

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: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/24/2017 1:29 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/24/2017	Time: 1:29 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE ST. MARY'S HOSPITAL (14-0155) 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	296,554	160,819	-22,169	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	296,554	160,819	-22,169	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0155		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 1:25 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 500 WEST COURT STREET			PO Box:				1.00		
2.00	City: KANKAKEE			State: IL		Zip Code: 60901		County: KANKAKEE		
		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 ST. MARY'S HOSPITAL	140155	16974	1	07/01/1969	N P O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis			PROVENA ST. MARY S RENAL	142318	16974		07/01/1973		18.00
19.00	Other									19.00
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2016	12/31/2016		20.00
21.00	Type of Control (see instructions)						1			21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.			4,220	993	0	0	666	227	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: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 1:25 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)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	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		
61.02	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		
61.03	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		
61.04	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		
61.05	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		

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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.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
						1.00 2.00 3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	0		0		1,344,994	
						1.00 2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 1:25 pm			
		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			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: PRESENCE HEALTH NETWORK	Contractor's Name: NGS		Contractor's Number: 06101		141.00	
142.00	Street: 200 S. WACKER DR 12 FLOOR	PO Box:				142.00	
143.00	City: CHI CAGO	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	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	Y			145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	Y	08/19/2016			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	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
					1.00		
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N			165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y			167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 1:25 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: 14-0155		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 1:25 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/30/2017	Y	04/30/2017		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)	N		N			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: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 1:25 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: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 1:25 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.	REGIONAL DIRECTOR, REIMBURSEMEN		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: 14-0155

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 1:25 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	156	57,096	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)		156	57,096	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,856	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	10	3,660	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		182	66,612	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)		182				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0155

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 1:25 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)	6,948	1,107	16,791			1.00
2.00 HMO and other (see instructions)	2,125	4,748				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,948	1,107	16,791			7.00
8.00 INTENSIVE CARE UNIT	1,719	45	3,095			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	1,009	47	2,100			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		159	869			13.00
14.00 Total (see instructions)	9,676	1,358	22,855	0.00	568.81	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	106			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	568.81	27.00
28.00 Observation Bed Days		175	3,341			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			208			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0155

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 1:25 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	2,084	395	5,854	1.00
2.00 HMO and other (see instructions)			444	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	2,084	395	5,854	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: 14-0155

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2017 1:25 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	34,539,401	0	34,539,401	1,187,683.60	29.08
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		905,402	0	905,402	43,490.65	20.82
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		3,340,462	0	3,340,462	93,191.92	35.84
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		775,330	0	775,330	4,660.84	166.35
14.00	Home office and/or related organization salaries and wage-related costs		9,968,292	0	9,968,292	194,241.00	51.32
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		8,104,116	0	8,104,116		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		246,233	0	246,233		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	-86,188	86,188	0	0.00	0.00
27.00	Administrative & General	5.00	2,797,199	-86,188	2,711,011	107,425.04	25.24

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0155

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2017 1:25 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 0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00 1,028,550	0	1,028,550	43,518.60	23.63	30.00
31.00	Laundry & Linen Service	8.00 39,490	0	39,490	2,355.21	16.77	31.00
32.00	Housekeeping	9.00 808,491	0	808,491	61,370.25	13.17	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00 709,672	-509,489	200,183	14,835.80	13.49	34.00
35.00	Dietary under contract (see instructions)	537,974	0	537,974	10,400.00	51.73	35.00
36.00	Cafeteria	11.00 0	509,489	509,489	37,758.97	13.49	36.00
37.00	Maintenance of Personnel	12.00 0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00 939,892	0	939,892	24,516.31	38.34	38.00
39.00	Central Services and Supply	14.00 226,272	0	226,272	14,687.72	15.41	39.00
40.00	Pharmacy	15.00 1,211,391	0	1,211,391	29,762.50	40.70	40.00
41.00	Medical Records & Medical Records Library	16.00 115,795	0	115,795	9,435.40	12.27	41.00
42.00	Social Service	17.00 728,274	0	728,274	19,744.25	36.89	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0155

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2017 1:25 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es 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)	35,077,375	0	35,077,375	1,198,083.60	29.28	1.00
2.00	Excluded area salaries (see instructions)	905,402	0	905,402	43,490.65	20.82	2.00
3.00	Subtotal salaries (line 1 minus line 2)	34,171,973	0	34,171,973	1,154,592.95	29.60	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,084,084	0	14,084,084	292,093.76	48.22	4.00
5.00	Subtotal wage-related costs (see inst.)	8,104,116	0	8,104,116	0.00	23.72	5.00
6.00	Total (sum of lines 3 thru 5)	56,360,173	0	56,360,173	1,446,686.71	38.96	6.00
7.00	Total overhead cost (see instructions)	9,056,812	0	9,056,812	375,810.05	24.10	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2017 1:25 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,342,607 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			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)			3,522,531 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			70,423 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			24,895 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)			116,361 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			504,718 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			2,498,094 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			109,041 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))			81,008 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			80,673 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			8,350,351 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: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/24/2017 1:25 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		3,340,462	8,350,351 1.00
2.00	Hospital		3,340,462	8,350,351 2.00
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
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			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0155

