS	1,807,270	0	0	0	0	73.02
76.97 07697 CARDIAC REHABILITATION	274,402	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OPD	10,041,796	0	0	0	255	90.01
91.00 09100 EMERGENCY	74,341,585	923	0	0	4,489	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 6:21 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV ((ASSIGNED TIME))	
		16.00	17.00	19.00	20.00	21.00	
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	843,834,058	10,000	0	0	33,585	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 POB RX	0	0	0	0	0	190.01
190.02	19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003 ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,663	192.00
192.02	19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205 OTHER NRCC	0	0	0	0	1,415	192.05
192.06	19206 ASBURY STREET SNF	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,856,661	458,655	0	0	7,981,056	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002200	45.865500	0.000000	0.000000	217.686932	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	159,413	53,743	0	0	288,867	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000189	5.374300	0.000000	0.000000	7.878979	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))		
	SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))				
	22.00	23.00	23.01		
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 00591	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
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	36,663			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM		1,000		23.00
23.01 02301	RADIOLOGY SCHOOL			0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	14,224	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	2,918	0	0	31.00
32.02 03202	SURGICAL HEART UNIT	0	0	0	32.02
43.00 04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	2,519	0	0	50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	0	50.01
50.02 03340	GASTROINTESTINAL SERVICES	674	0	0	50.02
50.03 05002	WOUND CARE CENTER	0	0	0	50.03
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,907	0	0	52.00
53.00 05300	ANESTHESIOLOGY	649	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,358	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	143	0	0	56.00
58.00 05800	MRI	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,034	0	0	59.00
60.00 06000	LABORATORY	630	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	785	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
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 PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.02 07302	INPT RENAL DIALYSIS	0	0	0	73.02
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 09001	OPD	255	0	0	90.01
91.00 09100	EMERGENCY	4,489	1,000	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910	CORF	0	0	0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 6:21 am

Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
	SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))			
	22.00	23.00	23.01	
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE				113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	33,585	1,000	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01 19001 POB RX	0	0	0	190.01
190.02 19002 MOBILE MEDICAL CARE	0	0	0	190.02
190.03 19003 ARTHRITIS CENTER	0	0	0	190.03
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,663	0	0	192.00
192.02 19202 OUTREACH TRANSPORTATION	0	0	0	192.02
192.03 19203 SAINT FRANCIS HEALTH CENTER	0	0	0	192.03
192.04 19204 WOMENS HEALTH CENTER	0	0	0	192.04
192.05 19205 OTHER NRCC	1,415	0	0	192.05
192.06 19206 ASBURY STREET SNF	0	0	0	192.06
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	8,716,987	181,596	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	237.759785	181.596000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	676,394	65,161	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	18.448954	65.161000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 6:21 am
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		28,795,626	0	28,795,626
31.00	03100 INTENSIVE CARE UNIT		6,714,420	0	6,714,420
32.02	03202 SURGICAL HEART UNIT		4,679,620	0	4,679,620
43.00	04300 NURSERY		1,766,527	0	1,766,527
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		12,497,761	0	12,497,761
50.01	05001 AMBULATORY PRE/POST OP		0	0	0
50.02	03340 GASTROINTESTINAL SERVICES		1,397,053	0	1,397,053
50.03	05002 WOUND CARE CENTER		1,114,254	0	1,114,254
51.00	05100 RECOVERY ROOM		4,286,013	0	4,286,013
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,719,576	0	3,719,576
53.00	05300 ANESTHESIOLOGY		939,702	0	939,702
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,548,815	0	6,548,815
55.00	05500 RADIOLOGY-THERAPEUTIC		964,472	0	964,472
56.00	05600 RADIOISOTOPE		1,055,268	0	1,055,268
58.00	05800 MRI		1,201,119	0	1,201,119
59.00	05900 CARDIAC CATHETERIZATION		2,302,097	0	2,302,097
60.00	06000 LABORATORY		11,765,486	0	11,765,486
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		1,118,254	0	1,118,254
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0
64.00	06400 INTRAVENOUS THERAPY		2,916,038	0	2,916,038
65.00	06500 RESPIRATORY THERAPY	0	2,295,780	0	2,295,780
66.00	06600 PHYSICAL THERAPY	0	3,085,202	0	3,085,202
69.00	06900 ELECTROCARDIOLOGY		1,573,813	0	1,573,813
70.00	07000 ELECTROENCEPHALOGRAPHY		182,609	0	182,609
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10,307,581	0	10,307,581
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		4,056,369	0	4,056,369
73.00	07300 DRUGS CHARGED TO PATIENTS		21,270,686	0	21,270,686
73.02	07302 INPT RENAL DIALYSIS		803,307	0	803,307
76.97	07697 CARDIAC REHABILITATION		322,795	0	322,795
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0
76.99	07699 LI THOTRI PSY		0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OPD		1,805,158	0	1,805,158
91.00	09100 EMERGENCY		9,748,085	0	9,748,085
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		5,107,885	0	5,107,885
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF	0	0	0	0
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)	0	154,341,371	0	154,341,371
201.00	Less Observation Beds		5,107,885		5,107,885
202.00	Total (see instructions)	0	149,233,486	0	149,233,486

