

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: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/24/2017 2:46 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/24/2017 Time: 2:46 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE UNITED SAMARITANS MEDICAL C (14-0093) 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	220,624	-18,604	-53,149	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	220,624	-18,604	-53,149	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: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 1:20 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 812 NORTH LOGAN AVENUE			PO Box:				1.00				
2.00	City: DANVILLE			State: IL		Zip Code: 61821		County: VERMILION				
		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 UNITED SAMARI TANS MEDICAL C		140093	19180	1	07/01/1966	0	P 0	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2016		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.								2 N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			3,264	642	0	0	453	97		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 1:20 pm			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
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)				37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N	39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N	40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					N	63.00
		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)			0.00	0.00	0.000000	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	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 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
				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.			Y	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N		94.00

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		1.00	2.00					
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 HEALTH NETWORK	Contractor's Name: NATIONAL GOVERNMENT SVCS		Contractor's Number: 0131			141.00	
142.00	Street: 200 S WACKER DRIVE	PO Box:					142.00	
143.00	City: CHICAGO	State: IL	Zip Code: 60606				143.00	
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y				144.00	
						1.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y					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.	Y	08/26/2016				146.00	
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		Y				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	
						1.00		
		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		155.00	
156.00	Hospital	N	N	N	N		156.00	
157.00	Subprovider - IPF	N	N	N	N		157.00	
158.00	Subprovider - IRF	N	N	N	N		158.00	
159.00	SUBPROVIDER	N	N	N	N		159.00	
160.00	SNF	N	N	N	N		160.00	
161.00	HOME HEALTH AGENCY	N	N	N	N		161.00	
161.00	CMHC	N	N	N	N		161.00	
						1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N				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	
167.00	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						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)		0.25				169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 1:20 pm
		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)	10/01/2015	09/30/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 1:20 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	R	05/31/2016			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2017	Y	04/30/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 1:20 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		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				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNE		LITTLE	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.	847-813-3721		ANNE.LITTLE@PRESENCEHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0093

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

Worksheet S-2
Part II
Date/Time Prepared:
5/24/2017 1:20 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	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: 14-0093

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 1:20 pm

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	160	58,560	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)		160	58,560	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						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)		172	62,952	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		172				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)		5	1,825			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: 14-0093

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 1:20 pm

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)	6,234	503	13,418			1.00
2.00 HMO and other (see instructions)	2,941	3,550				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,234	503	13,418			7.00
8.00 INTENSIVE CARE UNIT	1,055	44	2,405			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		359	1,010			13.00
14.00 Total (see instructions)	7,289	906	16,833	0.00	469.54	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	54			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	469.54	27.00
28.00 Observation Bed Days		179	4,435			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			24			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	5	63	637			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			181			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0093

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 1:20 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,896	456	5,045	1.00
2.00 HMO and other (see instructions)			701	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,896	456	5,045	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet S-3 Part II Date/Time Prepared: 5/24/2017 1:20 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	29,491,916	0	29,491,916	951,584.83	30.99	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	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	0	0	0	0.00	0.00	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)		2,935,931	7,681	2,943,612	44,528.40	66.11	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		3,090,362	0	3,090,362	96,062.61	32.17	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		276,000	0	276,000	1,904.33	144.93	13.00
14.00	Home office and/or related organization salaries and wage-related costs		8,067,670	0	8,067,670	157,187.00	51.33	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)		7,666,251	0	7,666,251			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		390,565	0	390,565			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			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	-221,333	221,333	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	3,039,988	-229,014	2,810,974	122,256.10	22.99	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0093

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2017 1:20 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	929,179	0	929,179	31,725.00	29.29	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	27,067	47,849	74,916	7,460.38	10.04	31.00
32.00	Housekeeping	9.00	911,717	-47,849	863,868	51,511.25	16.77	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	620,161	-452,960	167,201	16,389.98	10.20	34.00
35.00	Dietary under contract (see instructions)		407,892	0	407,892	9,697.00	42.06	35.00
36.00	Cafeteria	11.00	0	452,960	452,960	28,809.50	15.72	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,258,018	0	1,258,018	38,863.18	32.37	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	1,107,395	0	1,107,395	24,422.59	45.34	40.00
41.00	Medical Records & Medical Records Library	16.00	208,406	0	208,406	14,276.21	14.60	41.00
42.00	Social Service	17.00	639,207	0	639,207	14,915.53	42.86	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part III Date/Time Prepared: 5/24/2017 1:20 pm
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	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	29,899,808	0	29,899,808	961,281.83	31.10	1.00
2.00	Excluded area salaries (see instructions)	2,935,931	7,681	2,943,612	44,528.40	66.11	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26,963,877	-7,681	26,956,196	916,753.43	29.40	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,434,032	0	11,434,032	255,153.94	44.81	4.00
5.00	Subtotal wage-related costs (see inst.)	7,666,251	0	7,666,251	0.00	28.44	5.00
6.00	Total (sum of lines 3 thru 5)	46,064,160	-7,681	46,056,479	1,171,907.37	39.30	6.00
7.00	Total overhead cost (see instructions)	8,927,697	-7,681	8,920,016	360,326.72	24.76	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2017 1:20 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,111,227 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,130,932 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			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)			2,936,533 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			59,851 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			20,914 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)			97,970 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			424,868 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			2,115,682 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			91,427 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			67,412 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			8,056,816 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: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/24/2017 1:20 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,090,362	8,056,816	1.00
2.00	Hospital	3,090,362	8,056,816	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/24/2017 1:20 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.160313	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		18,976,847	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?		Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		128,359,097	6.00
7.00	Medicaid cost (line 1 times line 6)		20,577,632	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		1,600,785	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		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,600,785	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)	12,556,563	2,412,480	14,969,043
21.00	Cost of patients approved for charity care (line 1 times line 20)	2,012,980	386,752	2,399,732
22.00	Partial payment by patients approved for charity care	50,645	138,258	188,903
23.00	Cost of charity care (line 21 minus line 22)	1,962,335	248,494	2,210,829
				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)		5,858,852	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		403,979	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		5,454,873	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		874,487	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,085,316	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,686,101	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet A		
Date/Time Prepared: 5/24/2017 1:20 pm								
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	1,515,173	1,515,173	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,651,188	3,651,188	2.00
3.00	00300	OTHER CAP REL COSTS		171,086	171,086	-171,086	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-221,333	100,416	-120,917	211,749	90,832	4.00
5.01	00540	NONPATIENT TELEPHONES	241,021	326,802	567,823	-9,414	558,409	5.01
5.02	00550	DATA PROCESSING	0	163,046	163,046	-7,486	155,560	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	280	280	-280	0	5.03
5.04	00570	ADMINITTING	695,950	262,848	958,798	-1,922	956,876	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,569	2,569	-248	2,321	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	2,103,017	21,695,190	23,798,207	-1,706,740	22,091,467	5.06
6.00	00600	MAINTENANCE & REPAIRS	929,179	3,676,237	4,605,416	-1,809,289	2,796,127	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	1,114,411	1,114,411	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	27,067	244,987	272,054	47,849	319,903	8.00
9.00	00900	HOUSEKEEPING	911,717	563,410	1,475,127	-140,843	1,334,284	9.00
10.00	01000	DIETARY	620,161	1,202,918	1,823,079	-1,346,740	476,339	10.00
11.00	01100	CAFETERIA	0	0	0	1,331,560	1,331,560	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,258,018	455,943	1,713,961	-111,410	1,602,551	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	300,045	300,045	-252,634	47,411	14.00
15.00	01500	PHARMACY	1,107,395	7,053,886	8,161,281	-6,603,576	1,557,705	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	208,406	370,841	579,247	-14,623	564,624	16.00
17.00	01700	SOCIAL SERVICE	639,207	167,286	806,493	0	806,493	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	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,474,627	1,884,191	7,358,818	-66,751	7,292,067	30.00
31.00	03100	INTENSIVE CARE UNIT	1,490,570	478,242	1,968,812	38,357	2,007,169	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	43,226	184,727	227,953	-3,720	224,233	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	929,637	3,213,463	4,143,100	-2,227,896	1,915,204	50.00
50.01	03330	ENDOSCOPY	799,396	400,445	1,199,841	-28,496	1,171,345	50.01
51.00	05100	RECOVERY ROOM	301,933	73,622	375,555	-4,036	371,519	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,608,664	636,994	2,245,658	-55,240	2,190,418	52.00
53.00	05300	ANESTHESIOLOGY	62,444	2,636,828	2,699,272	-5,671	2,693,601	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,098,723	425,427	1,524,150	-444,170	1,079,980	54.00
54.01	03630	ULTRASOUND	196,289	110,871	307,160	18,933	326,093	54.01
54.02	03440	MAMMOGRAPHY	118,911	87,259	206,170	1,468	207,638	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	429,444	244,391	673,835	-77,725	596,110	55.00
55.01	03480	ONCOLOGY	603,199	374,100	977,299	-84,192	893,107	55.01
56.00	05600	RADIOISOTOPE	125,442	199,975	325,417	33,791	359,208	56.00
57.00	05700	CT SCAN	418,282	347,382	765,664	21,603	787,267	57.00
58.00	05800	MRI	112,253	70,226	182,479	16,281	198,760	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,462	165,426	182,888	-140,281	42,607	59.00
60.00	06000	LABORATORY	0	4,356,904	4,356,904	-66,982	4,289,922	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	340,285	340,285	0	340,285	63.00
65.00	06500	RESPIRATORY THERAPY	971,506	708,754	1,680,260	-225,878	1,454,382	65.00
66.00	06600	PHYSICAL THERAPY	0	645,591	645,591	-489	645,102	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	334,758	334,758	0	334,758	67.00
68.00	06800	SPEECH PATHOLOGY	0	101,043	101,043	0	101,043	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	131,668	131,668	69.00
69.01	03140	CARDIOLOGY	389,557	277,952	667,509	-44,569	622,940	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,686,677	1,686,677	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,151,476	1,151,476	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,600,374	6,600,374	73.00
74.00	07400	RENAL DIALYSIS	9,416	184,027	193,443	-1,368	192,075	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	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								
91.00	09100	EMERGENCY	2,835,199	1,632,263	4,467,462	-466,147	4,001,315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,388,235	1,388,235	-1,388,235	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,555,985	58,261,171	84,817,156	64,421	84,881,577	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	51,429	60,585	112,014	0	112,014	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet A Date/Time Prepared: 5/24/2017 1:20 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,285,273	1,021,522	3,306,795	-37,478	3,269,317	192.00
192.01	19201	APOTHECARY	192,623	1,263,885	1,456,508	-595	1,455,913	192.01
192.02	19202	REAL ESTATE	0	120,959	120,959	-25,710	95,249	192.02
192.03	19203	FOUNDATION	-7,681	120,030	112,349	1,608	113,957	192.03
192.04	19204	OUTREACH PROGRAMS	414,287	206,948	621,235	-1,456	619,779	192.04
192.05	19205	UNASSIGNED	0	152,090	152,090	-790	151,300	192.05
200.00		TOTAL (SUM OF LINES 118-199)	29,491,916	61,207,190	90,699,106	0	90,699,106	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0093

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

Worksheet A
Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	155,092	1,670,265	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-286,396	3,364,792	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	529,242	620,074	4.00
5.01	00540	NONPATIENT TELEPHONES	0	558,409	5.01
5.02	00550	DATA PROCESSING	1,183,610	1,339,170	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	5.03
5.04	00570	ADMINISTRATIVE	0	956,876	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	178,606	180,927	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-4,229,977	17,861,490	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2,796,127	6.00
7.00	00700	OPERATION OF PLANT	0	1,114,411	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,821	327,724	8.00
9.00	00900	HOUSEKEEPING	0	1,334,284	9.00
10.00	01000	DIETARY	0	476,339	10.00
11.00	01100	CAFETERIA	-379,759	951,801	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-1,075	1,601,476	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	47,411	14.00
15.00	01500	PHARMACY	0	1,557,705	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	536,660	1,101,284	16.00
17.00	01700	SOCIAL SERVICE	273	806,766	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	0	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
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-107,994	7,184,073	30.00
31.00	03100	INTENSIVE CARE UNIT	245,307	2,252,476	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
43.00	04300	NURSERY	-154,230	70,003	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	10,500	1,925,704	50.00
50.01	03330	ENDOSCOPY	0	1,171,345	50.01
51.00	05100	RECOVERY ROOM	0	371,519	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,190,418	52.00
53.00	05300	ANESTHESIOLOGY	0	2,693,601	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-55	1,079,925	54.00
54.01	03630	ULTRASOUND	-140	325,953	54.01
54.02	03440	MAMMOGRAPHY	0	207,638	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	596,110	55.00
55.01	03480	ONCOLOGY	-5,743	887,364	55.01
56.00	05600	RADIOISOTOPE	0	359,208	56.00
57.00	05700	CT SCAN	-15,209	772,058	57.00
58.00	05800	MRI	0	198,760	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	42,607	59.00
60.00	06000	LABORATORY	8,769	4,298,691	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	340,285	63.00
65.00	06500	RESPIRATORY THERAPY	-3,369	1,451,013	65.00
66.00	06600	PHYSICAL THERAPY	0	645,102	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	334,758	67.00
68.00	06800	SPEECH PATHOLOGY	0	101,043	68.00
69.00	06900	ELECTROCARDIOLOGY	0	131,668	69.00
69.01	03140	CARDIOLOGY	-104,360	518,580	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,686,677	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,151,476	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,600,374	73.00
74.00	07400	RENAL DIALYSIS	0	192,075	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-238,813	3,762,502	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-2,671,240	82,210,337	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	112,014	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,269,317	192.00
192.01	19201	APOTHECARY	0	1,455,913	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0093

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

Worksheet A
Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.02	19202	REAL ESTATE	0	95,249	192.02
192.03	19203	FOUNDATION	0	113,957	192.03
192.04	19204	OUTREACH PROGRAMS	0	619,779	192.04
192.05	19205	UNASSIGNED	0	151,300	192.05
200.00		TOTAL (SUM OF LINES 118-199)	-2,671,240	88,027,866	200.00

RECLASSIFICATIONS

Provider CCN: 14-0093

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

Worksheet A-6

Date/Time Prepared:
5/24/2017 1:20 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,039,188	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,567,852	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
TOTALS			0	3,607,040	
B - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	399,950	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	988,285	2.00
TOTALS			0	1,388,235	
C - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	1,029,605	1.00
2.00	OPERATION OF PLANT	7.00	0	84,806	2.00
TOTALS			0	1,114,411	
D - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,600,374	1.00
TOTALS			0	6,600,374	
E - PHYSICIAN FEES					
1.00	INTENSIVE CARE UNIT	31.00	0	13,565	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	36,435	2.00
TOTALS			0	50,000	
H - SHARED RADIOLOGY					
1.00	ULTRASOUND	54.01	55,160	13,573	1.00
2.00	MAMMOGRAPHY	54.02	33,416	9,110	2.00
3.00	RADIOISOTOPE	56.00	35,251	14,380	3.00
4.00	CT SCAN	57.00	117,543	33,834	4.00
5.00	MRI	58.00	31,545	8,064	5.00
TOTALS			272,915	78,961	
I - OTHER RECLASSIFICATION					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	280	1.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	221,333	0	3.00
4.00	FOUNDATION	192.03	7,681	0	4.00
TOTALS			229,014	280	

RECLASSIFICATIONS

Provider CCN: 14-0093

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

Worksheet A-6

Date/Time Prepared:
5/24/2017 1:20 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
N - DIETARY/CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	452,960	878,600	1.00	
	TOTALS		452,960	878,600		
O - DISTRIBUTION OF LINEN						
1.00	LAUNDRY & LINEN SERVICE	8.00	47,849	0	1.00	
	TOTALS		47,849	0		
Q - MED SUPPLIES CHG TO PAT						
1.00		0.00	0	0	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	74,719	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	162,153	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	288,896	4.00	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	987,782	5.00	
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,483	6.00	
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	35,083	8.00	
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	29,414	9.00	
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	107,147	10.00	
11.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	889	11.00	
12.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,502	12.00	
13.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	45	13.00	
14.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,818	14.00	
15.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,138,222	15.00	
	TOTALS		0	2,838,153		
S - EKG RECLASSIFICATION						
1.00	ELECTROCARDIOLOGY	69.00	34,074	0	1.00	
2.00	ELECTROCARDIOLOGY	69.00	2,793	0	2.00	
3.00	ELECTROCARDIOLOGY	69.00	84,656	0	3.00	
4.00	ELECTROCARDIOLOGY	69.00	1,458	0	4.00	
5.00	ELECTROCARDIOLOGY	69.00	8,687	0	5.00	
	TOTALS		131,668	0		
500.00	Grand Total: Increases		1,134,406	16,556,054	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0093