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

Worksheet S-5
Date/Time Prepared:
5/24/2017 1:25 pm

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	0	27	0	0	0	78	1.00	
2.00	Number of times per week patient receives dialysis	0.00	3.00	0.00	0.00	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	0.00	5.50	0.00	0.00			3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	312	0					5.00	
6.00	Number of stations	24	0	0	0			6.00	
7.00	Treatment capacity per day per station	3	0					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N		10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y		10.02
							Prior to 1/1	After 12/31	
							1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						0		11.00
12.00	Number of patients transplanted during the cost reporting period						0		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
							MCP	INITIAL METHOD	
							1.00	2.00	
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X		21.00
	ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.				
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOGEN	235,458	0	6,550	0		22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet S-5 Date/Time Prepared: 5/24/2017 1:25 pm
			CCN	Treatments
			1.00	2.00
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	142318	0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/24/2017 1:25 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)		0.159219	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		19,980,123	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		116,633,011	6.00
7.00	Medicaid cost (line 1 times line 6)		18,570,191	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)		0	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)		0	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)	9,693,525	2,595,759	12,289,284
21.00	Cost of patients approved for charity care (line 1 times line 20)	1,543,393	413,294	1,956,687
22.00	Partial payment by patients approved for charity care	23,264	160,205	183,469
23.00	Cost of charity care (line 21 minus line 22)	1,520,129	253,089	1,773,218
				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)		6,880,739	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		440,950	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		6,439,789	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,025,337	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,798,555	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		2,798,555	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0155		Period: From 01/01/2016 To 12/31/2016		Worksheet A		
Date/Time Prepared: 5/24/2017 1:25 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		1,670,533	1,670,533	1,500,276	3,170,809	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,628,915	5,628,915	2.00
3.00	00300	OTHER CAP REL COSTS		186,477	186,477	-186,477	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-86,188	207,543	121,355	-121,355	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,797,199	24,573,079	27,370,278	9,185	27,379,463	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,028,550	5,216,284	6,244,834	-59,006	6,185,828	7.00
7.01	00701	BIO MED	0	2,040,934	2,040,934	-2,040,934	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	39,490	351,309	390,799	0	390,799	8.00
9.00	00900	HOUSEKEEPING	808,491	616,453	1,424,944	-3,336	1,421,608	9.00
10.00	01000	DIETARY	709,672	1,384,589	2,094,261	-1,506,071	588,190	10.00
11.00	01100	CAFETERIA	0	0	0	1,503,517	1,503,517	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	939,892	504,635	1,444,527	-174,855	1,269,672	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	226,272	356,507	582,779	-160,084	422,695	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	1,211,391	6,423,139	7,634,530	-5,719,624	1,914,906	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	115,795	363,056	478,851	-8,094	470,757	16.00
17.00	01700	SOCIAL SERVICE	728,274	180,421	908,695	0	908,695	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	PARAMED PRGM-(SPECIFY)	184,694	115,010	299,704	-4,294	295,410	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,876,293	2,825,350	10,701,643	-2,007,997	8,693,646	30.00
31.00	03100	INTENSIVE CARE UNIT	2,029,777	674,378	2,704,155	-45,047	2,659,108	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,375,017	488,701	1,863,718	-28,069	1,835,649	34.00
43.00	04300	NURSERY	0	0	0	482,060	482,060	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,621,568	5,853,461	7,475,029	-5,194,027	2,281,002	50.00
50.01	03330	SPECIAL PROCEDURES	0	1,208	1,208	-1,208	0	50.01
51.00	05100	RECOVERY ROOM	1,317,759	367,544	1,685,303	-7,033	1,678,270	51.00
51.01	05101	OP ONCOLOGY	332,156	1,406,299	1,738,455	-11,083	1,727,372	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	530,439	530,439	52.00
52.02	05201	SUBSTANCE ABUSE	353,185	159,044	512,229	0	512,229	52.02
52.04	05202	DIABETES EDUCATION	0	349	349	-349	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	223,703	108,904	332,607	776,918	1,109,525	52.06
53.00	05300	ANESTHESIOLOGY	24,150	2,363,010	2,387,160	-21,540	2,365,620	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,428,414	1,469,738	3,898,152	-404,950	3,493,202	54.00
56.00	05600	RADIOISOTOPE	365,364	994,500	1,359,864	-283,439	1,076,425	56.00
59.00	05900	CARDIAC CATHETERIZATION	700,745	3,071,896	3,772,641	-2,788,994	983,647	59.00
60.00	06000	LABORATORY	0	5,283,939	5,283,939	-82,683	5,201,256	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,188,679	725,663	1,914,342	-262,123	1,652,219	65.00
66.00	06600	PHYSICAL THERAPY	221,415	1,369,889	1,591,304	-240,873	1,350,431	66.00
66.01	06601	WOUND CARE	86,895	1,080,975	1,167,870	-149,941	1,017,929	66.01
67.00	06700	OCCUPATIONAL THERAPY	41,168	58,150	99,318	161,080	260,398	67.00
68.00	06800	SPEECH PATHOLOGY	20,637	5,170	25,807	78,134	103,941	68.00
69.00	06900	ELECTROCARDIOLOGY	395,647	527,529	923,176	-74,192	848,984	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	36,917	16,225	53,142	-4,313	48,829	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,470,041	4,470,041	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,714,181	3,714,181	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,717,975	5,717,975	73.00
74.00	07400	RENAL DIALYSIS	1,379,570	2,619,114	3,998,684	-58,040	3,940,644	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	234,205	61,847	296,052	-6,629	289,423	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	202	66,767	66,969	-66,969	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	31,854	182,717	214,571	-7,232	207,339	90.01
91.00	09100	EMERGENCY	2,829,841	1,327,573	4,157,414	-217,961	3,939,453	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	2,235,926	2,235,926	-2,235,926	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,818,693	79,535,835	113,354,528	387,973	113,742,501	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0155		Period: From 01/01/2016 To 12/31/2016		Worksheet A Date/Time Prepared: 5/24/2017 1:25 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		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	99,229	203,538	302,767	0	302,767	190.00
194.00	07950	OTHER NRCC	520,579	4,002,415	4,522,994	-387,310	4,135,684	194.00
194.01	07951	SISTERS RESIDENCE	100,900	34,806	135,706	-663	135,043	194.01
200.00		TOTAL (SUM OF LINES 118-199)	34,539,401	83,776,594	118,315,995	0	118,315,995	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0155