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/24/2017 6:21 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	79,727,446		79,727,446				30.00
31.00	03100	INTENSIVE CARE UNIT	18,924,056		18,924,056				31.00
32.02	03202	SURGICAL HEART UNIT	12,399,673		12,399,673				32.02
43.00	04300	NURSERY	5,319,249		5,319,249				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	37,669,507	32,503,182	70,172,689	0.178100	0.000000		50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0.000000	0.000000		50.01
50.02	03340	GASTRO INTESTINAL SERVICES	2,242,541	9,610,600	11,853,141	0.117864	0.000000		50.02
50.03	05002	WOUND CARE CENTER	31,922	3,707,718	3,739,640	0.297958	0.000000		50.03
51.00	05100	RECOVERY ROOM	5,949,961	11,215,972	17,165,933	0.249681	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,282,420	652,759	8,935,179	0.416284	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	8,579,122	8,835,845	17,414,967	0.053959	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,712,375	41,678,360	69,390,735	0.094376	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	116,777	1,974,980	2,091,757	0.461082	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,675,973	4,215,094	5,891,067	0.179130	0.000000		56.00
58.00	05800	MRI	3,453,517	9,924,592	13,378,109	0.089782	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	10,771,250	10,337,281	21,108,531	0.109060	0.000000		59.00
60.00	06000	LABORATORY	51,781,510	32,754,370	84,535,880	0.139177	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,630,398	2,087,419	5,717,817	0.195574	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
64.00	06400	INTRAVENOUS THERAPY	11,524	3,109,942	3,121,466	0.934189	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	24,442,746	1,749,475	26,192,221	0.087651	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,473,475	5,146,125	10,619,600	0.290520	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	13,399,252	13,465,379	26,864,631	0.058583	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	253,363	525,389	778,752	0.234489	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,959,445	9,045,290	27,004,735	0.381695	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,661,684	7,042,710	20,704,394	0.195918	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,334,049	109,023,938	177,357,987	0.119931	0.000000		73.00
73.02	07302	INPT RENAL DIALYSIS	1,729,143	78,127	1,807,270	0.444486	0.000000		73.02
76.97	07697	CARDIAC REHABILITATION	1,272	273,130	274,402	1.176358	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD	29,540	10,012,256	10,041,796	0.179764	0.000000		90.01
91.00	09100	EMERGENCY	21,864,502	52,477,083	74,341,585	0.131126	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,373,486	14,585,864	16,959,350	0.301184	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0				99.40
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	447,801,178	396,032,880	843,834,058				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	447,801,178	396,032,880	843,834,058				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 6:21 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.02	03202 SURGICAL HEART UNIT			32.02
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.178100		50.00
50.01	05001 AMBULATORY PRE/POST OP	0.000000		50.01
50.02	03340 GASTRO INTESTINAL SERVICES	0.117864		50.02
50.03	05002 WOUND CARE CENTER	0.297958		50.03
51.00	05100 RECOVERY ROOM	0.249681		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.416284		52.00
53.00	05300 ANESTHESIOLOGY	0.053959		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.094376		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.461082		55.00
56.00	05600 RADIOISOTOPE	0.179130		56.00
58.00	05800 MRI	0.089782		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.109060		59.00
60.00	06000 LABORATORY	0.139177		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.195574		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00	06400 INTRAVENOUS THERAPY	0.934189		64.00
65.00	06500 RESPIRATORY THERAPY	0.087651		65.00
66.00	06600 PHYSICAL THERAPY	0.290520		66.00
69.00	06900 ELECTROCARDIOLOGY	0.058583		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.234489		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.381695		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.195918		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.119931		73.00
73.02	07302 INPT RENAL DIALYSIS	0.444486		73.02
76.97	07697 CARDIAC REHABILITATION	1.176358		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.01	09001 OPD	0.179764		90.01
91.00	09100 EMERGENCY	0.131126		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.301184		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY			99.40
	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: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 6:21 am
			Title XIX	Hospital	Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		28,795,626	0	28,795,626
31.00	03100 INTENSIVE CARE UNIT		6,714,420	0	6,714,420
32.02	03202 SURGICAL HEART UNIT		4,679,620	0	4,679,620
43.00	04300 NURSERY		1,766,527	0	1,766,527
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		12,497,761	0	12,497,761
50.01	05001 AMBULATORY PRE/POST OP		0	0	0
50.02	03340 GASTROINTESTINAL SERVICES		1,397,053	0	1,397,053
50.03	05002 WOUND CARE CENTER		1,114,254	0	1,114,254
51.00	05100 RECOVERY ROOM		4,286,013	0	4,286,013
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,719,576	0	3,719,576
53.00	05300 ANESTHESIOLOGY		939,702	0	939,702
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,548,815	0	6,548,815
55.00	05500 RADIOLOGY-THERAPEUTIC		964,472	0	964,472
56.00	05600 RADIOISOTOPE		1,055,268	0	1,055,268
58.00	05800 MRI		1,201,119	0	1,201,119
59.00	05900 CARDIAC CATHETERIZATION		2,302,097	0	2,302,097
60.00	06000 LABORATORY		11,765,486	0	11,765,486
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		1,118,254	0	1,118,254
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0
64.00	06400 INTRAVENOUS THERAPY		2,916,038	0	2,916,038
65.00	06500 RESPIRATORY THERAPY	0	2,295,780	0	2,295,780
66.00	06600 PHYSICAL THERAPY	0	3,085,202	0	3,085,202
69.00	06900 ELECTROCARDIOLOGY		1,573,813	0	1,573,813
70.00	07000 ELECTROENCEPHALOGRAPHY		182,609	0	182,609
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10,307,581	0	10,307,581
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		4,056,369	0	4,056,369
73.00	07300 DRUGS CHARGED TO PATIENTS		21,270,686	0	21,270,686
73.02	07302 INPT RENAL DIALYSIS		803,307	0	803,307
76.97	07697 CARDIAC REHABILITATION		322,795	0	322,795
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0
76.99	07699 LI THOTRI PSY		0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OPD		1,805,158	0	1,805,158
91.00	09100 EMERGENCY		9,748,085	0	9,748,085
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		5,107,885	0	5,107,885
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF	0	0	0	0
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)		154,341,371	0	154,341,371
201.00	Less Observation Beds		5,107,885		5,107,885
202.00	Total (see instructions)		149,233,486	0	149,233,486