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

Worksheet A-6
Date/Time Prepared:
5/24/2017 1:20 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DEPRECIATION EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,584	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	9,414	9		2.00
3.00	DATA PROCESSING	5.02	0	7,486	9		3.00
4.00	ADMINISTRATIVE	5.04	0	1,922	9		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	248	9		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,477,726	9		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	779,684	9		7.00
8.00	HOUSEKEEPING	9.00	0	8,188	9		8.00
9.00	DIETARY	10.00	0	15,180	9		9.00
10.00	NURSING ADMINISTRATION	13.00	0	111,410	9		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	138,949	9		11.00
12.00	PHARMACY	15.00	0	3,202	9		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	14,623	9		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	32,677	9		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	2,956	9		15.00
16.00	NURSERY	43.00	0	3,720	9		16.00
17.00	OPERATING ROOM	50.00	0	100,364	9		17.00
18.00	ENDOSCOPY	50.01	0	27,038	9		18.00
19.00	RECOVERY ROOM	51.00	0	4,036	9		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	55,240	9		20.00
21.00	ANESTHESIOLOGY	53.00	0	5,671	9		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	92,294	9		22.00
23.00	ULTRASOUND	54.01	0	14,717	9		23.00
24.00	MAMMOGRAPHY	54.02	0	11,644	9		24.00
25.00	RADIOLOGY-THERAPEUTIC	55.00	0	77,725	9		25.00
26.00	ONCOLOGY	55.01	0	84,192	9		26.00
27.00	RADIOISOTOPE	56.00	0	15,840	9		27.00
28.00	CT SCAN	57.00	0	129,774	9		28.00
29.00	MRI	58.00	0	23,328	9		29.00
30.00	CARDIAC CATHETERIZATION	59.00	0	64,673	9		30.00
31.00	LABORATORY	60.00	0	66,982	9		31.00
32.00	RESPIRATORY THERAPY	65.00	0	50,160	9		32.00
33.00	PHYSICAL THERAPY	66.00	0	489	9		33.00
34.00	CARDIOLOGY	69.01	0	41,776	9		34.00
35.00	RENAL DIALYSIS	74.00	0	1,368	9		35.00
36.00	EMERGENCY	91.00	0	87,093	9		36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,043	9		37.00
38.00	APOTHECARY	192.01	0	595	9		38.00
39.00	REAL ESTATE	192.02	0	25,710	9		39.00
40.00	FOUNDATION	192.03	0	6,073	9		40.00
41.00	OUTREACH PROGRAMS	192.04	0	1,456	9		41.00
42.00	UNASSIGNED	192.05	0	790	9		42.00
43.00	TOTALS	0.00	0	3,607,040	9		43.00
B - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	399,950	11		1.00
2.00	INTEREST EXPENSE	113.00	0	988,285	11		2.00
TOTALS			0	1,388,235			
C - UTILITIES							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,029,605	0		1.00
2.00	HOUSEKEEPING	9.00	0	84,806	0		2.00
TOTALS			0	1,114,411			
D - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	6,600,374	0		1.00
TOTALS			0	6,600,374			
E - PHYSICIAN FEES							
1.00	RESPIRATORY THERAPY	65.00	0	13,565	0		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	36,435	0		2.00
TOTALS			0	50,000			
H - SHARED RADIOLOGY							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	55,160	13,573	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	33,416	9,110	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	35,251	14,380	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	117,543	33,834	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	31,545	8,064	0		5.00
TOTALS			272,915	78,961			
I - OTHER RECLASSIFICATIONS							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	280	0		1.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	221,333	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0093

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

Worksheet A-6

Date/Time Prepared:
5/24/2017 1:20 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	7,681	0	0	4.00
	TOTALS		229,014	280		
N - DIETARY/CAFETERIA RECLASS						
1.00	DIETARY	10.00	452,960	878,600	0	1.00
	TOTALS		452,960	878,600		
O - DISTRIBUTION OF LINEN						
1.00	HOUSEKEEPING	9.00	47,849	0	0	1.00
	TOTALS		47,849	0		
Q - MED SUPPLIES CHG TO PAT						
1.00		0.00	0	0	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	74,719	0	2.00
3.00	RESPIRATORY THERAPY	65.00	0	162,153	0	3.00
4.00	EMERGENCY	91.00	0	288,896	0	4.00
5.00	OPERATING ROOM	50.00	0	987,782	0	5.00
6.00	OPERATING ROOM	50.00	0	1,483	0	6.00
8.00	ULTRASOUND	54.01	0	35,083	0	8.00
9.00	MAMMOGRAPHY	54.02	0	29,414	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	107,147	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	889	0	11.00
12.00	EMERGENCY	91.00	0	5,502	0	12.00
13.00	OPERATING ROOM	50.00	0	45	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,818	0	14.00
15.00	OPERATING ROOM	50.00	0	1,138,222	0	15.00
	TOTALS		0	2,838,153		
S - EKG RECLASSIFICATION						
1.00	ADULTS & PEDIATRICS	30.00	34,074	0	0	1.00
2.00	CARDIOLOGY	69.01	2,793	0	0	2.00
3.00	EMERGENCY	91.00	84,656	0	0	3.00
4.00	ENDOSCOPY	50.01	1,458	0	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	8,687	0	0	5.00
	TOTALS		131,668	0		
500.00	Grand Total: Decreases		1,134,406	16,556,054		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2017 1:20 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,237,638	0	0	0	1.00
2.00	Land Improvements	782,916	12,320	0	12,320	2.00
3.00	Buildings and Fixtures	36,339,572	1,224,458	0	1,224,458	3.00
4.00	Building Improvements	370,173	380,139	0	380,139	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	29,749,043	8,798,525	0	8,798,525	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	69,479,342	10,415,442	0	10,415,442	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	69,479,342	10,415,442	0	10,415,442	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,237,638	0			1.00
2.00	Land Improvements	743,743	0			2.00
3.00	Buildings and Fixtures	30,180,329	0			3.00
4.00	Building Improvements	245,198	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	38,412,636	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	71,819,544	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	71,819,544	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2017 1:20 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	30,924,072	0	30,924,072	0.444427	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	38,657,834	0	38,657,834	0.555573	0	2.00
3.00	Total (sum of lines 1-2)	69,581,906	0	69,581,906	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	76,035	76,035	1,268,112	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	95,051	95,051	2,463,897	0	2.00
3.00	Total (sum of lines 1-2)	0	171,086	171,086	3,732,009	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	326,118	0	0	76,035	1,670,265	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	805,844	0	0	95,051	3,364,792	2.00
3.00	Total (sum of lines 1-2)	1,131,962	0	0	171,086	5,035,057	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-73,832	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-182,441	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-28,801	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,590,661			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	537,906			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-379,759	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	-3,135	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00		0		0.00	0	33.00
34.00		0		0.00	0	34.00

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
35.00		0			0.00	0	35.00
36.00		0			0.00	0	36.00
37.00	CLINICAL ED REVENUE	B	-1,075	NURSING ADMINISTRATION	13.00	0	37.00
38.00	NURSERY PHOTOS	B	-330	NURSERY	43.00	0	38.00
39.00	MISC REVENUE	B	-55	RADIOLOGY-DIAGNOSTIC	54.00	0	39.00
40.00	MISC REVENUE	B	-13,300	CT SCAN	57.00	0	40.00
41.00			0		0.00	0	41.00
42.00	MISC EH REVENUE	B	-49,722	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	42.00
43.00	ADMIN OTHER REVENUE	B	-668,220	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00	FEDERAL & STATE INCOME TAX	A	-162,310	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
45.00	PHYSICIAN RECRUITMENT	A	-6,339	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
46.00			0		0.00	0	46.00
48.00	MARKETING & ADVERTISING	A	-48,998	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	48.00
49.00	DONATIONS	A	273	SOCIAL SERVICE	17.00	0	49.00
49.01	DONATIONS	A	-12	RESPIRATORY THERAPY	65.00	0	49.01
49.02	DONATIONS	A	-147	ONCOLOGY	55.01	0	49.02
49.03	DONATIONS	A	-140	ULTRASOUND	54.01	0	49.03
49.04	DONATIONS	A	-142	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	49.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,671,240				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: 14-0093

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2017 1:20 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE & GENERAL	8,167,190	11,026,744 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXTURES	DEPRECIATION	228,924	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	578,964	0 3.00
3.01	5.05	CASHIERING/ACCOUNTS RECEIVABLE	PATIENT ACCOUNTS	178,606	0 3.01
3.02	5.02	DATA PROCESSING	INFORMATION SERVICES	1,183,610	0 3.02
3.03	5.06	OTHER ADMINISTRATIVE AND GENERAL	PURCHASING	504,836	0 3.03
3.04	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY	7,821	0 3.04
3.05	31.00	INTENSIVE CARE UNIT	EICU	261,142	0 3.05
3.06	2.00	CAP REL COSTS-MVBLE EQUIPMENT	ME DEPRECIATION	-103,955	0 3.06
3.07	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	539,795	0 3.07
3.08	60.00	LABORATORY	ALVERNO LAB	4,289,393	4,271,676 3.08
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			15,836,326	15,298,420 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		0.00	PRESENCE HEALTH	100.00	6.00
7.00	C		0.00	APHL LABS	66.67	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: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/24/2017 1:20 pm
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	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	-2,859,554	0		1.00
2.00	228,924	9		2.00
3.00	578,964	0		3.00
3.01	178,606	0		3.01
3.02	1,183,610	0		3.02
3.03	504,836	0		3.03
3.04	7,821	0		3.04
3.05	261,142	0		3.05
3.06	-103,955	9		3.06
3.07	539,795	0		3.07
3.08	17,717	0		3.08
4.00	0	0		4.00
5.00	537,906			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	HEALTH CARE		6.00
7.00	HEALTH CARE		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: 14-0093

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2017 1:20 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	43.00	NURSERY	153,900	153,900	0	169,700	0	1.00
2.00	69.01	CARDIOLOGY	104,360	104,360	0	211,500	0	2.00
3.00	65.00	RESPIRATORY THERAPY	25,000	0	25,000	211,500	204	3.00
4.00	91.00	EMERGENCY	238,813	238,813	0	211,500	0	4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	1,020,238	925,238	95,000	211,500	588	5.00
6.00	55.01	ONCOLOGY	30,000	0	30,000	211,500	240	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	22,000	0	22,000	271,900	176	7.00
8.00	60.00	LABORATORY	54,000	0	54,000	260,300	360	8.00
9.00	50.00	OPERATING ROOM	-10,500	-10,500	0	211,500	0	9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	239,400	0	10.00
11.00	57.00	CT SCAN	1,909	1,909	0	271,900	0	11.00
12.00	65.00	RESPIRATORY THERAPY	-900	-900	0	211,500	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	107,994	107,994	0	0	0	13.00
14.00	31.00	INTENSIVE CARE UNIT	50,000	0	50,000	211,500	336	14.00
200.00			1,796,814	1,520,814	276,000		1,904	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	43.00	NURSERY	0	0	0	0	0	1.00
2.00	69.01	CARDIOLOGY	0	0	0	0	0	2.00
3.00	65.00	RESPIRATORY THERAPY	20,743	1,037	0	0	0	3.00
4.00	91.00	EMERGENCY	0	0	0	0	0	4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	59,789	2,989	0	0	0	5.00
6.00	55.01	ONCOLOGY	24,404	1,220	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	23,007	1,150	0	0	0	7.00
8.00	60.00	LABORATORY	45,052	2,253	0	0	0	8.00
9.00	50.00	OPERATING ROOM	0	0	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	10.00
11.00	57.00	CT SCAN	0	0	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	13.00
14.00	31.00	INTENSIVE CARE UNIT	34,165	1,708	0	0	0	14.00
200.00			207,160	10,357	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	43.00	NURSERY	0	0	0	153,900		1.00
2.00	69.01	CARDIOLOGY	0	0	0	104,360		2.00
3.00	65.00	RESPIRATORY THERAPY	0	20,743	4,257	4,257		3.00
4.00	91.00	EMERGENCY	0	0	0	238,813		4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	59,789	35,211	960,449		5.00
6.00	55.01	ONCOLOGY	0	24,404	5,596	5,596		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	23,007	0	0		7.00
8.00	60.00	LABORATORY	0	45,052	8,948	8,948		8.00
9.00	50.00	OPERATING ROOM	0	0	0	-10,500		9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	0		10.00
11.00	57.00	CT SCAN	0	0	0	1,909		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	-900		12.00
13.00	30.00	ADULTS & PEDIATRICS	0	0	0	107,994		13.00
14.00	31.00	INTENSIVE CARE UNIT	0	34,165	15,835	15,835		14.00
200.00			0	207,160	69,847	1,590,661		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,670,265	1,670,265			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,364,792		3,364,792		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	620,074	31,012	693	651,779	4.00
5.01 00540	NONPATIENT TELEPHONES	558,409	5,750	12,336	5,327	5.01
5.02 00550	DATA PROCESSING	1,339,170	12,456	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMINISTRATIVE	956,876	8,987	2,518	15,380	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	180,927	13,240	325	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	17,861,490	106,497	1,803,236	41,415	5.06
6.00 00600	MAINTENANCE & REPAIRS	2,796,127	260,983	338,734	20,535	6.00
7.00 00700	OPERATION OF PLANT	1,114,411	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	327,724	4,936	0	1,656	8.00
9.00 00900	HOUSEKEEPING	1,334,284	22,851	10,729	19,091	9.00
10.00 01000	DIETARY	476,339	22,417	10,656	3,695	10.00
11.00 01100	CAFETERIA	951,801	61,175	0	10,010	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,601,476	9,819	145,986	27,802	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	47,411	39,524	182,042	0	14.00
15.00 01500	PHARMACY	1,557,705	20,968	4,196	24,473	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,101,284	28,648	5,607	4,606	16.00
17.00 01700	SOCIAL SERVICE	806,766	3,386	0	14,126	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	0	0	0	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	7,184,073	301,011	36,850	120,246	30.00
31.00 03100	INTENSIVE CARE UNIT	2,252,476	30,852	3,873	32,750	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
43.00 04300	NURSERY	70,003	13,983	4,065	955	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,925,704	88,571	121,898	20,545	50.00
50.01 03330	ENDOSCOPY	1,171,345	55,200	27,643	17,634	50.01
51.00 05100	RECOVERY ROOM	371,519	8,156	5,289	6,673	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,190,418	37,790	26,495	35,551	52.00
53.00 05300	ANESTHESIOLOGY	2,693,601	13,828	7,431	1,380	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,079,925	79,310	113,398	18,250	54.00
54.01 03630	ULTRASOUND	325,953	6,118	19,284	5,557	54.01
54.02 03440	MAMMOGRAPHY	207,638	3,819	15,258	3,366	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	596,110	23,249	66,248	9,491	55.00
55.01 03480	ONCOLOGY	887,364	36,287	24,966	13,331	55.01
56.00 05600	RADIOISOTOPE	359,208	9,664	20,756	3,551	56.00
57.00 05700	CT SCAN	772,058	8,934	73,230	11,842	57.00
58.00 05800	MRI	198,760	16,222	2,673	3,178	58.00
59.00 05900	CARDIAC CATHETERIZATION	42,607	3,540	65,848	386	59.00
60.00 06000	LABORATORY	4,298,691	59,001	87,770	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	340,285	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,451,013	19,970	32,659	21,470	65.00
66.00 06600	PHYSICAL THERAPY	645,102	10,680	641	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	334,758	10,134	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	101,043	1,099	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	131,668	0	0	2,910	69.00
69.01 03140	CARDIOLOGY	518,580	4,799	54,741	8,547	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,686,677	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,151,476	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,600,374	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	192,075	3,914	756	208	74.00
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						
91.00 09100	EMERGENCY	3,762,502	82,256	25,498	60,787	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	82,210,337	1,581,036	3,354,328	586,724	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	112,014	9,985	0	1,137	3,569	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,269,317	7,781	1,367	50,505	8,567	192.00
192.01 19201	APOTHECARY	1,455,913	8,310	780	4,257	6,425	192.01
192.02 19202	REAL ESTATE	95,249	52,972	0	0	714	192.02
192.03 19203	FOUNDATION	113,957	0	7,282	0	7,139	192.03
192.04 19204	OUTREACH PROGRAMS	619,779	10,181	0	9,156	714	192.04
192.05 19205	UNASSIGNED	151,300	0	1,035	0	0	192.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	88,027,866	1,670,265	3,364,792	651,779	581,822	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