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

Worksheet A
Date/Time Prepared:
5/24/2017 1:25 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	182,708	3,353,517	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-507,630	5,121,285	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	558,174	558,174	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,113,437	23,266,026	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	6,185,828	7.00
7.01	00701	BIO MED	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	26,684	417,483	8.00
9.00	00900	HOUSEKEEPING	-3,400	1,418,208	9.00
10.00	01000	DIETARY	0	588,190	10.00
11.00	01100	CAFETERIA	-365,135	1,138,382	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,269,672	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	324,544	747,239	14.00
14.01	01401	STERILE PROCESSING	0	0	14.01
15.00	01500	PHARMACY	0	1,914,906	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	718,752	1,189,509	16.00
17.00	01700	SOCIAL SERVICE	0	908,695	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	PARAMED PRGM-(SPECIFY)	2,222	297,632	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-84,729	8,608,917	30.00
31.00	03100	INTENSIVE CARE UNIT	544,046	3,203,154	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	1,835,649	34.00
43.00	04300	NURSERY	0	482,060	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,938	2,277,064	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,678,270	51.00
51.01	05101	OP ONCOLOGY	-847,003	880,369	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	-90	530,349	52.00
52.02	05201	SUBSTANCE ABUSE	0	512,229	52.02
52.04	05202	DIABETES EDUCATION	0	0	52.04
52.05	05203	PODIATRY	0	0	52.05
52.06	05204	INFUSION CLINIC	0	1,109,525	52.06
53.00	05300	ANESTHESIOLOGY	0	2,365,620	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-23,407	3,469,795	54.00
56.00	05600	RADIOISOTOPE	-71,031	1,005,394	56.00
59.00	05900	CARDIAC CATHETERIZATION	-12,122	971,525	59.00
60.00	06000	LABORATORY	-100,675	5,100,581	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-2,657	1,649,562	65.00
66.00	06600	PHYSICAL THERAPY	-2,023	1,348,408	66.00
66.01	06601	WOUND CARE	-68,501	949,428	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	260,398	67.00
68.00	06800	SPEECH PATHOLOGY	0	103,941	68.00
69.00	06900	ELECTROCARDIOLOGY	-12,945	836,039	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	48,829	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,470,041	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,714,181	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,717,975	73.00
74.00	07400	RENAL DIALYSIS	-17,009	3,923,635	74.00
76.00	03951	OTHER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	289,423	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	-36,400	170,939	90.01
91.00	09100	EMERGENCY	-55,855	3,883,598	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-3,970,857	109,771,644	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	302,767	190.00
194.00	07950	OTHER NRCC	0	4,135,684	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/24/2017 1:25 pm
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
194.01	07951	SISTERS RESIDENCE	6.00	7.00	
194.01			0	135,043	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-3,970,857	114,345,138	200.00

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6
Date/Time Prepared:
5/24/2017 1:25 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	85,427	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,599,643	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	34,876	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,728	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	20,065	5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	35,204	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	20,948	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,105,353	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	210,159	9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	56,798	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	223,236	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,275	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	40,367	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,265	14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,360	15.00
16.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,337	16.00
	TOTALS		0	4,470,041	
B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,717,975	1.00
	TOTALS		0	5,717,975	
C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,281,912	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,424,876	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,670,532	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