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/24/2017 6:21 am		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	79,727,446		79,727,446				30.00
31.00	03100	INTENSIVE CARE UNIT	18,924,056		18,924,056				31.00
32.02	03202	SURGICAL HEART UNIT	12,399,673		12,399,673				32.02
43.00	04300	NURSERY	5,319,249		5,319,249				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	37,669,507	32,503,182	70,172,689	0.178100	0.000000		50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0.000000	0.000000		50.01
50.02	03340	GASTRO INTESTINAL SERVICES	2,242,541	9,610,600	11,853,141	0.117864	0.000000		50.02
50.03	05002	WOUND CARE CENTER	31,922	3,707,718	3,739,640	0.297958	0.000000		50.03
51.00	05100	RECOVERY ROOM	5,949,961	11,215,972	17,165,933	0.249681	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,282,420	652,759	8,935,179	0.416284	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	8,579,122	8,835,845	17,414,967	0.053959	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,712,375	41,678,360	69,390,735	0.094376	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	116,777	1,974,980	2,091,757	0.461082	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,675,973	4,215,094	5,891,067	0.179130	0.000000		56.00
58.00	05800	MRI	3,453,517	9,924,592	13,378,109	0.089782	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	10,771,250	10,337,281	21,108,531	0.109060	0.000000		59.00
60.00	06000	LABORATORY	51,781,510	32,754,370	84,535,880	0.139177	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,630,398	2,087,419	5,717,817	0.195574	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
64.00	06400	INTRAVENOUS THERAPY	11,524	3,109,942	3,121,466	0.934189	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	24,442,746	1,749,475	26,192,221	0.087651	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,473,475	5,146,125	10,619,600	0.290520	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	13,399,252	13,465,379	26,864,631	0.058583	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	253,363	525,389	778,752	0.234489	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,959,445	9,045,290	27,004,735	0.381695	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,661,684	7,042,710	20,704,394	0.195918	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,334,049	109,023,938	177,357,987	0.119931	0.000000		73.00
73.02	07302	INPT RENAL DIALYSIS	1,729,143	78,127	1,807,270	0.444486	0.000000		73.02
76.97	07697	CARDIAC REHABILITATION	1,272	273,130	274,402	1.176358	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD	29,540	10,012,256	10,041,796	0.179764	0.000000		90.01
91.00	09100	EMERGENCY	21,864,502	52,477,083	74,341,585	0.131126	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,373,486	14,585,864	16,959,350	0.301184	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0				99.40
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	447,801,178	396,032,880	843,834,058				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	447,801,178	396,032,880	843,834,058				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 6:21 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.02	03202	SURGICAL HEART UNIT			32.02
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000		50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.000000		50.02
50.03	05002	WOUND CARE CENTER	0.000000		50.03
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.02	07302	INPT RENAL DIALYSIS	0.000000		73.02
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/24/2017 6:21 am
Title XVIII			Hospital	PPS