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

Worksheet B
Part I
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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	
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	1,359,479					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0				5.03
5.04	00570	ADMINISTRATIVE	0	0	1,013,744			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	200,203		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	19,874,748	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	3,454,215	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	1,114,411	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	334,316	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	1,393,380	9.00
10.00	01000	DIETARY	0	0	0	0	516,676	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,034,408	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,807,928	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	276,830	14.00
15.00	01500	PHARMACY	0	0	0	0	1,634,470	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,172,270	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	831,417	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	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	121,421	0	90,511	17,898	7,907,705	30.00
31.00	03100	INTENSIVE CARE UNIT	40,083	0	29,879	5,908	2,405,102	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	4,746	0	3,538	700	98,704	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,828	0	33,416	6,608	2,288,687	50.00
50.01	03330	ENDOSCOPY	11,620	0	8,662	1,713	1,312,378	50.01
51.00	05100	RECOVERY ROOM	5,846	0	4,358	862	403,417	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,521	0	10,825	2,140	2,324,165	52.00
53.00	05300	ANESTHESIOLOGY	13,475	0	10,044	1,986	2,749,598	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,064	0	27,629	5,463	1,378,172	54.00
54.01	03630	ULTRASOUND	12,229	0	9,116	1,803	385,771	54.01
54.02	03440	MAMMOGRAPHY	4,060	0	3,026	598	242,048	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	31,677	0	23,613	4,669	765,051	55.00
55.01	03480	ONCOLOGY	16,644	0	12,407	2,453	1,002,019	55.01
56.00	05600	RADIOISOTOPE	10,361	0	7,724	1,527	419,930	56.00
57.00	05700	CT SCAN	123,758	0	92,253	18,242	1,113,881	57.00
58.00	05800	MRI	24,489	0	18,255	3,610	270,756	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,473	0	1,098	217	118,025	59.00
60.00	06000	LABORATORY	177,965	0	132,660	26,233	4,814,445	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,217	0	4,634	916	352,052	63.00
65.00	06500	RESPIRATORY THERAPY	36,840	0	27,462	5,430	1,600,555	65.00
66.00	06600	PHYSICAL THERAPY	13,956	0	10,403	2,057	686,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,458	0	5,559	1,099	362,577	67.00
68.00	06800	SPEECH PATHOLOGY	1,951	0	1,454	288	106,549	68.00
69.00	06900	ELECTROCARDIOLOGY	11,361	0	8,469	1,675	156,083	69.00
69.01	03140	CARDIOLOGY	28,250	0	21,058	4,164	647,992	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	44,211	0	32,956	6,517	1,770,361	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,028	0	14,930	2,952	1,189,386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	261,283	0	195,116	38,327	7,095,100	73.00
74.00	07400	RENAL DIALYSIS	1,182	0	881	174	199,904	74.00
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								
91.00	09100	EMERGENCY	230,482	0	171,808	33,974	4,406,571	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,359,479	0	1,013,744	200,203	82,018,461	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	126,705	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,337,537	192.00
192.01	19201	APOTHECARY	0	0	0	0	1,475,685	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

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

Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.02	19202	REAL ESTATE	0	0	0	0	148,935	192.02
192.03	19203	FOUNDATION	0	0	0	0	128,378	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	639,830	192.04
192.05	19205	UNASSIGNED	0	0	0	0	152,335	192.05
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)	1,359,479	0	1,013,744	200,203	88,027,866	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

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

Worksheet B
Part I
Date/Time Prepared:
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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	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	19,874,748				5.06
6.00	00600	MAINTENANCE & REPAIRS	1,007,315	4,461,530			6.00
7.00	00700	OPERATION OF PLANT	324,983	0	1,439,394		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	97,493	17,885	5,770	455,464	8.00
9.00	00900	HOUSEKEEPING	406,336	82,796	26,712	0	1,909,224
10.00	01000	DIETARY	150,673	81,225	26,205	0	3,795
11.00	01100	CAFETERIA	301,653	221,658	71,512	0	11,749
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	527,226	35,576	11,478	5,345	4,114
14.00	01400	CENTRAL SERVICES & SUPPLY	80,729	143,209	46,203	0	0
15.00	01500	PHARMACY	476,643	75,974	24,511	0	5,829
16.00	01600	MEDICAL RECORDS & LIBRARY	341,856	103,802	33,489	0	4,858
17.00	01700	SOCIAL SERVICE	242,457	12,268	3,958	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,306,038	1,090,643	351,867	158,422	425,697
31.00	03100	INTENSIVE CARE UNIT	701,373	111,787	36,065	19,600	60,402
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	28,784	50,663	16,345	2,873	5,541
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	667,425	320,919	103,536	24,783	43,157
50.01	03330	ENDOSCOPY	382,714	200,007	64,527	8,261	43,112
51.00	05100	RECOVERY ROOM	117,644	29,550	9,534	5,912	4,448
52.00	05200	DELIVERY ROOM & LABOR ROOM	677,771	136,925	44,175	8,338	49,229
53.00	05300	ANESTHESIOLOGY	801,835	50,104	16,165	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	401,901	287,366	92,711	16,784	26,413
54.01	03630	ULTRASOUND	112,498	22,168	7,152	5,267	61
54.02	03440	MAMMOGRAPHY	70,586	13,839	4,465	4,437	966,687
55.00	05500	RADIOLOGY-THERAPEUTIC	223,103	84,238	27,177	5,522	16,379
55.01	03480	ONCOLOGY	292,208	131,480	42,418	3,152	16,395
56.00	05600	RADIOISOTOPE	122,460	35,017	11,297	6,398	2,550
57.00	05700	CT SCAN	324,829	32,370	10,443	12,886	5,617
58.00	05800	MRI	78,958	58,777	18,963	3,291	4,721
59.00	05900	CARDIAC CATHETERIZATION	34,418	12,827	4,138	0	0
60.00	06000	LABORATORY	1,403,984	213,781	68,971	0	15,226
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	102,665	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	466,752	72,358	23,344	3,039	13,176
66.00	06600	PHYSICAL THERAPY	200,170	38,697	12,485	4,559	6,558
67.00	06700	OCCUPATIONAL THERAPY	105,734	36,717	11,846	0	1,913
68.00	06800	SPEECH PATHOLOGY	31,072	3,982	1,285	0	0
69.00	06900	ELECTROCARDIOLOGY	45,517	0	0	0	0
69.01	03140	CARDIOLOGY	188,967	17,390	5,610	4,704	4,706
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	516,271	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	346,848	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,069,066	0	0	0	0
74.00	07400	RENAL DIALYSIS	58,296	14,183	4,576	0	1,746
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,285,040	298,041	96,155	151,891	115,916
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,122,291	4,138,222	1,335,088	455,464	1,859,995
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36,950	36,179	11,672	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	973,289	28,194	9,096	0	0
192.01	19201	APOTHECARY	430,338	30,110	9,714	0	4,083

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

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	
192.02	19202	REAL ESTATE	43,432	191,936	61,923	0	44,842	192.02
192.03	19203	FOUNDATION	37,437	0	0	0	304	192.03
192.04	19204	OUTREACH PROGRAMS	186,587	36,889	11,901	0	0	192.04
192.05	19205	UNASSIGNED	44,424	0	0	0	0	192.05
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)	19,874,748	4,461,530	1,439,394	455,464	1,909,224	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

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

Worksheet B
Part I
Date/Time Prepared:
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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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	778,574					10.00
11.00	01100	CAFETERIA	0	1,640,980				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	69,681	0	2,461,348		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	546,971	14.00
15.00	01500	PHARMACY	0	39,733	0	66,637	950	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,952	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	21,121	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	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	665,351	507,675	0	851,428	16,961	30.00
31.00	03100	INTENSIVE CARE UNIT	113,223	117,845	0	197,640	15,122	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	3,299	0	5,533	2,080	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	85,078	0	142,685	14,233	50.00
50.01	03330	ENDOSCOPY	0	43,906	0	73,636	16,602	50.01
51.00	05100	RECOVERY ROOM	0	23,208	0	38,923	557	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	127,969	0	214,618	26,658	52.00
53.00	05300	ANESTHESIOLOGY	0	3,215	0	5,391	11,176	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	53,099	0	89,054	2,971	54.00
54.01	03630	ULTRASOUND	0	21,488	0	36,038	0	54.01
54.02	03440	MAMMOGRAPHY	0	5,950	0	9,979	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,449	0	19,201	2,005	55.00
55.01	03480	ONCOLOGY	0	24,054	0	40,341	1,007	55.01
56.00	05600	RADIOISOTOPE	0	9,137	0	15,323	18,987	56.00
57.00	05700	CT SCAN	0	33,022	0	55,381	13,634	57.00
58.00	05800	MRI	0	5,978	0	10,026	1,036	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	705	0	1,182	0	59.00
60.00	06000	LABORATORY	0	0	0	0	417	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	90,351	0	151,529	1,735	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	2,011	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,516	0	14,283	0	69.00
69.01	03140	CARDIOLOGY	0	25,013	0	41,949	1,339	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	235,900	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	161,046	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	310	0	520	289	74.00
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								
91.00	09100	EMERGENCY	0	226,610	0	380,051	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	778,574	1,579,364	0	2,461,348	546,716	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,807	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	31,132	0	0	110	192.00
192.01	19201	APOTHECARY	0	6,176	0	0	126	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description			DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	2,002	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	18,499	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	778,574	1,640,980	0	2,461,348	546,971	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:20 pm

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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	2,324,747					15.00
16.00	01600	0	1,677,227				16.00
17.00	01700	0	0	1,111,221			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,492	149,800	840,417	0	0	30.00
31.00	03100	8,293	49,452	143,792	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
43.00	04300	537	5,855	60,339	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	10,661	55,306	0	0	0	50.00
50.01	03330	9,031	14,336	0	0	0	50.01
51.00	05100	525	7,213	0	0	0	51.00
52.00	05200	8,178	17,915	0	0	0	52.00
53.00	05300	1,035	16,624	0	0	0	53.00
54.00	05400	2,142	45,727	0	0	0	54.00
54.01	03630	2,473	15,088	0	0	0	54.01
54.02	03440	21	5,009	0	0	0	54.02
55.00	05500	0	39,080	0	0	0	55.00
55.01	03480	26,954	20,534	0	0	0	55.01
56.00	05600	277	12,783	0	0	0	56.00
57.00	05700	5,249	152,683	0	0	0	57.00
58.00	05800	2,319	30,213	0	0	0	58.00
59.00	05900	482	1,818	0	0	0	59.00
60.00	06000	0	219,560	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	7,670	0	0	0	63.00
65.00	06500	225	45,451	0	0	0	65.00
66.00	06600	0	17,218	0	0	0	66.00
67.00	06700	0	9,201	0	0	0	67.00
68.00	06800	0	2,407	0	0	0	68.00
69.00	06900	0	14,016	0	0	0	69.00
69.01	03140	5,488	34,852	0	0	0	69.01
71.00	07100	11,539	54,544	0	0	0	71.00
72.00	07200	0	24,709	0	0	0	72.00
73.00	07300	2,181,533	322,354	0	0	0	73.00
74.00	07400	254	1,458	0	0	0	74.00
76.97	07697	0	0	0	0	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							
91.00	09100	38,039	284,351	66,673	0	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		2,324,747	1,677,227	1,111,221	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
192.02	19202 REAL ESTATE	0	0	0	0	0	192.02
192.03	19203 FOUNDATION	0	0	0	0	0	192.03
192.04	19204 OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205 UNASSIGNED	0	0	0	0	0	192.05
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)	2,324,747	1,677,227	1,111,221	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/24/2017 1:20 pm
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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	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	ADMINISTRATIVE					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
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	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	15,281,496	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	3,979,696	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
43.00 04300	NURSERY	0	0	0	280,553	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	3,756,470	0 50.00
50.01 03330	ENDOSCOPY	0	0	0	2,168,510	0 50.01
51.00 05100	RECOVERY ROOM	0	0	0	640,931	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,635,941	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	3,655,143	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,396,340	0 54.00
54.01 03630	ULTRASOUND	0	0	0	608,004	0 54.01
54.02 03440	MAMMOGRAPHY	0	0	0	1,323,021	0 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,193,205	0 55.00
55.01 03480	ONCOLOGY	0	0	0	1,600,562	0 55.01
56.00 05600	RADIOISOTOPE	0	0	0	654,159	0 56.00
57.00 05700	CT SCAN	0	0	0	1,759,995	0 57.00
58.00 05800	MRI	0	0	0	485,038	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	173,595	0 59.00
60.00 06000	LABORATORY	0	0	0	6,736,384	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	462,387	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	2,468,515	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	968,106	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	527,988	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	145,295	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	238,415	0 69.00
69.01 03140	CARDIOLOGY	0	0	0	978,010	0 69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,588,615	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,721,989	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,668,053	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	281,536	0 74.00
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						
91.00 09100	EMERGENCY	0	0	0	7,349,338	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	79,727,290	0 118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00	23.00					
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	215,313	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,379,358	0	192.00
192.01	19201	APOTHECARY	0	0	0	1,956,232	0	192.01
192.02	19202	REAL ESTATE	0	0	0	491,068	0	192.02
192.03	19203	FOUNDATION	0	0	0	168,121	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	893,725	0	192.04
192.05	19205	UNASSIGNED	0	0	0	196,759	0	192.05
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)	0	0	0	88,027,866	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/24/2017 1:20 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	15,281,496	30.00
31.00	03100 INTENSIVE CARE UNIT	3,979,696	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
43.00	04300 NURSERY	280,553	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	3,756,470	50.00
50.01	03330 ENDOSCOPY	2,168,510	50.01
51.00	05100 RECOVERY ROOM	640,931	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,635,941	52.00
53.00	05300 ANESTHESIOLOGY	3,655,143	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,396,340	54.00
54.01	03630 ULTRASOUND	608,004	54.01
54.02	03440 MAMMOGRAPHY	1,323,021	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,193,205	55.00
55.01	03480 ONCOLOGY	1,600,562	55.01
56.00	05600 RADIOISOTOPE	654,159	56.00
57.00	05700 CT SCAN	1,759,995	57.00
58.00	05800 MRI	485,038	58.00
59.00	05900 CARDIAC CATHETERIZATION	173,595	59.00
60.00	06000 LABORATORY	6,736,384	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	462,387	63.00
65.00	06500 RESPIRATORY THERAPY	2,468,515	65.00
66.00	06600 PHYSICAL THERAPY	968,106	66.00
67.00	06700 OCCUPATIONAL THERAPY	527,988	67.00
68.00	06800 SPEECH PATHOLOGY	145,295	68.00
69.00	06900 ELECTROCARDIOLOGY	238,415	69.00
69.01	03140 CARDIOLOGY	978,010	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,588,615	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,721,989	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,668,053	73.00
74.00	07400 RENAL DIALYSIS	281,536	74.00
76.97	07697 CARDIAC REHABILITATION	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	7,349,338	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	79,727,290	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	215,313	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	4,379,358	192.00
192.01	19201 APOTHECARY	1,956,232	192.01
192.02	19202 REAL ESTATE	491,068	192.02
192.03	19203 FOUNDATION	168,121	192.03