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:
5/24/2017 1:25 pm

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
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
44.00	0.00	0	0			44.00
45.00	0.00	0	0			45.00
TOTALS					6,377,320	
D - REHAB RECLASS						
1.00	OCCUPATIONAL THERAPY	67.00	0	161,080		1.00
2.00	SPEECH PATHOLOGY	68.00	0	78,134		2.00
TOTALS					239,214	
E - LABOR AND DELIVERY						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	411,505	153,810		1.00
2.00	NURSERY	43.00	350,902	131,158		2.00
TOTALS					762,407	284,968
F - CAPITAL INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	769,192		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,380,489		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	86,245		3.00
TOTALS					0	2,235,926
G - CAFETERIA						
1.00	CAFETERIA	11.00	509,489	994,028		1.00
TOTALS					509,489	994,028
J - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,230,510		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,236		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,386,002		3.00
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	92,574		4.00
5.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	108		5.00
6.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	751		6.00
TOTALS					0	3,714,181
L - OTHER RECLASS						
1.00	EMERGENCY	91.00	202	66,767		1.00
2.00	OPERATING ROOM	50.00	0	114		2.00
3.00	LABORATORY	60.00	0	349		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	86,188	0		4.00
5.00	OPERATION OF PLANT	7.00	0	2,040,934		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	0	207,543		6.00
TOTALS					86,390	2,315,707
N - IV THERAPY						
1.00	INFUSION CLINIC	52.06	528,623	257,347		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
TOTALS					528,623	257,347
500.00	Grand Total: Increases		1,886,909	26,606,707		500.00

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6
Date/Time Prepared:
5/24/2017 1:25 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - SUPPLIES RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	85,427	0	1.00
2.00	OPERATING ROOM	50.00	0	2,599,643	0	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	34,876	0	3.00
4.00	INFUSION CLINIC	52.06	0	8,728	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,065	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	35,204	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,948	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	1,105,353	0	8.00
9.00	RESPIRATORY THERAPY	65.00	0	210,159	0	9.00
10.00	WOUND CARE	66.01	0	56,798	0	10.00
11.00	EMERGENCY	91.00	0	223,236	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,275	0	12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	40,367	0	13.00
14.00	OP ONCOLOGY	51.01	0	7,265	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,360	0	15.00
16.00	RADIOISOTOPE	56.00	0	3,337	0	16.00
	TOTALS		0	4,470,041		
B - DRUGS						
1.00	PHARMACY	15.00	0	5,717,975	0	1.00
	TOTALS		0	5,717,975		
C - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,670,532	9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	23,742	9	2.00
3.00	OPERATION OF PLANT	7.00	0	1,770,744	9	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	7,945	9	4.00
5.00	OPERATING ROOM	50.00	0	1,842	9	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	90,089	9	6.00
7.00	RADIOISOTOPE	56.00	0	11,891	9	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	7,386	9	8.00
9.00	LABORATORY	60.00	0	2,472	9	9.00
10.00	RESPIRATORY THERAPY	65.00	0	4,421	9	10.00
11.00	RENAL DIALYSIS	74.00	0	7,147	9	11.00
12.00	OTHER NRCC	194.00	0	354,234	9	12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	0	88,428	9	13.00
14.00	OPERATION OF PLANT	7.00	0	329,196	9	14.00
15.00	HOUSEKEEPING	9.00	0	3,336	9	15.00
16.00	DIETARY	10.00	0	2,554	9	16.00
17.00	NURSING ADMINISTRATION	13.00	0	174,855	9	17.00
18.00	CENTRAL SERVICES & SUPPLY	14.00	0	119,609	9	18.00
19.00	PHARMACY	15.00	0	1,649	9	19.00
20.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,094	9	20.00
21.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	4,294	9	21.00
22.00	ADULTS & PEDIATRICS	30.00	0	118,238	9	22.00
23.00	INTENSIVE CARE UNIT	31.00	0	18,918	9	23.00
24.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	17,240	9	24.00
25.00	OPERATING ROOM	50.00	0	362,146	9	25.00
26.00	SPECIAL PROCEDURES	50.01	0	1,094	9	26.00
27.00	RECOVERY ROOM	51.00	0	7,033	9	27.00
28.00	OP ONCOLOGY	51.01	0	3,818	9	28.00
29.00	INFUSION CLINIC	52.06	0	324	9	29.00
30.00	ANESTHESIOLOGY	53.00	0	21,540	9	30.00
31.00	RADIOLOGY-DIAGNOSTIC	54.00	0	215,022	9	31.00
32.00	RADIOISOTOPE	56.00	0	268,211	9	32.00
33.00	CARDIAC CATHETERIZATION	59.00	0	290,253	9	33.00
34.00	LABORATORY	60.00	0	80,560	9	34.00
35.00	RESPIRATORY THERAPY	65.00	0	47,543	9	35.00
36.00	PHYSICAL THERAPY	66.00	0	1,659	0	36.00
37.00	WOUND CARE	66.01	0	569	0	37.00
38.00	ELECTROCARDIOLOGY	69.00	0	74,192	0	38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,313	0	39.00
40.00	RENAL DIALYSIS	74.00	0	50,893	0	40.00
41.00	CARDIAC REHABILITATION	76.97	0	6,629	0	41.00
42.00	OCCUPATIONAL HEALTH	90.01	0	7,232	0	42.00
43.00	EMERGENCY	91.00	0	61,694	0	43.00
44.00	OTHER NRCC	194.00	0	33,076	0	44.00
45.00	SI STERS RESIDENCE	194.01	0	663	0	45.00
	TOTALS		0	6,377,320		
D - REHAB RECLASS						
1.00	PHYSICAL THERAPY	66.00	0	161,080	0	1.00
2.00	PHYSICAL THERAPY	66.00	0	78,134	0	2.00
	TOTALS		0	239,214		