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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,324,823	0	3,324,823	29,608	112.29	30.00
31.00	INTENSIVE CARE UNIT	508,930		508,930	3,813	133.47	31.00
32.02	SURGICAL HEART UNIT	427,966		427,966	2,469	173.34	32.02
43.00	NURSERY	111,499		111,499	2,316	48.14	43.00
200.00	Total (lines 30-199)	4,373,218		4,373,218	38,206		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	9,910	1,112,794				
31.00	INTENSIVE CARE UNIT	1,552	207,145				
32.02	SURGICAL HEART UNIT	1,052	182,354				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	12,514	1,502,293				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/24/2017 6:21 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,622,865	70,172,689	0.023127	12,964,374	299,827	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0.000000	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	125,152	11,853,141	0.010559	961,741	10,155	50.02
50.03	05002	WOUND CARE CENTER	97,515	3,739,640	0.026076	20,479	534	50.03
51.00	05100	RECOVERY ROOM	459,413	17,165,933	0.026763	1,959,305	52,437	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	294,234	8,935,179	0.032930	14,428	475	52.00
53.00	05300	ANESTHESIOLOGY	85,346	17,414,967	0.004901	2,766,475	13,558	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	894,070	69,390,735	0.012885	11,932,920	153,756	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	215,208	2,091,757	0.102884	42,009	4,322	55.00
56.00	05600	RADIOISOTOPE	127,273	5,891,067	0.021604	755,147	16,314	56.00
58.00	05800	MRI	439,490	13,378,109	0.032851	1,421,605	46,701	58.00
59.00	05900	CARDIAC CATHETERIZATION	415,082	21,108,531	0.019664	4,806,559	94,516	59.00
60.00	06000	LABORATORY	870,274	84,535,880	0.010295	22,345,414	230,046	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	54,113	5,717,817	0.009464	1,381,273	13,072	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	323,029	3,121,466	0.103486	6,502	673	64.00
65.00	06500	RESPIRATORY THERAPY	228,289	26,192,221	0.008716	10,484,664	91,384	65.00
66.00	06600	PHYSICAL THERAPY	207,928	10,619,600	0.019580	2,643,049	51,751	66.00
69.00	06900	ELECTROCARDIOLOGY	186,866	26,864,631	0.006956	6,207,005	43,176	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	33,943	778,752	0.043586	124,500	5,426	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	405,198	27,004,735	0.015005	7,199,324	108,026	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	128,996	20,704,394	0.006230	5,765,522	35,919	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	899,461	177,357,987	0.005071	27,829,633	141,124	73.00
73.02	07302	INPT RENAL DIALYSIS	38,152	1,807,270	0.021110	886,657	18,717	73.02
76.97	07697	CARDIAC REHABILITATION	58,270	274,402	0.212353	636	135	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	230,988	10,041,796	0.023003	405	9	90.01
91.00	09100	EMERGENCY	774,964	74,341,585	0.010424	9,247,466	96,396	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	589,772	16,959,350	0.034776	955,339	33,223	92.00
200.00		Total (lines 50-199)	9,805,891	727,463,634		132,722,431	1,561,672	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/24/2017 6:21 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	0	32.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,608	0.00	9,910	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,813	0.00	1,552	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	2,469	0.00	1,052	0	0	32.02
43.00	04300	NURSERY	2,316	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	38,206		12,514	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:21 am
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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	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	181,596	0	181,596	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	181,596	0	181,596	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:21 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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	70,172,689	0.000000	0.000000	12,964,374	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0.000000	0.000000	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	11,853,141	0.000000	0.000000	961,741	50.02
50.03	05002	WOUND CARE CENTER	0	3,739,640	0.000000	0.000000	20,479	50.03
51.00	05100	RECOVERY ROOM	0	17,165,933	0.000000	0.000000	1,959,305	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,935,179	0.000000	0.000000	14,428	52.00
53.00	05300	ANESTHESIOLOGY	0	17,414,967	0.000000	0.000000	2,766,475	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	69,390,735	0.000000	0.000000	11,932,920	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,091,757	0.000000	0.000000	42,009	55.00
56.00	05600	RADIOISOTOPE	0	5,891,067	0.000000	0.000000	755,147	56.00
58.00	05800	MRI	0	13,378,109	0.000000	0.000000	1,421,605	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,108,531	0.000000	0.000000	4,806,559	59.00
60.00	06000	LABORATORY	0	84,535,880	0.000000	0.000000	22,345,414	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	5,717,817	0.000000	0.000000	1,381,273	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	3,121,466	0.000000	0.000000	6,502	64.00
65.00	06500	RESPIRATORY THERAPY	0	26,192,221	0.000000	0.000000	10,484,664	65.00
66.00	06600	PHYSICAL THERAPY	0	10,619,600	0.000000	0.000000	2,643,049	66.00
69.00	06900	ELECTROCARDIOLOGY	0	26,864,631	0.000000	0.000000	6,207,005	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	778,752	0.000000	0.000000	124,500	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,004,735	0.000000	0.000000	7,199,324	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,704,394	0.000000	0.000000	5,765,522	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	177,357,987	0.000000	0.000000	27,829,633	73.00
73.02	07302	INPT RENAL DIALYSIS	0	1,807,270	0.000000	0.000000	886,657	73.02
76.97	07697	CARDIAC REHABILITATION	0	274,402	0.000000	0.000000	636	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	10,041,796	0.000000	0.000000	405	90.01
91.00	09100	EMERGENCY	181,596	74,341,585	0.002443	0.002443	9,247,466	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,959,350	0.000000	0.000000	955,339	92.00
200.00		Total (lines 50-199)	181,596	727,463,634			132,722,431	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:21 am
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	7,726,128	0	50.00
50.01	05001 AMBULATORY PRE/POST OP	0	0	0	50.01
50.02	03340 GASTRO INTESTINAL SERVICES	0	2,941,444	0	50.02
50.03	05002 WOUND CARE CENTER	0	1,594,412	0	50.03
51.00	05100 RECOVERY ROOM	0	2,538,512	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	714	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,227,878	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,699,286	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	658,979	0	55.00
56.00	05600 RADIOISOTOPE	0	1,506,141	0	56.00
58.00	05800 MRI	0	2,957,327	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,847,166	0	59.00
60.00	06000 LABORATORY	0	6,720,770	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,044,621	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	0	1,517,175	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	425,265	0	65.00
66.00	06600 PHYSICAL THERAPY	0	165,790	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	4,655,265	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	133,114	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,157,144	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,783,364	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	34,852,338	0	73.00
73.02	07302 INPT RENAL DIALYSIS	0	32,405	0	73.02
76.97	07697 CARDIAC REHABILITATION	0	114,580	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OPD	0	631,096	0	90.01
91.00	09100 EMERGENCY	22,592	8,064,070	19,701	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,916,363	0	92.00
200.00	Total (lines 50-199)	22,592	105,911,347	19,701	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 6:21 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.178100	7,726,128	0	0	1,376,023	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.117864	2,941,444	0	0	346,690	50.02
50.03	05002	WOUND CARE CENTER	0.297958	1,594,412	0	0	475,068	50.03
51.00	05100	RECOVERY ROOM	0.249681	2,538,512	0	0	633,818	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.416284	714	0	0	297	52.00
53.00	05300	ANESTHESIOLOGY	0.053959	2,227,878	0	0	120,214	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.094376	11,699,286	0	0	1,104,132	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.461082	658,979	0	0	303,843	55.00
56.00	05600	RADIOISOTOPE	0.179130	1,506,141	0	0	269,795	56.00
58.00	05800	MRI	0.089782	2,957,327	0	0	265,515	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.109060	4,847,166	0	0	528,632	59.00
60.00	06000	LABORATORY	0.139177	6,720,770	1,171	0	935,377	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.195574	1,044,621	0	0	204,301	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.934189	1,517,175	0	0	1,417,328	64.00