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 1:20 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	2A	4.00			
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	31,012	693	31,705	31,705	4.00
5.01	00540	NONPATIENT TELEPHONES	0	5,750	12,336	18,086	259	5.01
5.02	00550	DATA PROCESSING	0	12,456	0	12,456	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	8,987	2,518	11,505	748	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	13,240	325	13,565	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	106,497	1,803,236	1,909,733	2,015	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	260,983	338,734	599,717	999	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,936	0	4,936	81	8.00
9.00	00900	HOUSEKEEPING	0	22,851	10,729	33,580	929	9.00
10.00	01000	DIETARY	0	22,417	10,656	33,073	180	10.00
11.00	01100	CAFETERIA	0	61,175	0	61,175	487	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	9,819	145,986	155,805	1,352	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	39,524	182,042	221,566	0	14.00
15.00	01500	PHARMACY	0	20,968	4,196	25,164	1,190	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	28,648	5,607	34,255	224	16.00
17.00	01700	SOCIAL SERVICE	0	3,386	0	3,386	687	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	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	301,011	36,850	337,861	5,849	30.00
31.00	03100	INTENSIVE CARE UNIT	0	30,852	3,873	34,725	1,593	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	13,983	4,065	18,048	46	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	88,571	121,898	210,469	999	50.00
50.01	03330	ENDOSCOPY	0	55,200	27,643	82,843	858	50.01
51.00	05100	RECOVERY ROOM	0	8,156	5,289	13,445	325	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	37,790	26,495	64,285	1,729	52.00
53.00	05300	ANESTHESIOLOGY	0	13,828	7,431	21,259	67	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	79,310	113,398	192,708	888	54.00
54.01	03630	ULTRASOUND	0	6,118	19,284	25,402	270	54.01
54.02	03440	MAMMOGRAPHY	0	3,819	15,258	19,077	164	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	23,249	66,248	89,497	462	55.00
55.01	03480	ONCOLOGY	0	36,287	24,966	61,253	648	55.01
56.00	05600	RADIOISOTOPE	0	9,664	20,756	30,420	173	56.00
57.00	05700	CT SCAN	0	8,934	73,230	82,164	576	57.00
58.00	05800	MRI	0	16,222	2,673	18,895	155	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,540	65,848	69,388	19	59.00
60.00	06000	LABORATORY	0	59,001	87,770	146,771	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	19,970	32,659	52,629	1,044	65.00
66.00	06600	PHYSICAL THERAPY	0	10,680	641	11,321	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,134	0	10,134	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,099	0	1,099	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	142	69.00
69.01	03140	CARDIOLOGY	0	4,799	54,741	59,540	416	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,914	756	4,670	10	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	82,256	25,498	107,754	2,957	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,581,036	3,354,328	4,935,364	28,541	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,985	0	9,985	55 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	7,781	1,367	9,148	2,457 192.00
192.01 19201	APOTHECARY	0	8,310	780	9,090	207 192.01
192.02 19202	REAL ESTATE	0	52,972	0	52,972	0 192.02
192.03 19203	FOUNDATION	0	0	7,282	7,282	0 192.03
192.04 19204	OUTREACH PROGRAMS	0	10,181	0	10,181	445 192.04
192.05 19205	UNASSIGNED	0	0	1,035	1,035	0 192.05
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	1,670,265	3,364,792	5,035,057	31,705 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 1:20 pm	
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	
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	18,345					5.01
5.02	00550	DATA PROCESSING	248	12,704				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMINISTRATIVE	945	0	0	13,198		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	180	0	0	0	13,745	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,952	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,193	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	203	0	0	0	0	9.00
10.00	01000	DIETARY	113	0	0	0	0	10.00
11.00	01100	CAFETERIA	360	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	720	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	248	0	0	0	0	14.00
15.00	01500	PHARMACY	855	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,013	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	225	0	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	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,125	1,155	0	1,199	1,244	30.00
31.00	03100	INTENSIVE CARE UNIT	293	381	0	396	411	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	23	45	0	47	49	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,486	426	0	443	459	50.00
50.01	03330	ENDOSCOPY	585	111	0	115	119	50.01
51.00	05100	RECOVERY ROOM	23	56	0	58	60	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	203	138	0	143	149	52.00
53.00	05300	ANESTHESIOLOGY	248	128	0	133	138	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	540	352	0	366	380	54.00
54.01	03630	ULTRASOUND	180	116	0	121	125	54.01
54.02	03440	MAMMOGRAPHY	135	39	0	40	42	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	315	301	0	313	324	55.00
55.01	03480	ONCOLOGY	270	158	0	164	170	55.01
56.00	05600	RADIOISOTOPE	225	99	0	102	106	56.00
57.00	05700	CT SCAN	428	1,177	0	1,222	1,267	57.00
58.00	05800	MRI	113	233	0	242	251	58.00
59.00	05900	CARDIAC CATHETERIZATION	90	14	0	15	15	59.00
60.00	06000	LABORATORY	1,013	1,692	0	1,758	1,823	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	59	0	61	64	63.00
65.00	06500	RESPIRATORY THERAPY	180	350	0	364	377	65.00
66.00	06600	PHYSICAL THERAPY	113	133	0	138	143	66.00
67.00	06700	OCCUPATIONAL THERAPY	113	71	0	74	76	67.00
68.00	06800	SPEECH PATHOLOGY	23	19	0	19	20	68.00
69.00	06900	ELECTROCARDIOLOGY	0	108	0	112	116	69.00
69.01	03140	CARDIOLOGY	248	269	0	279	289	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	420	0	437	453	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	190	0	198	205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,261	0	2,351	2,498	73.00
74.00	07400	RENAL DIALYSIS	23	11	0	12	12	74.00
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								
91.00	09100	EMERGENCY	1,238	2,192	0	2,276	2,360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,488	12,704	0	13,198	13,745	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	113	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	270	0	0	0	0	192.00
192.01	19201	APOTHECARY	203	0	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 1:20 pm	
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	
192.02	19202	REAL ESTATE	23	0	0	0	0	192.02
192.03	19203	FOUNDATION	225	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	23	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	18,345	12,704	0	13,198	13,745	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 1:20 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,913,700					5.06
6.00	00600	MAINTENANCE & REPAIRS	96,991	698,900				6.00
7.00	00700	OPERATION OF PLANT	31,292	0	31,292			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,387	2,802	125	17,331		8.00
9.00	00900	HOUSEKEEPING	39,125	12,970	581	0	87,388	9.00
10.00	01000	DIETARY	14,508	12,724	570	0	174	10.00
11.00	01100	CAFETERIA	29,045	34,723	1,555	0	538	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	50,765	5,573	250	203	188	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,773	22,434	1,004	0	0	14.00
15.00	01500	PHARMACY	45,894	11,901	533	0	267	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	32,916	16,261	728	0	222	16.00
17.00	01700	SOCIAL SERVICE	23,345	1,922	86	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	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	222,066	170,849	7,650	6,030	19,485	30.00
31.00	03100	INTENSIVE CARE UNIT	67,533	17,511	784	746	2,765	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	2,772	7,936	355	109	254	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	64,264	50,272	2,251	943	1,975	50.00
50.01	03330	ENDOSCOPY	36,850	31,331	1,403	314	1,973	50.01
51.00	05100	RECOVERY ROOM	11,328	4,629	207	225	204	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	65,260	21,449	960	317	2,253	52.00
53.00	05300	ANESTHESIOLOGY	77,206	7,849	351	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,698	45,016	2,016	639	1,209	54.00
54.01	03630	ULTRASOUND	10,832	3,473	155	200	3	54.01
54.02	03440	MAMMOGRAPHY	6,796	2,168	97	169	44,246	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	21,482	13,196	591	210	750	55.00
55.01	03480	ONCOLOGY	28,136	20,596	922	120	750	55.01
56.00	05600	RADIOISOTOPE	11,791	5,485	246	243	117	56.00
57.00	05700	CT SCAN	31,277	5,071	227	490	257	57.00
58.00	05800	MRI	7,603	9,207	412	125	216	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,314	2,009	90	0	0	59.00
60.00	06000	LABORATORY	135,185	33,489	1,499	0	697	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,885	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	44,942	11,335	508	116	603	65.00
66.00	06600	PHYSICAL THERAPY	19,274	6,062	271	173	300	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,181	5,752	258	0	88	67.00
68.00	06800	SPEECH PATHOLOGY	2,992	624	28	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,383	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	18,195	2,724	122	179	215	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,710	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,397	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	199,223	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,613	2,222	99	0	80	74.00
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								
91.00	09100	EMERGENCY	123,732	46,688	2,090	5,780	5,306	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,744,961	648,253	29,024	17,331	85,135	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,558	5,667	254	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	93,715	4,417	198	0	0	192.00
192.01	19201	APOTHECARY	41,436	4,717	211	0	187	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.02	19202	REAL ESTATE	4,182	30,067	1,346	0	2,052	192.02
192.03	19203	FOUNDATION	3,605	0	0	0	14	192.03
192.04	19204	OUTREACH PROGRAMS	17,966	5,779	259	0	0	192.04
192.05	19205	UNASSIGNED	4,277	0	0	0	0	192.05
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)	1,913,700	698,900	31,292	17,331	87,388	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 1:20 pm	
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	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	61,342					10.00
11.00	01100	CAFETERIA	0	127,883				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	5,430	0	220,286		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	253,025	14.00
15.00	01500	PHARMACY	0	3,096	0	5,964	439	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,633	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,646	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	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,421	39,562	0	76,203	7,846	30.00
31.00	03100	INTENSIVE CARE UNIT	8,921	9,184	0	17,688	6,995	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	257	0	495	962	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,630	0	12,770	6,584	50.00
50.01	03330	ENDOSCOPY	0	3,422	0	6,590	7,680	50.01
51.00	05100	RECOVERY ROOM	0	1,809	0	3,484	258	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,973	0	19,208	12,332	52.00
53.00	05300	ANESTHESIOLOGY	0	251	0	483	5,170	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,138	0	7,970	1,374	54.00
54.01	03630	ULTRASOUND	0	1,675	0	3,225	0	54.01
54.02	03440	MAMMOGRAPHY	0	464	0	893	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	892	0	1,718	928	55.00
55.01	03480	ONCOLOGY	0	1,875	0	3,610	466	55.01
56.00	05600	RADIOISOTOPE	0	712	0	1,371	8,783	56.00
57.00	05700	CT SCAN	0	2,573	0	4,956	6,307	57.00
58.00	05800	MRI	0	466	0	897	479	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	55	0	106	0	59.00
60.00	06000	LABORATORY	0	0	0	0	193	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,041	0	13,562	803	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	930	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	664	0	1,278	0	69.00
69.01	03140	CARDIOLOGY	0	1,949	0	3,754	619	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	109,126	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	74,499	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	24	0	47	134	74.00
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	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	17,660	0	34,014	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	61,342	123,081	0	220,286	252,907	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	297	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,426	0	0	51	192.00
192.01	19201	APOTHECARY	0	481	0	0	58	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
192.02	19202 REAL ESTATE	0	0	0	0	0	192.02
192.03	19203 FOUNDATION	0	156	0	0	0	192.03
192.04	19204 OUTREACH PROGRAMS	0	1,442	0	0	0	192.04
192.05	19205 UNASSIGNED	0	0	0	0	0	192.05
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)	61,342	127,883	0	220,286	253,025	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 1:20 pm	
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	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	95,303					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	87,252				16.00
17.00	01700	SOCIAL SERVICE	0	0	31,297			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		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	389	7,772	23,670			30.00
31.00	03100	INTENSIVE CARE UNIT	340	2,566	4,050			31.00
32.00	03200	CORONARY CARE UNIT	0	0	0			32.00
43.00	04300	NURSERY	22	304	1,699			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	437	2,869	0			50.00
50.01	03330	ENDOSCOPY	370	744	0			50.01
51.00	05100	RECOVERY ROOM	22	374	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	335	929	0			52.00
53.00	05300	ANESTHESIOLOGY	42	862	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	88	2,372	0			54.00
54.01	03630	ULTRASOUND	101	783	0			54.01
54.02	03440	MAMMOGRAPHY	1	260	0			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,028	0			55.00
55.01	03480	ONCOLOGY	1,105	1,065	0			55.01
56.00	05600	RADIOISOTOPE	11	663	0			56.00
57.00	05700	CT SCAN	215	7,922	0			57.00
58.00	05800	MRI	95	1,568	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	20	94	0			59.00
60.00	06000	LABORATORY	0	11,391	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	398	0			63.00
65.00	06500	RESPIRATORY THERAPY	9	2,358	0			65.00
66.00	06600	PHYSICAL THERAPY	0	893	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	477	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	125	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	727	0			69.00
69.01	03140	CARDIOLOGY	225	1,808	0			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	473	2,830	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,282	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,434	16,959	0			73.00
74.00	07400	RENAL DIALYSIS	10	76	0			74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRI PSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,559	14,753	1,878			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	95,303	87,252	31,297	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	APOTHECARY	0	0	0			192.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 1:20 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.02	19202	REAL ESTATE	0	0	0			192.02
192.03	19203	FOUNDATION	0	0	0			192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0			192.04
192.05	19205	UNASSIGNED	0	0	0			192.05
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)	95,303	87,252	31,297	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 1:20 pm	
Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	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	ADMINISTRATIVE				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
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	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			982,376	0 30.00
31.00	03100	INTENSIVE CARE UNIT			176,882	0 31.00
32.00	03200	CORONARY CARE UNIT			0	0 32.00
43.00	04300	NURSERY			33,423	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			363,277	0 50.00
50.01	03330	ENDOSCOPY			175,308	0 50.01
51.00	05100	RECOVERY ROOM			36,507	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			199,663	0 52.00
53.00	05300	ANESTHESIOLOGY			114,187	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			298,754	0 54.00
54.01	03630	ULTRASOUND			46,661	0 54.01
54.02	03440	MAMMOGRAPHY			74,591	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC			133,007	0 55.00
55.01	03480	ONCOLOGY			121,308	0 55.01
56.00	05600	RADIOISOTOPE			60,547	0 56.00
57.00	05700	CT SCAN			146,129	0 57.00
58.00	05800	MRI			40,957	0 58.00
59.00	05900	CARDIAC CATHETERIZATION			75,229	0 59.00
60.00	06000	LABORATORY			335,511	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			10,467	0 63.00
65.00	06500	RESPIRATORY THERAPY			136,221	0 65.00
66.00	06600	PHYSICAL THERAPY			39,751	0 66.00
67.00	06700	OCCUPATIONAL THERAPY			27,224	0 67.00
68.00	06800	SPEECH PATHOLOGY			4,949	0 68.00
69.00	06900	ELECTROCARDIOLOGY			7,530	0 69.00
69.01	03140	CARDIOLOGY			90,831	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			163,449	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			109,771	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			312,726	0 73.00
74.00	07400	RENAL DIALYSIS			13,043	0 74.00
76.97	07697	CARDIAC REHABILITATION			0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY			0	0 76.98
76.99	07699	LITHOTRIPSY			0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY			372,237	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	4,702,516 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