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:
5/24/2017 1:25 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
E - LABOR AND DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	411,505	153,810	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	350,902	131,158	0		2.00
	TOTALS		762,407	284,968			
F - CAPITAL INTEREST							
1.00	INTEREST EXPENSE	113.00	0	769,192	11		1.00
2.00	INTEREST EXPENSE	113.00	0	1,380,489	11		2.00
3.00	INTEREST EXPENSE	113.00	0	86,245	11		3.00
	TOTALS		0	2,235,926			
G - CAFETERIA							
1.00	DIETARY	10.00	509,489	994,028	0		1.00
	TOTALS		509,489	994,028			
J - IMPLANTS							
1.00	OPERATING ROOM	50.00	0	2,230,510	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,236	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	1,386,002	0		3.00
4.00	WOUND CARE	66.01	0	92,574	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	108	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	751	0		6.00
	TOTALS		0	3,714,181			
L - OTHER RECLASS							
1.00	CLINIC	90.00	202	66,767	0		1.00
2.00	SPECIAL PROCEDURES	50.01	0	114	0		2.00
3.00	DIABETES EDUCATION	52.04	0	349	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	86,188	0	0		4.00
5.00	BIO MED	7.01	0	2,040,934	0		5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	207,543	0		6.00
	TOTALS		86,390	2,315,707			
N - IV THERAPY							
1.00	ADULTS & PEDIATRICS	30.00	503,766	245,246	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	17,574	8,555	0		2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	7,283	3,546	0		3.00
	TOTALS		528,623	257,347			
500.00	Grand Total: Decreases		1,886,909	26,606,707			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2017 1:25 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,113,245	0	0	0	1.00	
2.00	Land Improvements	1,336,202	439,789	0	439,789	2.00	
3.00	Buildings and Fixtures	87,929,006	894,464	0	894,464	3.00	
4.00	Building Improvements	168,665	599,998	0	599,998	4.00	
5.00	Fixed Equipment	0	0	0	0	5.00	
6.00	Movable Equipment	46,767,559	2,984,216	0	2,984,216	6.00	
7.00	HIT designated Assets	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	141,314,677	4,918,467	0	4,918,467	8.00	
9.00	Reconciling Items	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	141,314,677	4,918,467	0	4,918,467	10.00	
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,113,245	0			1.00	
2.00	Land Improvements	1,775,991	0			2.00	
3.00	Buildings and Fixtures	86,463,281	0			3.00	
4.00	Building Improvements	24,312	0			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	49,196,775	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	142,573,604	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	142,573,604	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2017 1:25 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	1,670,533	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)	1,670,533	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	1,670,533				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	1,670,533				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2017 1:25 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	88,239,272	0	88,239,272	0.641925	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	49,221,087	0	49,221,087	0.358075	0	2.00
3.00	Total (sum of lines 1-2)	137,460,359	0	137,460,359	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	119,704	119,704	2,645,058	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	66,773	66,773	3,911,614	0	2.00
3.00	Total (sum of lines 1-2)	0	186,477	186,477	6,556,672	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	588,755	0	0	119,704	3,353,517	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,142,898	0	0	66,773	5,121,285	2.00
3.00	Total (sum of lines 1-2)	1,731,653	0	0	186,477	8,474,802	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0155

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

Worksheet A-8

Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-180,437	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-323,836	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)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,175,983			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	649,735			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-365,135	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-531	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	B	11,197	PARAMED ED PRGM-(SPECIFY)	23.00	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 EMPLOYEE BENEFITS	B	-133,730	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
36.00 ADMINISTRATION	B	-938,176	ADMINISTRATIVE & GENERAL	5.00	0	36.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0155