65.00	06500	RESPIRATORY THERAPY	0.087651	425,265	0	0	37,275	65.00
66.00	06600	PHYSICAL THERAPY	0.290520	165,790	0	0	48,165	66.00
69.00	06900	ELECTROCARDIOLOGY	0.058583	4,655,265	0	0	272,719	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234489	133,114	0	0	31,214	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.381695	2,157,144	0	0	823,371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.195918	2,783,364	0	0	545,311	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119931	34,852,338	0	161,722	4,179,876	73.00
73.02	07302	INPT RENAL DIALYSIS	0.444486	32,405	0	0	14,404	73.02
76.97	07697	CARDIAC REHABILITATION	1.176358	114,580	0	0	134,787	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0.179764	631,096	0	0	113,448	90.01
91.00	09100	EMERGENCY	0.131126	8,064,070	88	0	1,057,409	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.301184	3,916,363	0	0	1,179,546	92.00
200.00		Subtotal (see instructions)		105,911,347	1,259	161,722	16,418,558	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		105,911,347	1,259	161,722	16,418,558	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 6:21 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 AMBULATORY PRE/POST OP	0	0		50.01
50.02 03340 GASTRO INTESTINAL SERVICES	0	0		50.02
50.03 05002 WOUND CARE CENTER	0	0		50.03
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
56.00 05600 RADIOISOTOPE	0	0		56.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	163	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	19,395		73.00
73.02 07302 INPT RENAL DIALYSIS	0	0		73.02
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 OPD	0	0		90.01
91.00 09100 EMERGENCY	12	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	175	19,395		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	175	19,395		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:21 am
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Cost Center Description	Title XIX				Hospital	Cost	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
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	181,596	0	181,596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	181,596	0	181,596	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:21 am
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Cost Center Description		Title XIX			Hospital		Cost	
		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	70,172,689	0.000000	0.000000	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0.000000	0.000000	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	11,853,141	0.000000	0.000000	0	50.02
50.03	05002	WOUND CARE CENTER	0	3,739,640	0.000000	0.000000	0	50.03
51.00	05100	RECOVERY ROOM	0	17,165,933	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,935,179	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	17,414,967	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	69,390,735	0.000000	0.000000	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,091,757	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	5,891,067	0.000000	0.000000	0	56.00
58.00	05800	MRI	0	13,378,109	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,108,531	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	84,535,880	0.000000	0.000000	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	5,717,817	0.000000	0.000000	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	3,121,466	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	26,192,221	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,619,600	0.000000	0.000000	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	26,864,631	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	778,752	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,004,735	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,704,394	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	177,357,987	0.000000	0.000000	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	1,807,270	0.000000	0.000000	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	274,402	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	10,041,796	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	181,596	74,341,585	0.002443	0.002443	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,959,350	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	181,596	727,463,634			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:21 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	05001 AMBULATORY PRE/POST OP	0	0	0		50.01
50.02	03340 GASTRO INTESTINAL SERVICES	0	0	0		50.02
50.03	05002 WOUND CARE CENTER	0	0	0		50.03
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
56.00	05600 RADIOISOTOPE	0	0	0		56.00
58.00	05800 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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
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
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 PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
73.02	07302 INPT RENAL DIALYSIS	0	0	0		73.02
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 OPD	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 6:21 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,608	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,608	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.		23,736	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		620	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9,910	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)		28,795,626	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)		28,795,626	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		78,956,269	28.00
29.00	Private room charges (excluding swing-bed charges)		77,155,541	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,800,728	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.364703	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		3,250.57	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,904.40	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		346.17	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		126.25	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		2,996,670	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		25,798,956	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)		972.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,638,070	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)		9,638,070	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,714,420	3,813	1,760.93	1,552	2,732,963	43.00
44.00	CORONARY CARE UNIT						44.00
44.02	SURGICAL HEART UNIT	4,679,620	2,469	1,895.35	1,052	1,993,908	44.02
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)					19,581,801	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					33,946,742	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,502,293	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,584,264	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,086,557	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,860,185	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,252	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					972.56	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,107,885	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 6:21 am	
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	3,324,823	28,795,626	0.115463	5,107,885	589,772	90.00
91.00	Nursing School cost	0	28,795,626	0.000000	5,107,885	0	91.00
92.00	Allied health cost	0	28,795,626	0.000000	5,107,885	0	92.00
93.00	All other Medical Education	0	28,795,626	0.000000	5,107,885	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 6:21 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			29,608 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			29,608 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.			24,780 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			-424 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)			1,596 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,316 15.00
16.00	Nursery days (title V or XIX only)			1,757 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)			28,795,626 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)			28,795,626 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)			28,795,626 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)			972.56 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,552,206 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)			1,552,206 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XIX		Hospital		Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,766,527	2,316	762.75	1,757	1,340,152	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,714,420	3,813	1,760.93	262	461,364	43.00
44.00	CORONARY CARE UNIT						44.00
44.02	SURGICAL HEART UNIT	4,679,620	2,469	1,895.35	128	242,605	44.02