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

Worksheet B
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Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00			
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			19,929	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES			112,682	0
192.01	19201	APOTHECARY			56,590	0
192.02	19202	REAL ESTATE			90,642	0
192.03	19203	FOUNDATION			11,282	0
192.04	19204	OUTREACH PROGRAMS			36,104	0
192.05	19205	UNASSIGNED			5,312	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	0	5,035,057	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 1:20 pm
Cost Center Description		Total			
		26.00			
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
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
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	982,376		30.00
31.00	03100	INTENSIVE CARE UNIT	176,882		31.00
32.00	03200	CORONARY CARE UNIT	0		32.00
43.00	04300	NURSERY	33,423		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	363,277		50.00
50.01	03330	ENDOSCOPY	175,308		50.01
51.00	05100	RECOVERY ROOM	36,507		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	199,663		52.00
53.00	05300	ANESTHESIOLOGY	114,187		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	298,754		54.00
54.01	03630	ULTRASOUND	46,661		54.01
54.02	03440	MAMMOGRAPHY	74,591		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	133,007		55.00
55.01	03480	ONCOLOGY	121,308		55.01
56.00	05600	RADIOISOTOPE	60,547		56.00
57.00	05700	CT SCAN	146,129		57.00
58.00	05800	MRI	40,957		58.00
59.00	05900	CARDIAC CATHETERIZATION	75,229		59.00
60.00	06000	LABORATORY	335,511		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,467		63.00
65.00	06500	RESPIRATORY THERAPY	136,221		65.00
66.00	06600	PHYSICAL THERAPY	39,751		66.00
67.00	06700	OCCUPATIONAL THERAPY	27,224		67.00
68.00	06800	SPEECH PATHOLOGY	4,949		68.00
69.00	06900	ELECTROCARDIOLOGY	7,530		69.00
69.01	03140	CARDIOLOGY	90,831		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	163,449		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,771		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	312,726		73.00
74.00	07400	RENAL DIALYSIS	13,043		74.00
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					
91.00	09100	EMERGENCY	372,237		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,702,516		118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,929		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	112,682		192.00
192.01	19201	APOTHECARY	56,590		192.01
192.02	19202	REAL ESTATE	90,642		192.02
192.03	19203	FOUNDATION	11,282		192.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 1:20 pm
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Cost Center Description		Total	
		26.00	
192.04	19204	OUTREACH PROGRAMS	36,104
192.05	19205	UNASSIGNED	5,312
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118-201)	5,035,057

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF LINES)	DATA PROCESSING (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	281,192				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,567,852			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,221	529	29,491,916		4.00
5.01 00540	NONPATIENT TELEPHONES	968	9,414	241,021	815	5.01
5.02 00550	DATA PROCESSING	2,097	0	0	11	497,321,528
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0
5.04 00570	ADMINISTRATIVE	1,513	1,922	695,950	42	0
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,229	248	0	8	0
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	17,929	1,376,145	1,874,003	87	0
6.00 00600	MAINTENANCE & REPAIRS	43,937	258,506	929,179	53	0
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	831	0	74,916	831	0
9.00 00900	HOUSEKEEPING	3,847	8,188	863,868	9	0
10.00 01000	DIETARY	3,774	8,132	167,201	5	0
11.00 01100	CAFETERIA	10,299	0	452,960	16	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,653	111,410	1,258,018	32	0
14.00 01400	CENTRAL SERVICES & SUPPLY	6,654	138,926	0	11	0
15.00 01500	PHARMACY	3,530	3,202	1,107,395	38	0
16.00 01600	MEDICAL RECORDS & LIBRARY	4,823	4,279	208,406	45	0
17.00 01700	SOCIAL SERVICE	570	0	639,207	10	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	50,675	28,122	5,440,553	50	44,411,581
31.00 03100	INTENSIVE CARE UNIT	5,194	2,956	1,481,883	13	14,661,012
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
43.00 04300	NURSERY	2,354	3,102	43,226	1	1,735,874
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	14,911	93,027	929,637	66	16,396,556
50.01 03330	ENDOSCOPY	9,293	21,096	797,938	26	4,250,227
51.00 05100	RECOVERY ROOM	1,373	4,036	301,933	1	2,138,339
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,362	20,220	1,608,664	9	5,311,371
53.00 05300	ANESTHESIOLOGY	2,328	5,671	62,444	11	4,928,569
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,352	86,540	825,808	24	13,556,863
54.01 03630	ULTRASOUND	1,030	14,717	251,449	8	4,473,108
54.02 03440	MAMMOGRAPHY	643	11,644	152,327	6	1,485,034
55.00 05500	RADIOLOGY-THERAPEUTIC	3,914	50,557	429,444	14	11,586,241
55.01 03480	ONCOLOGY	6,109	19,053	603,199	12	6,087,764
56.00 05600	RADIOISOTOPE	1,627	15,840	160,693	10	3,789,793
57.00 05700	CT SCAN	1,504	55,886	535,825	19	45,266,273
58.00 05800	MRI	2,731	2,040	143,798	5	8,957,293
59.00 05900	CARDIAC CATHETERIZATION	596	50,252	17,462	4	538,864
60.00 06000	LABORATORY	9,933	66,982	0	45	65,093,315
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,273,920
65.00 06500	RESPIRATORY THERAPY	3,362	24,924	971,506	8	13,474,861
66.00 06600	PHYSICAL THERAPY	1,798	489	0	5	5,104,537
67.00 06700	OCCUPATIONAL THERAPY	1,706	0	0	5	2,727,748
68.00 06800	SPEECH PATHOLOGY	185	0	0	1	713,472
69.00 06900	ELECTROCARDIOLOGY	0	0	131,668	0	4,155,475
69.01 03140	CARDIOLOGY	808	41,776	386,764	11	10,332,679
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	16,170,804
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,325,629
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	95,639,836
74.00 07400	RENAL DIALYSIS	659	577	9,416	1	432,363
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	13,848	19,459	2,750,543	55	84,302,127
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	266,170	2,559,867	26,548,304	777	497,321,528

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF LINES)	DATA PROCESSING (GROSS REVENUE)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,681	0	51,429	5	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,310	1,043	2,285,273	12	0	192.00
192.01	19201	APOTHECARY	1,399	595	192,623	9	0	192.01
192.02	19202	REAL ESTATE	8,918	0	0	1	0	192.02
192.03	19203	FOUNDATION	0	5,557	0	10	0	192.03
192.04	19204	OUTREACH PROGRAMS	1,714	0	414,287	1	0	192.04
192.05	19205	UNASSIGNED	0	790	0	0	0	192.05
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)	1,670,265	3,364,792	651,779	581,822	1,359,479	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.939945	1.310353	0.022100	713.892025	0.002734	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			31,705	18,345	12,704	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001075	22.509202	0.000026	205.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet B-1	
Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	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	0					5.03
5.04	00570	ADMITTING	0	497,321,528				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	497,321,528			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	-19,874,748	68,153,118	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	3,454,215	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	1,114,411	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	334,316	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	1,393,380	9.00
10.00	01000	DIETARY	0	0	0	0	516,676	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,034,408	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,807,928	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	276,830	14.00
15.00	01500	PHARMACY	0	0	0	0	1,634,470	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,172,270	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	831,417	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	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	44,411,581	44,411,581	0	7,907,705	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,661,012	14,661,012	0	2,405,102	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	1,735,874	1,735,874	0	98,704	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	16,396,556	16,396,556	0	2,288,687	50.00
50.01	03330	ENDOSCOPY	0	4,250,227	4,250,227	0	1,312,378	50.01
51.00	05100	RECOVERY ROOM	0	2,138,339	2,138,339	0	403,417	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,311,371	5,311,371	0	2,324,165	52.00
53.00	05300	ANESTHESIOLOGY	0	4,928,569	4,928,569	0	2,749,598	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,556,863	13,556,863	0	1,378,172	54.00
54.01	03630	ULTRASOUND	0	4,473,108	4,473,108	0	385,771	54.01
54.02	03440	MAMMOGRAPHY	0	1,485,034	1,485,034	0	242,048	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,586,241	11,586,241	0	765,051	55.00
55.01	03480	ONCOLOGY	0	6,087,764	6,087,764	0	1,002,019	55.01
56.00	05600	RADIOISOTOPE	0	3,789,793	3,789,793	0	419,930	56.00
57.00	05700	CT SCAN	0	45,266,273	45,266,273	0	1,113,881	57.00
58.00	05800	MRI	0	8,957,293	8,957,293	0	270,756	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	538,864	538,864	0	118,025	59.00
60.00	06000	LABORATORY	0	65,093,315	65,093,315	0	4,814,445	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,273,920	2,273,920	0	352,052	63.00
65.00	06500	RESPIRATORY THERAPY	0	13,474,861	13,474,861	0	1,600,555	65.00
66.00	06600	PHYSICAL THERAPY	0	5,104,537	5,104,537	0	686,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,727,748	2,727,748	0	362,577	67.00
68.00	06800	SPEECH PATHOLOGY	0	713,472	713,472	0	106,549	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,155,475	4,155,475	0	156,083	69.00
69.01	03140	CARDIOLOGY	0	10,332,679	10,332,679	0	647,992	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,170,804	16,170,804	0	1,770,361	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,325,629	7,325,629	0	1,189,386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	95,639,836	95,639,836	0	7,095,100	73.00
74.00	07400	RENAL DIALYSIS	0	432,363	432,363	0	199,904	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	84,302,127	84,302,127	0	4,406,571	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	497,321,528	497,321,528	-19,874,748	62,143,713	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	126,705	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMINISTRATIVE (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,337,537	192.00
192.01	19201	APOTHECARY	0	0	0	0	1,475,685	192.01
192.02	19202	REAL ESTATE	0	0	0	0	148,935	192.02
192.03	19203	FOUNDATION	0	0	0	0	128,378	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	639,830	192.04
192.05	19205	UNASSIGNED	0	0	0	0	152,335	192.05
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	1,013,744	200,203		19,874,748	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.002038	0.000403		0.291619	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	13,198	13,745		1,913,700	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000027	0.000028		0.028079	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet B-1	
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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	207,298					6.00
7.00	00700	0	207,298				7.00
8.00	00800	831	831	448,392			8.00
9.00	00900	3,847	3,847	0	125,771		9.00
10.00	01000	3,774	3,774	0	250	62,067	10.00
11.00	01100	10,299	10,299	0	774	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,653	1,653	5,262	271	0	13.00
14.00	01400	6,654	6,654	0	0	0	14.00
15.00	01500	3,530	3,530	0	384	0	15.00
16.00	01600	4,823	4,823	0	320	0	16.00
17.00	01700	570	570	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	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	50,675	50,675	155,962	28,043	53,041	30.00
31.00	03100	5,194	5,194	19,296	3,979	9,026	31.00
32.00	03200	0	0	0	0	0	32.00
43.00	04300	2,354	2,354	2,828	365	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	14,911	14,911	24,398	2,843	0	50.00
50.01	03330	9,293	9,293	8,133	2,840	0	50.01
51.00	05100	1,373	1,373	5,820	293	0	51.00
52.00	05200	6,362	6,362	8,209	3,243	0	52.00
53.00	05300	2,328	2,328	0	0	0	53.00
54.00	05400	13,352	13,352	16,523	1,740	0	54.00
54.01	03630	1,030	1,030	5,185	4	0	54.01
54.02	03440	643	643	4,368	63,681	0	54.02
55.00	05500	3,914	3,914	5,436	1,079	0	55.00
55.01	03480	6,109	6,109	3,103	1,080	0	55.01
56.00	05600	1,627	1,627	6,299	168	0	56.00
57.00	05700	1,504	1,504	12,686	370	0	57.00
58.00	05800	2,731	2,731	3,240	311	0	58.00
59.00	05900	596	596	0	0	0	59.00
60.00	06000	9,933	9,933	0	1,003	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
65.00	06500	3,362	3,362	2,992	868	0	65.00
66.00	06600	1,798	1,798	4,488	432	0	66.00
67.00	06700	1,706	1,706	0	126	0	67.00
68.00	06800	185	185	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03140	808	808	4,631	310	0	69.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	659	659	0	115	0	74.00
76.97	07697	0	0	0	0	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							
91.00	09100	13,848	13,848	149,533	7,636	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		192,276	192,276	448,392	122,528	62,067	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,681	1,681	0	0	0	190.00
192.00	19200	1,310	1,310	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:20 pm

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	
192.01	19201	APOTHECARY	1,399	1,399	0	269	0	192.01
192.02	19202	REAL ESTATE	8,918	8,918	0	2,954	0	192.02
192.03	19203	FOUNDATION	0	0	0	20	0	192.03
192.04	19204	OUTREACH PROGRAMS	1,714	1,714	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	4,461,530	1,439,394	455,464	1,909,224	778,574	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.522301	6.943598	1.015772	15.180161	12.544089	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	698,900	31,292	17,331	87,388	61,342	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.371475	0.150952	0.038651	0.694818	0.988319	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	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	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	58,192					11.00
12.00	01200	0	0				12.00
13.00	01300	2,471	0	52,044			13.00
14.00	01400	0	0	0	3,910,813		14.00
15.00	01500	1,409	0	1,409	6,791	7,909,760	15.00
16.00	01600	743	0	0	0	0	16.00
17.00	01700	749	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	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	18,003	0	18,003	121,272	32,297	30.00
31.00	03100	4,179	0	4,179	108,122	28,215	31.00
32.00	03200	0	0	0	0	0	32.00
43.00	04300	117	0	117	14,870	1,828	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,017	0	3,017	101,768	36,274	50.00
50.01	03330	1,557	0	1,557	118,704	30,728	50.01
51.00	05100	823	0	823	3,980	1,786	51.00
52.00	05200	4,538	0	4,538	190,605	27,824	52.00
53.00	05300	114	0	114	79,905	3,523	53.00
54.00	05400	1,883	0	1,883	21,241	7,288	54.00
54.01	03630	762	0	762	0	8,413	54.01
54.02	03440	211	0	211	0	73	54.02
55.00	05500	406	0	406	14,337	0	55.00
55.01	03480	853	0	853	7,197	91,707	55.01
56.00	05600	324	0	324	135,755	944	56.00
57.00	05700	1,171	0	1,171	97,484	17,858	57.00
58.00	05800	212	0	212	7,405	7,889	58.00
59.00	05900	25	0	25	0	1,640	59.00
60.00	06000	0	0	0	2,983	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
65.00	06500	3,204	0	3,204	12,405	765	65.00
66.00	06600	0	0	0	14,375	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	302	0	302	0	0	69.00
69.01	03140	887	0	887	9,572	18,671	69.01
71.00	07100	0	0	0	1,686,678	39,262	71.00
72.00	07200	0	0	0	1,151,475	0	72.00
73.00	07300	0	0	0	0	7,422,486	73.00
74.00	07400	11	0	11	2,064	864	74.00
76.97	07697	0	0	0	0	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							
91.00	09100	8,036	0	8,036	0	129,425	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		56,007	0	52,044	3,908,988	7,909,760	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	135	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
		11.00	12.00	13.00	14.00	15.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,104	0	0	787	0	192.00
192.01	19201	APOTHECARY	219	0	0	904	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	71	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	656	0	0	134	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	1,640,980	0	2,461,348	546,971	2,324,747	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.199409	0.000000	47.293598	0.139861	0.293909	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	127,883	0	220,286	253,025	95,303	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.197604	0.000000	4.232688	0.064699	0.012049	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 1:20 pm

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 ADMINITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						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	497,321,528					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			0	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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	44,411,581	7,563	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	14,661,012	1,294	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00 04300 NURSERY	1,735,874	543	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	16,396,556	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	4,250,227	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	2,138,339	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,311,371	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	4,928,569	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	13,556,863	0	0	0	0	54.00
54.01 03630 ULTRASOUND	4,473,108	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	1,485,034	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	11,586,241	0	0	0	0	55.00
55.01 03480 ONCOLOGY	6,087,764	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	3,789,793	0	0	0	0	56.00
57.00 05700 CT SCAN	45,266,273	0	0	0	0	57.00
58.00 05800 MRI	8,957,293	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	538,864	0	0	0	0	59.00
60.00 06000 LABORATORY	65,093,315	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,273,920	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	13,474,861	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	5,104,537	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,727,748	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	713,472	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	4,155,475	0	0	0	0	69.00
69.01 03140 RADIOLOGY	10,332,679	0	0	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	16,170,804	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	7,325,629	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	95,639,836	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	432,363	0	0	0	0	74.00
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 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	84,302,127	600	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	497,321,528	10,000	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:20 pm