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

Worksheet A-8

Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
38.00	VOULUNTERR SERVICES	B	-397,063	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	MEDICAL STAFF	B	-11,950	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00	AUXILIARY REVENUE	B	-44,807	ADMINISTRATIVE & GENERAL	5.00	0	40.00
41.00	ENVIRONMENT SERVICES	B	-3,400	HOUSEKEEPING	9.00	0	41.00
42.00	CENTRAL SUPPLY	B	20	CENTRAL SERVICES & SUPPLY	14.00	0	42.00
42.01	OB GYN	B	-90	DELIVERY ROOM & LABOR ROOM	52.00	0	42.01
42.02	SURGERY	B	-3,938	OPERATING ROOM	50.00	0	42.02
42.03	ONCOLOGY OP	B	-8,565	OP ONCOLOGY	51.01	0	42.03
42.04	RADIOLOGY	B	-18,355	RADIOLOGY-DIAGNOSTIC	54.00	0	42.04
42.30	PHYSICAL THERAPY	B	-2,023	PHYSICAL THERAPY	66.00	0	42.30
43.00	CONTRIBUTIONS	A	-4,200	ADMINISTRATIVE & GENERAL	5.00	0	43.00
43.01	CBISA	A	-371,646	ADMINISTRATIVE & GENERAL	5.00	0	43.01
43.02	MARKETING AND ADVERTISING	A	-55,004	ADMINISTRATIVE & GENERAL	5.00	0	43.02
43.03	INCOME TAX	A	-128,592	ADMINISTRATIVE & GENERAL	5.00	0	43.03
43.04	REAL ESTATE TAX	A	-68,711	ADMINISTRATIVE & GENERAL	5.00	0	43.04
43.10	WOUND CARE	B	-68,501	WOUND CARE	66.01	0	43.10
43.20	OCCUPATIONAL HEALTH	B	-36,400	OCCUPATIONAL HEALTH	90.01	0	43.20
43.30	EMERGENCY SERVICES	B	-25,361	EMERGENCY	91.00	0	43.30
43.40	DEFINED BENEFIT PENSION NOT PSMH	A	-265,375	ADMINISTRATIVE & GENERAL	5.00	0	43.40
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,970,857				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: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/24/2017 1:25 pm
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Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	10,446,956	13,828,522 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	DEPRECIATION	363,145	0 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCOUNTS	245,279	0 3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	INFORMATION SYSTEMS	1,405,405	0 3.01
3.02	14.00	CENTRAL SERVICES & SUPPLY	PURCHASING	324,524	0 3.02
3.03	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY	26,684	0 3.03
3.04	31.00	INTENSIVE CARE UNIT	EICU	544,046	0 3.04
3.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	691,904	0 3.05
3.06	2.00	CAP REL COSTS-MVBLE EQUIP	ME DEPRECIATION	-183,794	0 3.06
3.07	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	719,283	0 3.07
3.08	0.00			0	0 3.08
3.09	0.00			0	0 3.09
4.00	60.00	LABORATORY	ALVERNO LABS	4,734,507	4,839,682 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			19,317,939	18,668,204 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	ALVERNO LAB	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: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/24/2017 1:25 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	-3,381,566	0		1.00
2.00	363,145	9		2.00
3.00	245,279	0		3.00
3.01	1,405,405	0		3.01
3.02	324,524	0		3.02
3.03	26,684	0		3.03
3.04	544,046	0		3.04
3.05	691,904	0		3.05
3.06	-183,794	9		3.06
3.07	719,283	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
4.00	-105,175	0		4.00
5.00	649,735			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	HEALTHCARE		6.00
7.00	HEALTHCARE		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: 14-0155