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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,596,327	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,252	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					972.56	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,107,885	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 6:21 am	
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	3,324,823	28,795,626	0.115463	5,107,885	589,772	90.00
91.00	Nursing School cost	0	28,795,626	0.000000	5,107,885	0	91.00
92.00	Allied health cost	0	28,795,626	0.000000	5,107,885	0	92.00
93.00	All other Medical Education	0	28,795,626	0.000000	5,107,885	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 6:21 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		34,597,163	30.00
31.00	03100	INTENSIVE CARE UNIT		7,622,259	31.00
32.02	03202	SURGICAL HEART UNIT		5,246,124	32.02
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.178100	12,964,374	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.117864	961,741	50.02
50.03	05002	WOUND CARE CENTER	0.297958	20,479	50.03
51.00	05100	RECOVERY ROOM	0.249681	1,959,305	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.416284	14,428	52.00
53.00	05300	ANESTHESIOLOGY	0.053959	2,766,475	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.094376	11,932,920	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.461082	42,009	55.00
56.00	05600	RADIOISOTOPE	0.179130	755,147	56.00
58.00	05800	MRI	0.089782	1,421,605	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.109060	4,806,559	59.00
60.00	06000	LABORATORY	0.139177	22,345,414	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.195574	1,381,273	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.934189	6,502	64.00
65.00	06500	RESPIRATORY THERAPY	0.087651	10,484,664	65.00
66.00	06600	PHYSICAL THERAPY	0.290520	2,643,049	66.00
69.00	06900	ELECTROCARDIOLOGY	0.058583	6,207,005	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234489	124,500	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.381695	7,199,324	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.195918	5,765,522	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119931	27,829,633	73.00
73.02	07302	INPT RENAL DIALYSIS	0.444486	886,657	73.02
76.97	07697	CARDIAC REHABILITATION	1.176358	636	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0.179764	405	90.01
91.00	09100	EMERGENCY	0.131126	9,247,466	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.301184	955,339	92.00
200.00		Total (sum of lines 50-94 and 96-98)		132,722,431	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)		132,722,431	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 6:21 am
		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)		18,297,211	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,349,299	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)		254,860	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		6,083,328	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		180.65	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)		100.42	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		12.07	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)		9.31	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.		0.72	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).		-6.00	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)		96.46	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		96.12	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)		96.12	12.00
13.00	Total allowable FTE count for the prior year.		95.23	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.		95.06	14.00
15.00	Sum of lines 12 through 14 divided by 3.		95.47	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		95.47	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.528480	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.520411	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.520411	21.00
22.00	IME payment adjustment (see instructions)		6,153,272	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,518,770	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)		-0.34	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		6,153,272	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,518,770	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.33	30.00
31.00	Percentage of Medicaid patient days (see instructions)		32.82	31.00
32.00	Sum of lines 30 and 31		41.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)		23.16	33.00
34.00	Disproportionate share adjustment (see instructions)		1,427,034	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 6:21 am
		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	5,977,473,355	35.00
35.01	Factor 3 (see instructions)	0.000341334	0.000275757	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,186,634	1,648,330	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,636,989	415,470	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,052,459		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)		34,534,135	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)		36,052,905	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,933,143	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).		3,283,808	52.00
53.00	Nursing and Allied Health Managed Care payment		80,672	53.00
54.00	Special add-on payments for new technologies		1,588	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)		22,592	58.00
59.00	Total (sum of amounts on lines 49 through 58)		42,374,708	59.00
60.00	Primary payer payments		8,712	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		42,365,996	61.00
62.00	Deductibles billed to program beneficiaries		2,372,020	62.00
63.00	Coinurance billed to program beneficiaries		119,784	63.00
64.00	Allowable bad debts (see instructions)		423,165	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		275,057	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		384,556	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		40,149,249	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	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)		99,151	70.93
70.94	HRR adjustment amount (see instructions)		-199,393	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 6:21 am	
		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)			40,049,007	71.00
71.01	Sequestration adjustment (see instructions)			800,980	71.01
72.00	Interim payments			39,020,112	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)			227,915	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			174,358	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)		0.0000000000	0.0000000000	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)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 6:21 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,570	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,398,857	2.00
3.00	PPS payments		15,753,119	3.00
4.00	Outlier payment (see instructions)		41,870	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		19,701	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		19,570	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		162,981	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)		162,981	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)		162,981	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		143,411	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)		19,570	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)		15,814,690	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)		3,035,251	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)		12,799,009	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,590,538	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)		14,389,547	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		14,389,547	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)		484,788	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		315,112	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		460,729	36.00
37.00	Subtotal (see instructions)		14,704,659	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		14,704,659	40.00
40.01	Sequestration adjustment (see instructions)		294,093	40.01
41.00	Interim payments		14,571,956	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-161,390	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: 14-0080		Period: From 01/01/2016 To 12/31/2016		Worksheet E-1 Part I Date/Time Prepared: 5/24/2017 6:21 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		39,149,122		14,587,847	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	12/22/2016	129,010	12/22/2016	15,891	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)		-129,010		-15,891	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)		39,020,112		14,571,956	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		227,915		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		161,390	6.02	
7.00	Total Medicare program liability (see instructions)		39,248,027		14,410,566	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: 14-0080