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	
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	APOTHECARY	0	0	0	0	0 192.01
192.02 19202	REAL ESTATE	0	0	0	0	0 192.02
192.03 19203	FOUNDATION	0	0	0	0	0 192.03
192.04 19204	OUTREACH PROGRAMS	0	0	0	0	0 192.04
192.05 19205	UNASSIGNED	0	0	0	0	0 192.05
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)	1,677,227	1,111,221	0	0	0 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003373	111.122100	0.000000	0.000000	0.000000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	87,252	31,297	0	0	0 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000175	3.129700	0.000000	0.000000	0.000000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00	23.00		
GENERAL SERVICE COST CENTERS				
1.00 00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01 00540	NONPATIENT TELEPHONES			5.01
5.02 00550	DATA PROCESSING			5.02
5.03 00560	PURCHASING RECEIVING AND STORES			5.03
5.04 00570	ADMINISTRATIVE			5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00 00600	MAINTENANCE & REPAIRS			6.00
7.00 00700	OPERATION OF PLANT			7.00
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
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	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	32.00
43.00 04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
50.01 03330	ENDOSCOPY	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03630	ULTRASOUND	0	0	54.01
54.02 03440	MAMMOGRAPHY	0	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01 03480	ONCOLOGY	0	0	55.01
56.00 05600	RADIOISOTOPE	0	0	56.00
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MRI	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
69.01 03140	CARDIOLOGY	0	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS				
113.00 11300	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00			
NONREIMBURSABLE COST CENTERS				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01 19201	APOTHECARY	0	0	192.01
192.02 19202	REAL ESTATE	0	0	192.02
192.03 19203	FOUNDATION	0	0	192.03
192.04 19204	OUTREACH PROGRAMS	0	0	192.04
192.05 19205	UNASSIGNED	0	0	192.05
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 1:20 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Dissallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		15,281,496	0	15,281,496	30.00
31.00	03100 INTENSIVE CARE UNIT		3,979,696	15,835	3,995,531	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
43.00	04300 NURSERY		280,553	0	280,553	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		3,756,470	0	3,756,470	50.00
50.01	03330 ENDOSCOPY		2,168,510	0	2,168,510	50.01
51.00	05100 RECOVERY ROOM		640,931	0	640,931	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,635,941	0	3,635,941	52.00
53.00	05300 ANESTHESIOLOGY		3,655,143	0	3,655,143	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,396,340	0	2,396,340	54.00
54.01	03630 ULTRASOUND		608,004	0	608,004	54.01
54.02	03440 MAMMOGRAPHY		1,323,021	0	1,323,021	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		1,193,205	0	1,193,205	55.00
55.01	03480 ONCOLOGY		1,600,562	5,596	1,606,158	55.01
56.00	05600 RADIOISOTOPE		654,159	0	654,159	56.00
57.00	05700 CT SCAN		1,759,995	0	1,759,995	57.00
58.00	05800 MRI		485,038	0	485,038	58.00
59.00	05900 CARDIAC CATHETERIZATION		173,595	0	173,595	59.00
60.00	06000 LABORATORY		6,736,384	8,948	6,745,332	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		462,387	0	462,387	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,468,515	4,257	2,472,772	65.00
66.00	06600 PHYSICAL THERAPY	0	968,106	0	968,106	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	527,988	0	527,988	67.00
68.00	06800 SPEECH PATHOLOGY	0	145,295	0	145,295	68.00
69.00	06900 ELECTROCARDIOLOGY		238,415	0	238,415	69.00
69.01	03140 RADIOLOGY		978,010	0	978,010	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		2,588,615	0	2,588,615	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,721,989	0	1,721,989	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		11,668,053	0	11,668,053	73.00
74.00	07400 RENAL DIALYSIS		281,536	0	281,536	74.00
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 THOTRIPSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		7,349,338	0	7,349,338	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,796,183	0	3,796,183	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	0	83,523,473	34,636	83,558,109	200.00
201.00	Less Observation Beds		3,796,183		3,796,183	201.00
202.00	Total (see instructions)	0	79,727,290	34,636	79,761,926	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/24/2017 1:20 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	35,509,120		35,509,120				30.00
31.00	03100	INTENSIVE CARE UNIT	14,661,012		14,661,012				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
43.00	04300	NURSERY	1,735,874		1,735,874				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,569,064	9,827,492	16,396,556	0.229101	0.000000		50.00
50.01	03330	ENDOSCOPY	1,338,344	2,911,883	4,250,227	0.510210	0.000000		50.01
51.00	05100	RECOVERY ROOM	805,344	1,332,995	2,138,339	0.299733	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,632,984	1,678,387	5,311,371	0.684558	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	2,689,461	2,239,108	4,928,569	0.741624	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,607,485	10,949,378	13,556,863	0.176762	0.000000		54.00
54.01	03630	ULTRASOUND	547,290	3,925,818	4,473,108	0.135924	0.000000		54.01
54.02	03440	MAMMOGRAPHY	73,527	1,411,507	1,485,034	0.890903	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	69,734	11,516,507	11,586,241	0.102985	0.000000		55.00
55.01	03480	ONCOLOGY	49,662	6,038,102	6,087,764	0.262915	0.000000		55.01
56.00	05600	RADIOISOTOPE	772,530	3,017,263	3,789,793	0.172611	0.000000		56.00
57.00	05700	CT SCAN	9,351,565	35,914,708	45,266,273	0.038881	0.000000		57.00
58.00	05800	MRI	1,120,734	7,836,559	8,957,293	0.054150	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	87,606	451,258	538,864	0.322150	0.000000		59.00
60.00	06000	LABORATORY	25,876,378	39,216,937	65,093,315	0.103488	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,378,325	895,595	2,273,920	0.203344	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	8,088,114	5,386,747	13,474,861	0.183194	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,649,016	3,455,521	5,104,537	0.189656	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,158,052	1,569,696	2,727,748	0.193562	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	225,648	487,824	713,472	0.203645	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,410,140	2,745,335	4,155,475	0.057374	0.000000		69.00
69.01	03140	CARDIOLOGY	3,986,401	6,346,278	10,332,679	0.094652	0.000000		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,443,029	7,727,775	16,170,804	0.160080	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,827,204	1,498,425	7,325,629	0.235064	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,970,370	63,669,466	95,639,836	0.122000	0.000000		73.00
74.00	07400	RENAL DIALYSIS	361,705	70,658	432,363	0.651157	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	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									
91.00	09100	EMERGENCY	13,612,363	70,689,764	84,302,127	0.087179	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,778,074	7,124,387	8,902,461	0.426420	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	187,386,155	309,935,373	497,321,528				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	187,386,155	309,935,373	497,321,528				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 1:20 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.229101		50.00
50.01	03330	ENDOSCOPY	0.510210		50.01
51.00	05100	RECOVERY ROOM	0.299733		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.684558		52.00
53.00	05300	ANESTHESIOLOGY	0.741624		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176762		54.00
54.01	03630	ULTRASOUND	0.135924		54.01
54.02	03440	MAMMOGRAPHY	0.890903		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102985		55.00
55.01	03480	ONCOLOGY	0.263834		55.01
56.00	05600	RADIOISOTOPE	0.172611		56.00
57.00	05700	CT SCAN	0.038881		57.00
58.00	05800	MRI	0.054150		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.322150		59.00
60.00	06000	LABORATORY	0.103626		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.203344		63.00
65.00	06500	RESPIRATORY THERAPY	0.183510		65.00
66.00	06600	PHYSICAL THERAPY	0.189656		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193562		67.00
68.00	06800	SPEECH PATHOLOGY	0.203645		68.00
69.00	06900	ELECTROCARDIOLOGY	0.057374		69.00
69.01	03140	CARDIOLOGY	0.094652		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.160080		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.235064		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.122000		73.00
74.00	07400	RENAL DIALYSIS	0.651157		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.087179		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.426420		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 1:20 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	15,281,496	15,281,496	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	3,979,696	3,979,696	0	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
43.00	04300 NURSERY	280,553	280,553	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	3,756,470	3,756,470	0	0	50.00
50.01	03330 ENDOSCOPY	2,168,510	2,168,510	0	0	50.01
51.00	05100 RECOVERY ROOM	640,931	640,931	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,635,941	3,635,941	0	0	52.00
53.00	05300 ANESTHESIOLOGY	3,655,143	3,655,143	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,396,340	2,396,340	0	0	54.00
54.01	03630 ULTRASOUND	608,004	608,004	0	0	54.01
54.02	03440 MAMMOGRAPHY	1,323,021	1,323,021	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,193,205	1,193,205	0	0	55.00
55.01	03480 ONCOLOGY	1,600,562	1,600,562	0	0	55.01
56.00	05600 RADIOISOTOPE	654,159	654,159	0	0	56.00
57.00	05700 CT SCAN	1,759,995	1,759,995	0	0	57.00
58.00	05800 MRI	485,038	485,038	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	173,595	173,595	0	0	59.00
60.00	06000 LABORATORY	6,736,384	6,736,384	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	462,387	462,387	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	2,468,515	2,468,515	0	0	65.00
66.00	06600 PHYSICAL THERAPY	968,106	968,106	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	527,988	527,988	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	145,295	145,295	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	238,415	238,415	0	0	69.00
69.01	03140 RADIOLOGY	978,010	978,010	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,588,615	2,588,615	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,721,989	1,721,989	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,668,053	11,668,053	0	0	73.00
74.00	07400 RENAL DIALYSIS	281,536	281,536	0	0	74.00
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 LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	7,349,338	7,349,338	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,796,183	3,796,183	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	83,523,473	83,523,473	0	0	200.00
201.00	Less Observation Beds	3,796,183	3,796,183	0	0	201.00
202.00	Total (see instructions)	79,727,290	79,727,290	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/24/2017 1:20 pm		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	35,479,947		35,479,947				30.00
31.00	03100	INTENSIVE CARE UNIT	9,940,461		9,940,461				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
43.00	04300	NURSERY	1,702,281		1,702,281				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,652,955	10,680,014	17,332,969	0.216724	0.000000		50.00
50.01	03330	ENDOSCOPY	1,785,930	1,952,253	3,738,183	0.580097	0.000000		50.01
51.00	05100	RECOVERY ROOM	966,737	1,710,628	2,677,365	0.239389	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,094,992	1,038,392	5,133,384	0.708293	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	2,581,180	2,717,957	5,299,137	0.689762	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,056,519	9,982,524	13,039,043	0.183782	0.000000		54.00
54.01	03630	ULTRASOUND	743,055	3,712,285	4,455,340	0.136466	0.000000		54.01
54.02	03440	MAMMOGRAPHY	41,923	1,383,599	1,425,522	0.928096	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	76,510	11,648,121	11,724,631	0.101769	0.000000		55.00
55.01	03480	ONCOLOGY	52,666	5,910,146	5,962,812	0.268424	0.000000		55.01
56.00	05600	RADIOISOTOPE	997,386	2,782,609	3,779,995	0.173058	0.000000		56.00
57.00	05700	CT SCAN	9,734,861	33,333,450	43,068,311	0.040865	0.000000		57.00
58.00	05800	MRI	2,315,562	9,895,003	12,210,565	0.039723	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	267,922	713,537	981,459	0.176874	0.000000		59.00
60.00	06000	LABORATORY	30,818,642	41,045,451	71,864,093	0.093738	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,593,847	1,003,499	2,597,346	0.178023	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	9,016,041	4,631,846	13,647,887	0.180872	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	925,294	1,582,889	2,508,183	0.385979	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	690,028	778,349	1,468,377	0.359573	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	168,110	329,632	497,742	0.291908	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,443,671	2,159,048	3,602,719	0.066176	0.000000		69.00
69.01	03140	CARDIOLOGY	5,149,421	7,203,677	12,353,098	0.079171	0.000000		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,465,216	8,596,754	19,061,970	0.135800	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,001,404	1,556,062	5,557,466	0.309851	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,126,005	49,269,095	102,395,100	0.113951	0.000000		73.00
74.00	07400	RENAL DIALYSIS	592,584	47,869	640,453	0.439589	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LITHOTRI PSY	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	14,727,380	60,464,353	75,191,733	0.097741	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,178,275	7,189,172	8,367,447	0.453685	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	214,386,805	283,318,214	497,705,019				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	214,386,805	283,318,214	497,705,019				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 1:20 pm	
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
32.00	03200	CORONARY CARE UNIT				32.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03330	ENDOSCOPY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRASOUND	0.000000			54.01
54.02	03440	MAMMOGRAPHY	0.000000			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	03480	ONCOLOGY	0.000000			55.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	03140	CARDIOLOGY	0.000000			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 1:20 pm	
			Title V	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	15,281,496	15,281,496	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	3,979,696	3,979,696	0	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
43.00	04300 NURSERY	280,553	280,553	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	3,756,470	3,756,470	0	0	50.00
50.01	03330 ENDOSCOPY	2,168,510	2,168,510	0	0	50.01
51.00	05100 RECOVERY ROOM	640,931	640,931	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,635,941	3,635,941	0	0	52.00
53.00	05300 ANESTHESIOLOGY	3,655,143	3,655,143	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,396,340	2,396,340	0	0	54.00
54.01	03630 ULTRASOUND	608,004	608,004	0	0	54.01
54.02	03440 MAMMOGRAPHY	1,323,021	1,323,021	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,193,205	1,193,205	0	0	55.00
55.01	03480 ONCOLOGY	1,600,562	1,600,562	0	0	55.01
56.00	05600 RADIOISOTOPE	654,159	654,159	0	0	56.00
57.00	05700 CT SCAN	1,759,995	1,759,995	0	0	57.00
58.00	05800 MRI	485,038	485,038	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	173,595	173,595	0	0	59.00
60.00	06000 LABORATORY	6,736,384	6,736,384	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	462,387	462,387	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	2,468,515	2,468,515	0	0	65.00
66.00	06600 PHYSICAL THERAPY	968,106	968,106	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	527,988	527,988	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	145,295	145,295	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	238,415	238,415	0	0	69.00
69.01	03140 RADIOLOGY	978,010	978,010	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,588,615	2,588,615	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,721,989	1,721,989	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,668,053	11,668,053	0	0	73.00
74.00	07400 RENAL DIALYSIS	281,536	281,536	0	0	74.00
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 LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	7,349,338	7,349,338	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,796,183	3,796,183	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	83,523,473	83,523,473	0	0	200.00
201.00	Less Observation Beds	3,796,183	3,796,183	0	0	201.00
202.00	Total (see instructions)	79,727,290	79,727,290	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/24/2017 1:20 pm		
			Title V			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	35,479,947		35,479,947				30.00
31.00	03100	INTENSIVE CARE UNIT	9,940,461		9,940,461				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
43.00	04300	NURSERY	1,702,281		1,702,281				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,652,955	10,680,014	17,332,969	0.216724	0.000000		50.00
50.01	03330	ENDOSCOPY	1,785,930	1,952,253	3,738,183	0.580097	0.000000		50.01
51.00	05100	RECOVERY ROOM	966,737	1,710,628	2,677,365	0.239389	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,094,992	1,038,392	5,133,384	0.708293	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	2,581,180	2,717,957	5,299,137	0.689762	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,056,519	9,982,524	13,039,043	0.183782	0.000000		54.00
54.01	03630	ULTRASOUND	743,055	3,712,285	4,455,340	0.136466	0.000000		54.01
54.02	03440	MAMMOGRAPHY	41,923	1,383,599	1,425,522	0.928096	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	76,510	11,648,121	11,724,631	0.101769	0.000000		55.00
55.01	03480	ONCOLOGY	52,666	5,910,146	5,962,812	0.268424	0.000000		55.01
56.00	05600	RADIOISOTOPE	997,386	2,782,609	3,779,995	0.173058	0.000000		56.00
57.00	05700	CT SCAN	9,734,861	33,333,450	43,068,311	0.040865	0.000000		57.00
58.00	05800	MRI	2,315,562	9,895,003	12,210,565	0.039723	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	267,922	713,537	981,459	0.176874	0.000000		59.00
60.00	06000	LABORATORY	30,818,642	41,045,451	71,864,093	0.093738	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,593,847	1,003,499	2,597,346	0.178023	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	9,016,041	4,631,846	13,647,887	0.180872	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	925,294	1,582,889	2,508,183	0.385979	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	690,028	778,349	1,468,377	0.359573	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	168,110	329,632	497,742	0.291908	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,443,671	2,159,048	3,602,719	0.066176	0.000000		69.00
69.01	03140	CARDIOLOGY	5,149,421	7,203,677	12,353,098	0.079171	0.000000		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,465,216	8,596,754	19,061,970	0.135800	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,001,404	1,556,062	5,557,466	0.309851	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,126,005	49,269,095	102,395,100	0.113951	0.000000		73.00
74.00	07400	RENAL DIALYSIS	592,584	47,869	640,453	0.439589	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	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									
91.00	09100	EMERGENCY	14,727,380	60,464,353	75,191,733	0.097741	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,178,275	7,189,172	8,367,447	0.453685	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	214,386,805	283,318,214	497,705,019				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	214,386,805	283,318,214	497,705,019				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 1:20 pm
Cost Center Description			PPS Inpatient Ratio	Title V	Hospital Cost
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	03330	ENDOSCOPY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRASOUND	0.000000		54.01
54.02	03440	MAMMOGRAPHY	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480	ONCOLOGY	0.000000		55.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140	CARDIOLOGY	0.000000		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part I Date/Time Prepared: 5/24/2017 1:20 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	982,376	0	982,376	17,853	55.03	30.00
31.00	INTENSIVE CARE UNIT	176,882		176,882	2,405	73.55	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
43.00	NURSERY	33,423		33,423	1,010	33.09	43.00
200.00	Total (Lines 30-199)	1,192,681		1,192,681	21,268		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	6,234	343,057				
31.00	INTENSIVE CARE UNIT	1,055	77,595				
32.00	CORONARY CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	7,289	420,652				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 1:20 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	363,277	16,396,556	0.022156	2,440,069	54,062	50.00
50.01	03330	ENDOSCOPY	175,308	4,250,227	0.041247	648,354	26,743	50.01
51.00	05100	RECOVERY ROOM	36,507	2,138,339	0.017073	298,567	5,097	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	199,663	5,311,371	0.037592	20,300	763	52.00
53.00	05300	ANESTHESIOLOGY	114,187	4,928,569	0.023168	547,594	12,687	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	298,754	13,556,863	0.022037	1,333,088	29,377	54.00
54.01	03630	ULTRASOUND	46,661	4,473,108	0.010431	59,027	616	54.01
54.02	03440	MAMMOGRAPHY	74,591	1,485,034	0.050228	31,026	1,558	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	133,007	11,586,241	0.011480	46,674	536	55.00
55.01	03480	ONCOLOGY	121,308	6,087,764	0.019927	36,056	718	55.01
56.00	05600	RADIOISOTOPE	60,547	3,789,793	0.015976	361,387	5,774	56.00
57.00	05700	CT SCAN	146,129	45,266,273	0.003228	4,598,581	14,844	57.00
58.00	05800	MRI	40,957	8,957,293	0.004572	616,148	2,817	58.00
59.00	05900	CARDIAC CATHETERIZATION	75,229	538,864	0.139607	26,135	3,649	59.00
60.00	06000	LABORATORY	335,511	65,093,315	0.005154	11,856,368	61,108	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,467	2,273,920	0.004603	472,529	2,175	63.00
65.00	06500	RESPIRATORY THERAPY	136,221	13,474,861	0.010109	3,946,812	39,898	65.00
66.00	06600	PHYSICAL THERAPY	39,751	5,104,537	0.007787	858,101	6,682	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,224	2,727,748	0.009980	609,697	6,085	67.00
68.00	06800	SPEECH PATHOLOGY	4,949	713,472	0.006937	133,085	923	68.00
69.00	06900	ELECTROCARDIOLOGY	7,530	4,155,475	0.001812	1,124,206	2,037	69.00
69.01	03140	CARDIOLOGY	90,831	10,332,679	0.008791	2,014,078	17,706	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	163,449	16,170,804	0.010108	3,563,991	36,025	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,771	7,325,629	0.014985	2,663,501	39,913	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	312,726	95,639,836	0.003270	14,780,607	48,333	73.00
74.00	07400	RENAL DIALYSIS	13,043	432,363	0.030167	277,164	8,361	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	372,237	84,302,127	0.004416	6,147,867	27,149	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	244,038	8,902,461	0.027412	796,069	21,822	92.00
200.00		Total (Lines 50-199)	3,753,873	445,415,522		60,307,081	477,458	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/24/2017 1:20 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,853	0.00	6,234	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,405	0.00	1,055	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
43.00	04300	NURSERY	1,010	0.00	0	0		43.00
200.00		Total (lines 30-199)	21,268		7,289	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:20 pm
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Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	0	0	50.01
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
54.01	03630	ULTRASOUND	0	0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	0	69.01
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
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									
91.00	09100	EMERGENCY	0	0	0	0	0	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	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:20 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	16,396,556	0.000000	0.000000	2,440,069	50.00
50.01	03330	ENDOSCOPY	0	4,250,227	0.000000	0.000000	648,354	50.01
51.00	05100	RECOVERY ROOM	0	2,138,339	0.000000	0.000000	298,567	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,311,371	0.000000	0.000000	20,300	52.00
53.00	05300	ANESTHESIOLOGY	0	4,928,569	0.000000	0.000000	547,594	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,556,863	0.000000	0.000000	1,333,088	54.00
54.01	03630	ULTRASOUND	0	4,473,108	0.000000	0.000000	59,027	54.01
54.02	03440	MAMMOGRAPHY	0	1,485,034	0.000000	0.000000	31,026	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,586,241	0.000000	0.000000	46,674	55.00
55.01	03480	ONCOLOGY	0	6,087,764	0.000000	0.000000	36,056	55.01
56.00	05600	RADIOISOTOPE	0	3,789,793	0.000000	0.000000	361,387	56.00
57.00	05700	CT SCAN	0	45,266,273	0.000000	0.000000	4,598,581	57.00
58.00	05800	MRI	0	8,957,293	0.000000	0.000000	616,148	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	538,864	0.000000	0.000000	26,135	59.00
60.00	06000	LABORATORY	0	65,093,315	0.000000	0.000000	11,856,368	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,273,920	0.000000	0.000000	472,529	63.00
65.00	06500	RESPIRATORY THERAPY	0	13,474,861	0.000000	0.000000	3,946,812	65.00
66.00	06600	PHYSICAL THERAPY	0	5,104,537	0.000000	0.000000	858,101	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,727,748	0.000000	0.000000	609,697	67.00
68.00	06800	SPEECH PATHOLOGY	0	713,472	0.000000	0.000000	133,085	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,155,475	0.000000	0.000000	1,124,206	69.00
69.01	03140	CARDIOLOGY	0	10,332,679	0.000000	0.000000	2,014,078	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,170,804	0.000000	0.000000	3,563,991	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,325,629	0.000000	0.000000	2,663,501	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	95,639,836	0.000000	0.000000	14,780,607	73.00
74.00	07400	RENAL DIALYSIS	0	432,363	0.000000	0.000000	277,164	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	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	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	84,302,127	0.000000	0.000000	6,147,867	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,902,461	0.000000	0.000000	796,069	92.00
200.00		Total (Lines 50-199)	0	445,415,522			60,307,081	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:20 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	2,056,157	0		50.00