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2017 1:25 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	15,752	7,202	8,550	211,500	43	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	21,667	0	21,667	211,500	137	2.00
3.00	30.00	ADULTS & PEDIATRICS	10,289	0	10,289	211,500	46	3.00
4.00	51.01	OP ONCOLOGY	858,470	819,070	39,400	211,500	197	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	19,954	0	19,954	271,900	114	6.00
7.00	56.00	RADIOISOTOPE	156,000	0	156,000	271,900	650	7.00
8.00	59.00	CARDIAC CATHETERIZATION	50,148	0	50,148	246,400	321	8.00
9.00	60.00	LABORATORY	-4,500	-4,500	0	260,300	0	9.00
10.00	65.00	RESPIRATORY THERAPY	594	0	594	211,500	5	10.00
11.00	69.00	ELECTROCARDIOLOGY	69,175	0	69,175	211,500	553	11.00
12.00	74.00	RENAL DIALYSIS	52,700	0	52,700	211,500	351	12.00
13.00	91.00	EMERGENCY	99,536	1,276	98,260	211,500	679	13.00
14.00	5.00	ADMINISTRATIVE & GENERAL	64,500	0	64,500	211,500	516	14.00
15.00	65.00	RESPIRATORY THERAPY	7,350	0	7,350	211,500	47	15.00
16.00	23.00	PARAMED ED PRGM-(SPECFY)	27,888	0	27,888	211,500	186	16.00
17.00	5.00	ADMINISTRATIVE & GENERAL	148,855	0	148,855	211,500	816	17.00
18.00	30.00	ADULTS & PEDIATRICS	79,117	79,117	0	211,500	0	18.00
200.00			1,677,495	902,165	775,330		4,661	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	4,372	219	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	13,930	697	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	4,677	234	0	0	0	3.00
4.00	51.01	OP ONCOLOGY	20,032	1,002	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	14,902	745	0	0	0	6.00
7.00	56.00	RADIOISOTOPE	84,969	4,248	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	38,026	1,901	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	508	25	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	56,230	2,812	0	0	0	11.00
12.00	74.00	RENAL DIALYSIS	35,691	1,785	0	0	0	12.00
13.00	91.00	EMERGENCY	69,042	3,452	0	0	0	13.00
14.00	5.00	ADMINISTRATIVE & GENERAL	52,468	2,623	0	0	0	14.00
15.00	65.00	RESPIRATORY THERAPY	4,779	239	0	0	0	15.00
16.00	23.00	PARAMED ED PRGM-(SPECFY)	18,913	946	0	0	0	16.00
17.00	5.00	ADMINISTRATIVE & GENERAL	82,973	4,149	0	0	0	17.00
18.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	18.00
200.00			501,512	25,077	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	4,372	4,178	11,380		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	13,930	7,737	7,737		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	4,677	5,612	5,612		3.00
4.00	51.01	OP ONCOLOGY	0	20,032	19,368	838,438		4.00
5.00	0.00		0	0	0	0		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	14,902	5,052	5,052		6.00
7.00	56.00	RADIOISOTOPE	0	84,969	71,031	71,031		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	38,026	12,122	12,122		8.00
9.00	60.00	LABORATORY	0	0	0	-4,500		9.00
10.00	65.00	RESPIRATORY THERAPY	0	508	86	86		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	56,230	12,945	12,945		11.00
12.00	74.00	RENAL DIALYSIS	0	35,691	17,009	17,009		12.00
13.00	91.00	EMERGENCY	0	69,042	29,218	30,494		13.00
14.00	5.00	ADMINISTRATIVE & GENERAL	0	52,468	12,032	12,032		14.00
15.00	65.00	RESPIRATORY THERAPY	0	4,779	2,571	2,571		15.00
16.00	23.00	PARAMED ED PRGM-(SPECFY)	0	18,913	8,975	8,975		16.00
17.00	5.00	ADMINISTRATIVE & GENERAL	0	82,973	65,882	65,882		17.00
18.00	30.00	ADULTS & PEDIATRICS	0	0	0	79,117		18.00
200.00			0	501,512	273,818	1,175,983		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,353,517	3,353,517			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,121,285		5,121,285		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	558,174	39,725	0	597,899	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	23,266,026	148,058	186,758	46,930	23,647,772
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	6,185,828	905,354	695,254	17,805	7,804,241
7.01 00701	BIO MED	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	417,483	9,639	0	684	427,806
9.00 00900	HOUSEKEEPING	1,418,208	9,973	7,046	13,996	1,449,223
10.00 01000	DIETARY	588,190	66,739	5,396	3,465	663,790
11.00 01100	CAFETERIA	1,138,382	36,470	0	8,820	1,183,672
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,269,672	5,091	369,290	16,270	1,660,323
14.00 01400	CENTRAL SERVICES & SUPPLY	747,239	126,201	252,611	3,917	1,129,968
14.01 01401	STERILE PROCESSING	0	0	0	0	0
15.00 01500	PHARMACY	1,914,906	16,966	3,483	20,970	1,956,325
16.00 01600	MEDICAL RECORDS & LIBRARY	1,189,509	57,217	17,094	2,005	1,265,825
17.00 01700	SOCIAL SERVICE	908,695	2,504	0	12,607	923,806
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	PARAMED ED PRGM-(SPECIFY)	297,632	1,669	9,071	3,197	311,569
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	8,608,917	378,995	230,273	114,415	9,332,600
31.00 03100	INTENSIVE CARE UNIT	3,203,154	60,764	39,954	34,833	3,338,705
34.00 03400	SURGICAL INTENSIVE CARE UNIT	1,835,649	48,404	36,410	23,677	1,944,140
43.00 04300	NURSERY	482,060	14,813	8,951	6,074	511,898
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,277,064	97,476	767,154	28,071	3,169,765
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00 05100	RECOVERY ROOM	1,678,270	36,111	14,854	22,812	1,752,047
51.01 05101	OP ONCOLOGY	880,369	243,163	8,064	5,750	1,137,346
52.00 05200	DELIVERY ROOM & LABOR ROOM	530,349	17,367	10,494	7,124	565,334
52.02 05201	SUBSTANCE ABUSE	512,229	41,010	0	6,114	559,353
52.04 05202	DIABETES EDUCATION	0	0	0	0	0
52.05 05203	PODIATRY	0	0	0	0	0
52.06 05204	INFUSION CLINIC	1,109,525	19,745	684	13,024	1,142,978
53.00 05300	ANESTHESIOLOGY	2,365,620	2,587	45,492	418	2,414,117
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,469,795	120,517	454,121	42,038	4,086,471