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

Worksheet E-1
Part II
Date/Time Prepared:
5/24/2017 6:21 am

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	7,633	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	12,514	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3,199	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	30,638	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	843,834,058	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	23,542,599	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2017 6:21 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		3,596,327		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,596,327	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,596,327	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		3,596,327	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		3,596,327	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/24/2017 6:21 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			100.42	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			12.07	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			11.15	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			1.36	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-2.40	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			97.58	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			96.12	6.00
7.00	Enter the lesser of line 5 or line 6			96.12	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	58.49	36.61	95.10	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	58.49	36.61	95.10	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	58.49	36.61		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	58.48	35.51		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.30	35.87		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	58.42	36.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	58.42	36.00		17.00
18.00	Per resident amount	105,781.82	100,166.06		18.00
19.00	Approved amount for resident costs	6,179,774	3,605,978	9,785,752	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			9,785,752	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	12,514	3,199		26.00
27.00	Total Inpatient Days (see instructions)	30,638	30,638		27.00
28.00	Ratio of inpatient days to total inpatient days	0.408447	0.104413		28.00
29.00	Program direct GME amount	3,996,961	1,021,760		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		144,375		30.00
31.00	Net Program direct GME amount			4,874,346	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/24/2017 6:21 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		33,946,742	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		8,712	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		33,938,030	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		16,438,128	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		16,438,128	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		50,376,158	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.673692	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.326308	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,874,346	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,283,808	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,590,538	50.00