50.01	03330 ENDOSCOPY	0	816,548	0		50.01
51.00	05100 RECOVERY ROOM	0	186,710	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	34,531	0		52.00
53.00	05300 ANESTHESIOLOGY	0	320,281	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,177,915	0		54.00
54.01	03630 ULTRASOUND	0	324,607	0		54.01
54.02	03440 MAMMOGRAPHY	0	46	0		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	4,182,862	0		55.00
55.01	03480 ONCOLOGY	0	3,039,461	0		55.01
56.00	05600 RADIOISOTOPE	0	916,617	0		56.00
57.00	05700 CT SCAN	0	8,639,770	0		57.00
58.00	05800 MRI	0	2,332,650	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	88,270	0		59.00
60.00	06000 LABORATORY	0	7,780,818	0		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	272,347	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	1,467,162	0		65.00
66.00	06600 PHYSICAL THERAPY	0	124,830	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	76,896	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	10,353	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	772,684	0		69.00
69.01	03140 RADIOLOGY	0	1,435,865	0		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,346,474	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	454,633	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	17,049,106	0		73.00
74.00	07400 RENAL DIALYSIS	0	60,282	0		74.00
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 THOTRIpsy	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	11,910,146	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	2,605,726	0		92.00
200.00	Total (Lines 50-199)	0	70,483,747	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 1:20 pm				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.229101	2,056,157	0	0	471,068	50.00
50.01	03330	ENDOSCOPY	0.510210	816,548	0	0	416,611	50.01
51.00	05100	RECOVERY ROOM	0.299733	186,710	0	0	55,963	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.684558	34,531	0	0	23,638	52.00
53.00	05300	ANESTHESIOLOGY	0.741624	320,281	0	0	237,528	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176762	2,177,915	0	53	384,973	54.00
54.01	03630	ULTRASOUND	0.135924	324,607	0	0	44,122	54.01
54.02	03440	MAMMOGRAPHY	0.890903	46	0	0	41	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102985	4,182,862	0	0	430,772	55.00
55.01	03480	ONCOLOGY	0.262915	3,039,461	0	0	799,120	55.01
56.00	05600	RADIOIOTOPE	0.172611	916,617	0	0	158,218	56.00
57.00	05700	CT SCAN	0.038881	8,639,770	0	0	335,923	57.00
58.00	05800	MRI	0.054150	2,332,650	0	264	126,313	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.322150	88,270	0	0	28,436	59.00
60.00	06000	LABORATORY	0.103488	7,780,818	0	0	805,221	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.203344	272,347	0	0	55,380	63.00
65.00	06500	RESPIRATORY THERAPY	0.183194	1,467,162	0	0	268,775	65.00
66.00	06600	PHYSICAL THERAPY	0.189656	124,830	0	0	23,675	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193562	76,896	0	0	14,884	67.00
68.00	06800	SPEECH PATHOLOGY	0.203645	10,353	0	0	2,108	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057374	772,684	0	0	44,332	69.00
69.01	03140	CARDIOLOGY	0.094652	1,435,865	0	429	135,907	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.160080	1,346,474	0	0	215,544	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.235064	454,633	0	0	106,868	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.122000	17,049,106	0	186,713	2,079,991	73.00
74.00	07400	RENAL DIALYSIS	0.651157	60,282	0	0	39,253	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	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								
91.00	09100	EMERGENCY	0.087179	11,910,146	0	0	1,038,315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.426420	2,605,726	0	0	1,111,134	92.00
200.00		Subtotal (see instructions)		70,483,747	0	187,459	9,454,113	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		70,483,747	0	187,459	9,454,113	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 1:20 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 03330 ENDOSCOPY	0	0		50.01
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	9		54.00
54.01 03630 ULTRASOUND	0	0		54.01
54.02 03440 MAMMOGRAPHY	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 03480 ONCOLOGY	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	14		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 03140 RADIOLOGY	0	41		69.01
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	22,779		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
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				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	22,843		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	22,843		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part I Date/Time Prepared: 5/24/2017 1:20 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	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	982,376	0	982,376	17,853	55.03	30.00
31.00	INTENSIVE CARE UNIT	176,882		176,882	2,405	73.55	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
43.00	NURSERY	33,423		33,423	1,010	33.09	43.00
200.00	Total (Lines 30-199)	1,192,681		1,192,681	21,268		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	503	27,680				
31.00	INTENSIVE CARE UNIT	44	3,236				
32.00	CORONARY CARE UNIT	0	0				
43.00	NURSERY	359	11,879				
200.00	Total (Lines 30-199)	906	42,795				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 1:20 pm
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Cost Center Description		Title XIX			Hospital	Cost		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	363,277	17,332,969	0.020959	0	0	50.00
50.01	03330	ENDOSCOPY	175,308	3,738,183	0.046897	0	0	50.01
51.00	05100	RECOVERY ROOM	36,507	2,677,365	0.013635	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	199,663	5,133,384	0.038895	0	0	52.00
53.00	05300	ANESTHESIOLOGY	114,187	5,299,137	0.021548	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	298,754	13,039,043	0.022912	0	0	54.00
54.01	03630	ULTRASOUND	46,661	4,455,340	0.010473	0	0	54.01
54.02	03440	MAMMOGRAPHY	74,591	1,425,522	0.052325	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	133,007	11,724,631	0.011344	0	0	55.00
55.01	03480	ONCOLOGY	121,308	5,962,812	0.020344	0	0	55.01
56.00	05600	RADIOISOTOPE	60,547	3,779,995	0.016018	0	0	56.00
57.00	05700	CT SCAN	146,129	43,068,311	0.003393	0	0	57.00
58.00	05800	MRI	40,957	12,210,565	0.003354	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	75,229	981,459	0.076650	0	0	59.00
60.00	06000	LABORATORY	335,511	71,864,093	0.004669	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,467	2,597,346	0.004030	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	136,221	13,647,887	0.009981	0	0	65.00
66.00	06600	PHYSICAL THERAPY	39,751	2,508,183	0.015849	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,224	1,468,377	0.018540	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,949	497,742	0.009943	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,530	3,602,719	0.002090	0	0	69.00
69.01	03140	CARDIOLOGY	90,831	12,353,098	0.007353	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	163,449	19,061,970	0.008575	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,771	5,557,466	0.019752	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	312,726	102,395,100	0.003054	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,043	640,453	0.020365	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	372,237	75,191,733	0.004951	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	244,038	8,367,447	0.029165	0	0	92.00
200.00		Total (Lines 50-199)	3,753,873	450,582,330		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/24/2017 1:20 pm	
Cost Center Description			Title XIX			Hospital		Cost
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,853	0.00	503	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,405	0.00	44	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
43.00	04300	NURSERY	1,010	0.00	359	0		43.00
200.00		Total (lines 30-199)	21,268		906	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:20 pm
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Cost Center Description		Title XIX				Hospital		Total Cost (sum of col 1 through col 4)
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	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	03330	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	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								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:20 pm
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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	17,332,969	0.000000	0.000000	0	50.00
50.01	03330	ENDOSCOPY	0	3,738,183	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	2,677,365	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,133,384	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,299,137	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,039,043	0.000000	0.000000	0	54.00
54.01	03630	ULTRASOUND	0	4,455,340	0.000000	0.000000	0	54.01
54.02	03440	MAMMOGRAPHY	0	1,425,522	0.000000	0.000000	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,724,631	0.000000	0.000000	0	55.00
55.01	03480	ONCOLOGY	0	5,962,812	0.000000	0.000000	0	55.01
56.00	05600	RADIOISOTOPE	0	3,779,995	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	43,068,311	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	12,210,565	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	981,459	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	71,864,093	0.000000	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,597,346	0.000000	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	13,647,887	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,508,183	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,468,377	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	497,742	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,602,719	0.000000	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0	12,353,098	0.000000	0.000000	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,061,970	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,557,466	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	102,395,100	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	640,453	0.000000	0.000000	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	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	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	75,191,733	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,367,447	0.000000	0.000000	0	92.00
200.00		Total (Lines 50-199)	0	450,582,330			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:20 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	03330 ENDOSCOPY	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03630 ULTRASOUND	0	0	0		54.01
54.02	03440 MAMMOGRAPHY	0	0	0		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01	03480 ONCOLOGY	0	0	0		55.01
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
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
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03140 RADIOLOGY	0	0	0		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part I Date/Time Prepared: 5/24/2017 1:20 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	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	982,376	0	982,376	17,853	55.03	30.00
31.00	INTENSIVE CARE UNIT	176,882		176,882	2,405	73.55	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
43.00	NURSERY	33,423		33,423	1,010	33.09	43.00
200.00	Total (Lines 30-199)	1,192,681		1,192,681	21,268		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	0	0				
31.00	INTENSIVE CARE UNIT	0	0				
32.00	CORONARY CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	0	0				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 1:20 pm
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Cost Center Description		Title V			Hospital	Cost		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	363,277	17,332,969	0.020959	0	0	50.00
50.01	03330	ENDOSCOPY	175,308	3,738,183	0.046897	0	0	50.01
51.00	05100	RECOVERY ROOM	36,507	2,677,365	0.013635	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	199,663	5,133,384	0.038895	0	0	52.00
53.00	05300	ANESTHESIOLOGY	114,187	5,299,137	0.021548	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	298,754	13,039,043	0.022912	0	0	54.00
54.01	03630	ULTRASOUND	46,661	4,455,340	0.010473	0	0	54.01
54.02	03440	MAMMOGRAPHY	74,591	1,425,522	0.052325	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	133,007	11,724,631	0.011344	0	0	55.00
55.01	03480	ONCOLOGY	121,308	5,962,812	0.020344	0	0	55.01
56.00	05600	RADIOISOTOPE	60,547	3,779,995	0.016018	0	0	56.00
57.00	05700	CT SCAN	146,129	43,068,311	0.003393	0	0	57.00
58.00	05800	MRI	40,957	12,210,565	0.003354	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	75,229	981,459	0.076650	0	0	59.00
60.00	06000	LABORATORY	335,511	71,864,093	0.004669	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,467	2,597,346	0.004030	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	136,221	13,647,887	0.009981	0	0	65.00
66.00	06600	PHYSICAL THERAPY	39,751	2,508,183	0.015849	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,224	1,468,377	0.018540	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,949	497,742	0.009943	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,530	3,602,719	0.002090	0	0	69.00
69.01	03140	CARDIOLOGY	90,831	12,353,098	0.007353	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	163,449	19,061,970	0.008575	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,771	5,557,466	0.019752	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	312,726	102,395,100	0.003054	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,043	640,453	0.020365	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	372,237	75,191,733	0.004951	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	244,038	8,367,447	0.029165	0	0	92.00
200.00		Total (Lines 50-199)	3,753,873	450,582,330		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/24/2017 1:20 pm	
Cost Center Description			Title V		Hospital		Cost	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,853	0.00	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,405	0.00	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
43.00	04300	NURSERY	1,010	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	21,268		0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:20 pm
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Cost Center Description	Title V				Hospital	Cost
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 03480 ONCOLOGY	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 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
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 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 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:20 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Cost
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	17,332,969	0.000000	0.000000	0	50.00
50.01	03330 ENDOSCOPY	0	3,738,183	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	2,677,365	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,133,384	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	5,299,137	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,039,043	0.000000	0.000000	0	54.00
54.01	03630 ULTRASOUND	0	4,455,340	0.000000	0.000000	0	54.01
54.02	03440 MAMMOGRAPHY	0	1,425,522	0.000000	0.000000	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	11,724,631	0.000000	0.000000	0	55.00
55.01	03480 ONCOLOGY	0	5,962,812	0.000000	0.000000	0	55.01
56.00	05600 RADIOISOTOPE	0	3,779,995	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	43,068,311	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	12,210,565	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	981,459	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	71,864,093	0.000000	0.000000	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,597,346	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	13,647,887	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	2,508,183	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,468,377	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	497,742	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,602,719	0.000000	0.000000	0	69.00
69.01	03140 RADIOLOGY	0	12,353,098	0.000000	0.000000	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,061,970	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,557,466	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	102,395,100	0.000000	0.000000	0	73.00
74.00	07400 RENAL DIALYSIS	0	640,453	0.000000	0.000000	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	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 THOTRIPTY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	75,191,733	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,367,447	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	0	450,582,330			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:20 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	03330 ENDOSCOPY	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03630 ULTRASOUND	0	0	0		54.01
54.02	03440 MAMMOGRAPHY	0	0	0		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01	03480 ONCOLOGY	0	0	0		55.01
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
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
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03140 RADIOLOGY	0	0	0		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
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: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 1:20 pm
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)		17,853	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		17,853	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		13,418	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)		6,234	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)		15,281,496	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)		15,281,496	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)		15,281,496	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)		855.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,336,055	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,336,055	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 1:20 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,995,531	2,405	1,661.34	1,055	1,752,714	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				8,635,640		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				15,724,409		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)				420,652		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				477,458		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				898,110		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				14,826,299		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)				4,435		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				855.96		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,796,183		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 1:20 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	982,376	15,281,496	0.064285	3,796,183	244,038	90.00
91.00	Nursing School cost	0	15,281,496	0.000000	3,796,183	0	91.00
92.00	Allied health cost	0	15,281,496	0.000000	3,796,183	0	92.00
93.00	All other Medical Education	0	15,281,496	0.000000	3,796,183	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 1:20 pm
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)		17,853	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		17,853	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		13,418	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)		503	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)		1,010	15.00
16.00	Nursery days (title V or XIX only)		359	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)		15,281,496	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)		15,281,496	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)		15,281,496	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)		855.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		430,548	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)		430,548	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 1:20 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	280,553	1,010	277.78	359	99,723	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,979,696	2,405	1,654.76	44	72,809	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
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)					603,080	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)					4,435	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					855.96	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,796,183	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 1:20 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	982,376	15,281,496	0.064285	3,796,183	244,038	90.00
91.00	Nursing School cost	0	15,281,496	0.000000	3,796,183	0	91.00
92.00	Allied health cost	0	15,281,496	0.000000	3,796,183	0	92.00
93.00	All other Medical Education	0	15,281,496	0.000000	3,796,183	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title V	Hospital	Date/Time Prepared: 5/24/2017 1:20 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		17,853	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		17,853	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		13,418	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)		0	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)		1,010	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)		15,281,496	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)		15,281,496	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)		15,281,496	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)		855.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 1:20 pm		
Cost Center Description			Title V		Hospital	Cost	
	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)	280,553	1,010	277.78	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,979,696	2,405	1,654.76	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
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)					0	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)					4,435	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					855.96	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,796,183	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 1:20 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	982,376	15,281,496	0.064285	3,796,183	244,038	90.00
91.00	Nursing School cost	0	15,281,496	0.000000	3,796,183	0	91.00
92.00	Allied health cost	0	15,281,496	0.000000	3,796,183	0	92.00
93.00	All other Medical Education	0	15,281,496	0.000000	3,796,183	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 1:20 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		15,777,349	30.00
31.00	03100	INTENSIVE CARE UNIT		6,422,390	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.229101	2,440,069	50.00
50.01	03330	ENDOSCOPY	0.510210	648,354	50.01
51.00	05100	RECOVERY ROOM	0.299733	298,567	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.684558	20,300	52.00
53.00	05300	ANESTHESIOLOGY	0.741624	547,594	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176762	1,333,088	54.00
54.01	03630	ULTRASOUND	0.135924	59,027	54.01
54.02	03440	MAMMOGRAPHY	0.890903	31,026	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102985	46,674	55.00
55.01	03480	ONCOLOGY	0.263834	36,056	55.01
56.00	05600	RADIOISOTOPE	0.172611	361,387	56.00
57.00	05700	CT SCAN	0.038881	4,598,581	57.00
58.00	05800	MRI	0.054150	616,148	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.322150	26,135	59.00
60.00	06000	LABORATORY	0.103626	11,856,368	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.203344	472,529	63.00
65.00	06500	RESPIRATORY THERAPY	0.183510	3,946,812	65.00
66.00	06600	PHYSICAL THERAPY	0.189656	858,101	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193562	609,697	67.00
68.00	06800	SPEECH PATHOLOGY	0.203645	133,085	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057374	1,124,206	69.00
69.01	03140	CARDIOLOGY	0.094652	2,014,078	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.160080	3,563,991	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.235064	2,663,501	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.122000	14,780,607	73.00
74.00	07400	RENAL DIALYSIS	0.651157	277,164	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.087179	6,147,867	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.426420	796,069	92.00
200.00		Total (sum of lines 50-94 and 96-98)		60,307,081	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)		60,307,081	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 1:20 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		9,852,485	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,237,448	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)		64,331	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		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		164.23	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.31	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.47	31.00
32.00	Sum of lines 30 and 31		31.78	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.43	33.00
34.00	Disproportionate share adjustment (see instructions)		504,945	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 1:20 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000132741	0.000142602	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	850,358	852,400	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	636,607	214,852	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	851,459		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)	14,510,668		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)		14,510,668	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,123,735	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		15,634,403	59.00
60.00	Primary payer payments		3,112	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		15,631,291	61.00
62.00	Deductibles billed to program beneficiaries		1,679,132	62.00
63.00	Coinurance billed to program beneficiaries		11,270	63.00
64.00	Allowable bad debts (see instructions)		286,956	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		186,521	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		206,400	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		14,127,410	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)		25,911	70.93
70.94	HRR adjustment amount (see instructions)		-188,764	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 1:20 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			13,964,557	71.00
71.01	Sequestration adjustment (see instructions)			279,291	71.01
72.00	Interim payments			13,464,642	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)			220,624	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			77,120	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0093