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

Provider CCN: 14-0080

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

Worksheet G

Date/Time Prepared: 5/24/2017 6:21 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-607,492	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	110,142,732	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-83,983,229	0	0	0	6.00
7.00	Inventory	5,544,338	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	3,712,445	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	34,808,794	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,716,880	0	0	0	12.00
13.00	Land improvements	794,529	0	0	0	13.00
14.00	Accumulated depreciation	-486,578	0	0	0	14.00
15.00	Buildings	95,147,438	0	0	0	15.00
16.00	Accumulated depreciation	-65,061,311	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	81,859,760	0	0	0	23.00
24.00	Accumulated depreciation	-61,881,144	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)	59,089,574	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	37,607	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	37,607	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	93,935,975	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,417,307	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	34,608,749	0	0	0	43.00
44.00	Other current liabilities	13,326,133	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	49,352,189	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	49,352,189	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	44,583,786				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)	44,583,786	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	93,935,975	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0080

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

Worksheet G-1

Date/Time Prepared:
5/24/2017 6:21 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		47,633,600		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-3,167,583			2.00
3.00	Total (sum of line 1 and line 2)		44,466,017		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	TRANSFER FROM AFFILIATES	117,769		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		117,769		0	10.00
11.00	Subtotal (line 3 plus line 10)		44,583,786		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	TRANSFERS TO AFFILIATES	0		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)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		44,583,786		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	TRANSFER FROM AFFILIATES		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	TRANSFERS TO AFFILIATES		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: 14-0080

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2017 6:21 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	85,046,694		85,046,694	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)	85,046,694		85,046,694	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,924,056		18,924,056	11.00
12.00	CORONARY CARE UNIT				12.00
12.02	SURGICAL HEART UNIT	12,399,323		12,399,323	12.02
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)	31,323,379		31,323,379	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	116,370,073		116,370,073	17.00
18.00	Ancillary services	331,431,103	396,033,882	727,464,985	18.00
19.00	Outpatient services	0	0	0	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
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
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)	447,801,176	396,033,882	843,835,058	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		174,545,035		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	CHILD CARE CENTER EXPENSES	1,042,332			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)		1,042,332		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		173,502,703		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet G-3 Date/Time Prepared: 5/24/2017 6:21 am
			1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		843,835,058	1.00
2.00	Less contractual allowances and discounts on patients' accounts		677,186,003	2.00
3.00	Net patient revenues (line 1 minus line 2)		166,649,055	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		173,502,703	4.00
5.00	Net income from service to patients (line 3 minus line 4)		-6,853,648	5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc		309,244	6.00
7.00	Income from investments		0	7.00
8.00	Revenues from telephone and other miscellaneous communication services		0	8.00
9.00	Revenue from television and radio service		0	9.00
10.00	Purchase discounts		0	10.00
11.00	Rebates and refunds of expenses		0	11.00
12.00	Parking lot receipts		15,515	12.00
13.00	Revenue from laundry and linen service		0	13.00
14.00	Revenue from meals sold to employees and guests		644,277	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		3,791	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)		0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen		0	20.00
21.00	Rental of vending machines		76,815	21.00
22.00	Rental of hospital space		155,865	22.00
23.00	Governmental appropriations		0	23.00
24.00	CHILD CARE CENTER		1,308,777	24.00
24.01	GAIN ON ASSET DISPOSAL		12,455	24.01
24.02	GRANTS		10,579	24.02
24.04	MISCELLANEOUS REVENUE		145,543	24.04
24.05	REFERENCE LAB		2,199	24.05
24.07	INTEREST-3RD PARTY PAYMENTS		77,486	24.07
24.08	EMS REVENUE		303,509	24.08
24.09	340 B CONTRACT REVENUE		546,846	24.09
24.10	MEDICARE EHR REVENUE		-2,440	24.10
24.11	BLUE CROSS BONUS		1,117,936	24.11
25.00	Total other income (sum of lines 6-24)		4,728,397	25.00
26.00	Total (line 5 plus line 25)		-2,125,251	26.00
27.00	CHILD CARE CENTER		1,042,332	27.00
28.00	Total other expenses (sum of line 27 and subscripts)		1,042,332	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)		-3,167,583	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0080	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/24/2017 6:21 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,981,560	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		26,987	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)		83.71	3.00
4.00	Number of interns & residents (see instructions)		95.47	4.00
5.00	Indirect medical education percentage (see instructions)		37.97	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)		752,398	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.33	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		32.82	8.00
9.00	Sum of lines 7 and 8		41.15	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.69	10.00
11.00	Disproportionate share adjustment (see instructions)		172,198	11.00
12.00	Total prospective capital payments (see instructions)		2,933,143	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