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2017 1:20 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,852,485	0	9,852,485		9,852,485	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,237,448	0		3,237,448	3,237,448	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	64,331	0	43,128	21,203	64,331	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1543	0.1543	0.1543	0.1543		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	504,945	0	380,060	124,885	504,945	11.00
11.01	Uncompensated care payments	36.00	851,459	0	1,031,371	346,619	1,377,990	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	14,510,668	0	10,780,513	3,730,155	14,510,668	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	14,510,668	0	10,780,513	3,730,155	14,510,668	15.00
16.00	Payment for inpatient program capital	50.00	1,123,735	0	844,962	278,773	1,123,735	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0093

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2017 1:20 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	11,625,475	4,008,928	15,634,403	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,049,586	0	788,551	261,035	1,049,586	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	4,352	0	3,973	379	4,352	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0665	0.0665	0.0665	0.0665		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	69,797	0	52,438	17,359	69,797	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,123,735	0	844,962	278,773	1,123,735	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0093		Period: From 01/01/2016 To 12/31/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2017 1:20 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,852,485	9,852,485		9,852,485	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,237,448		3,237,448	3,237,448	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	64,331	43,128	21,203	64,331	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1543	0.1543	0.1543		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	504,945	380,060	124,885	504,945	11.00
11.01	Uncompensated care payments	36.00	851,459	636,607	214,852	851,459	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	14,510,668	10,912,280	3,598,388	14,510,668	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	14,510,668	10,912,280	3,598,388	14,510,668	15.00
16.00	Payment for inpatient program capital	50.00	1,123,735	844,962	278,773	1,123,735	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			11,757,242	3,877,161	15,634,403	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2017 1:20 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,049,586	788,551	261,035	1,049,586	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	4,352	3,973	379	4,352	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0665	0.0665	0.0665		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	69,797	52,438	17,359	69,797	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,123,735	844,962	278,773	1,123,735	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	25,911	18,153	7,758	25,911	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-188,764	-115,274	-73,490	-188,764	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 1:20 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			22,843 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			9,454,113 2.00
3.00	PPS payments			8,244,090 3.00
4.00	Outlier payment (see instructions)			16,577 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			22,843 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			187,459 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)			187,459 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)			187,459 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			164,616 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)			22,843 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)			8,260,667 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)			1,702,186 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)			6,581,324 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			6,581,324 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			6,581,324 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)			334,551 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			217,458 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			255,497 36.00
37.00	Subtotal (see instructions)			6,798,782 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)			6,798,782 40.00
40.01	Sequestration adjustment (see instructions)			135,976 40.01
41.00	Interim payments			6,681,410 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-18,604 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: 14-0093

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2017 1:20 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		13,494,693		6,710,223	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	07/26/2016	30,051	07/26/2016	28,813	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)		-30,051		-28,813	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)		13,464,642		6,681,410	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		220,624		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		18,604	6.02	
7.00	Total Medicare program liability (see instructions)		13,685,266		6,662,806	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: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/24/2017 1:20 pm
		Title XVIII	Hospital	PPS
		1.00		
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		5,045	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		7,289	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,941	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		15,823	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		497,321,528	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		14,969,043	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)		463,154	8.00
9.00	Sequestration adjustment amount (see instructions)		9,263	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		453,891	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		507,040	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)		-53,149	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2017 1:20 pm	
		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		603,080		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)		603,080	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)		603,080	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)		603,080	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)		603,080	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

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

Provider CCN: 14-0093

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

Worksheet G

Date/Time Prepared:
5/24/2017 1:20 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-6,226,727	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	56,615,597	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-43,018,327	0	0	0	6.00
7.00	Inventory	1,821,524	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,160,031	0	0	0	9.00
10.00	Due from other funds	14,261,252	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	25,613,350	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,237,638	0	0	0	12.00
13.00	Land improvements	743,743	0	0	0	13.00
14.00	Accumulated depreciation	-572,735	0	0	0	14.00
15.00	Buildings	30,180,329	0	0	0	15.00
16.00	Accumulated depreciation	-16,367,717	0	0	0	16.00
17.00	Leasehold improvements	245,198	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	38,412,636	0	0	0	23.00
24.00	Accumulated depreciation	-30,429,907	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)	24,449,185	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	5,897,474	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	4,631,415	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	10,528,889	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	60,591,424	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,320,359	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	39,690	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	6,164,827	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	7,524,876	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	28,149	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	28,149	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	7,553,025	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	53,038,399				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)	53,038,399	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	60,591,424	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0093

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

Worksheet G-1

Date/Time Prepared:
5/24/2017 1:20 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		79,077,907		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,289,810			2.00
3.00	Total (sum of line 1 and line 2)		85,367,717		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	ROUNDING	1		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)		1		0	10.00
11.00	Subtotal (line 3 plus line 10)		85,367,718		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	NET ASSET TRANSFERS	32,287,977		0		13.00
14.00	OTHER RESTRICTED ASSETS	41,342		0		14.00
15.00	ROUNDING	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)		32,329,319		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		53,038,399		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	ROUNDING		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	NET ASSET TRANSFERS		0			13.00
14.00	OTHER RESTRICTED ASSETS		0			14.00
15.00	ROUNDING		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: 14-0093

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2017 1:20 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	37,241,262		37,241,262	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)	37,241,262		37,241,262	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,661,012		14,661,012	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,661,012		14,661,012	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	51,902,274		51,902,274	17.00
18.00	Ancillary services	120,089,460	232,125,198	352,214,658	18.00
19.00	Outpatient services	15,390,437	77,814,151	93,204,588	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	58,073	6,160,163	6,218,236	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	187,440,244	316,099,512	503,539,756	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		90,699,106		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	5	5			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)		5		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		90,699,101		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet G-3 Date/Time Prepared: 5/24/2017 1:20 pm
				1.00
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)			503,539,756 1.00
2.00	Less contractual allowances and discounts on patients' accounts			409,977,469 2.00
3.00	Net patient revenues (line 1 minus line 2)			93,562,287 3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)			90,699,101 4.00
5.00	Net income from service to patients (line 3 minus line 4)			2,863,186 5.00
	OTHER INCOME			
6.00	Contributions, donations, bequests, etc			242,941 6.00
7.00	Income from investments			256,274 7.00
8.00	Revenues from telephone and other miscellaneous communication services			0 8.00
9.00	Revenue from television and radio service			0 9.00
10.00	Purchase discounts			0 10.00
11.00	Rebates and refunds of expenses			0 11.00
12.00	Parking lot receipts			0 12.00
13.00	Revenue from laundry and linen service			0 13.00
14.00	Revenue from meals sold to employees and guests			0 14.00
15.00	Revenue from rental of living quarters			0 15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients			0 16.00
17.00	Revenue from sale of drugs to other than patients			0 17.00
18.00	Revenue from sale of medical records and abstracts			0 18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0 19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0 20.00
21.00	Rental of vending machines			0 21.00
22.00	Rental of hospital space			0 22.00
23.00	Governmental appropriations			0 23.00
24.00	OTHER (SPECIFY)			0 24.00
24.01	OTHER OPERATING INCOME			2,901,443 24.01
24.02	UNREALIZED GAINS			45,972 24.02
24.03	OTHER NON OPERATING			-20,005 24.03
24.04				0 24.04
24.05				0 24.05
24.06				0 24.06
24.07				0 24.07
25.00	Total other income (sum of lines 6-24)			3,426,625 25.00
26.00	Total (line 5 plus line 25)			6,289,811 26.00
27.00	OTHER EXPENSES (SPECIFY)			0 27.00
27.01	NON OPERATING LOSSES			0 27.01
27.02	ROUNDING			1 27.02
28.00	Total other expenses (sum of line 27 and subscripts)			1 28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)			6,289,810 29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0093	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/24/2017 1:20 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,049,586	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		4,352	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)		45.04	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.31	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.47	8.00
9.00	Sum of lines 7 and 8		31.78	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.65	10.00
11.00	Disproportionate share adjustment (see instructions)		69,797	11.00
12.00	Total prospective capital payments (see instructions)		1,123,735	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