56.00 05600	RADIOISOTOPE	1,005,394	15,022	566,455	6,325	1,593,196
59.00 05900	CARDIAC CATHETERIZATION	971,525	33,674	613,007	12,131	1,630,337
60.00 06000	LABORATORY	5,100,581	107,256	170,143	0	5,377,980
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,649,562	23,084	100,410	20,577	1,793,633
66.00 06600	PHYSICAL THERAPY	1,348,408	62,107	3,504	3,833	1,417,852
66.01 06601	WOUND CARE	949,428	27,465	1,202	1,504	979,599
67.00 06700	OCCUPATIONAL THERAPY	260,398	3,388	0	713	264,499
68.00 06800	SPEECH PATHOLOGY	103,941	2,003	0	357	106,301
69.00 06900	ELECTROCARDIOLOGY	836,039	25,320	156,692	6,849	1,024,900
70.00 07000	ELECTROENCEPHALOGRAPHY	48,829	6,668	9,109	639	65,245
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,470,041	0	0	0	4,470,041
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,714,181	0	0	0	3,714,181
73.00 07300	DRUGS CHARGED TO PATIENTS	5,717,975	0	0	0	5,717,975
74.00 07400	RENAL DIALYSIS	3,923,635	111,204	107,483	23,882	4,166,204
76.00 03951	OTHER	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	289,423	57,559	14,000	4,054	365,036
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	OCCUPATIONAL HEALTH	170,939	44,515	15,274	551	231,279
91.00 09100	EMERGENCY	3,883,598	85,274	130,296	48,991	4,148,159
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
118.00	SUBTOTALS (SUM OF LINES 1-117)	109,771,644	3,111,097	5,050,029	585,422	109,445,491 118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	302,767	0	0	1,718	304,485 190.00
194.00	07950 OTHER NRCC	4,135,684	242,420	69,856	9,012	4,456,972 194.00
194.01	07951 SISTERS RESIDENCE	135,043	0	1,400	1,747	138,190 194.01
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)	114,345,138	3,353,517	5,121,285	597,899	114,345,138 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	23,647,772					5.00
6.00	00600	0	0				6.00
7.00	00700	2,034,823		9,839,064			7.00
7.01	00701	0	0	0	0		7.01
8.00	00800	111,543	0	41,957	0	581,306	8.00
9.00	00900	377,860	0	43,410	0	0	9.00
10.00	01000	173,072	0	290,504	0	0	10.00
11.00	01100	308,622	0	158,747	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	432,901	0	22,159	0	0	13.00
14.00	01400	294,620	0	549,331	0	0	14.00
14.01	01401	0	0	0	0	0	14.01
15.00	01500	510,078	0	73,852	0	0	15.00
16.00	01600	330,042	0	249,055	0	0	16.00
17.00	01700	240,867	0	10,898	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	81,236	0	7,265	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,433,292	0	1,649,701	0	427,404	30.00
31.00	03100	870,511	0	264,494	0	78,682	31.00
34.00	03400	506,901	0	210,694	0	52,689	34.00
43.00	04300	133,469	0	64,480	0	22,531	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	826,462	0	424,295	0	0	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	456,816	0	157,185	0	0	51.00
51.01	05101	296,544	0	1,058,449	0	0	51.01
52.00	05200	147,401	0	75,596	0	0	52.00
52.02	05201	145,842	0	178,509	0	0	52.02
52.04	05202	0	0	0	0	0	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	298,012	0	85,949	0	0	52.06
53.00	05300	629,440	0	11,261	0	0	53.00
54.00	05400	1,065,478	0	524,593	0	0	54.00
56.00	05600	415,399	0	65,388	0	0	56.00
59.00	05900	425,083	0	146,578	0	0	59.00
60.00	06000	1,402,217	0	466,870	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	467,659	0	100,479	0	0	65.00
66.00	06600	369,681	0	270,343	0	0	66.00
66.01	06601	255,414	0	119,551	0	0	66.01
67.00	06700	68,964	0	14,749	0	0	67.00
68.00	06800	27,716	0	8,718	0	0	68.00
69.00	06900	267,225	0	110,215	0	0	69.00
70.00	07000	17,012	0	29,025	0	0	70.00
71.00	07100	1,165,487	0	0	0	0	71.00
72.00	07200	968,410	0	0	0	0	72.00
73.00	07300	1,490,865	0	0	0	0	73.00
74.00	07400	1,086,267	0	484,052	0	0	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	95,177	0	250,545	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							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	60,302	0	193,766	0	0	90.01
91.00	09100	1,081,562	0	371,185	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		22,370,272	0	8,783,848	0	581,306	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	79,389	0	0	0	0	190.00
194.00	07950	1,162,080	0	1,055,216	0	0	194.00
194.01	07951	36,031	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	23,647,772	0	9,839,064	0	581,306	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/24/2017 1:25 pm				
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION		
		9.00	10.00	11.00	12.00	13.00		
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	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	BIO MED					7.01	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING	1,870,493				9.00	
10.00	01000	DIETARY	22,842	1,150,208			10.00	
11.00	01100	CAFETERIA	58,137	0	1,709,178		11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	34,552	0	33,001	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,182,936	14.00	
14.01	01401	STERILE PROCESSING	0	0	0	0	14.01	
15.00	01500	PHARMACY	45,906	0	43,846	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	11,931	0	11,395	0	16.00	
17.00	01700	SOCIAL SERVICE	32,507	0	31,048	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	6,950	0	6,638	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	520,592	996,988	497,218	0	820,437	30.00
31.00	03100	INTENSIVE CARE UNIT	123,153	91,768	117,625	0	194,087	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	86,768	61,452	82,873	0	136,745	34.00
43.00	04300	NURSERY	22,087	0	21,096	0	34,809	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	147,766	0	141,132	0	232,875	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	57,977	0	55,374	0	91,370	51.00
51.01	05101	OP ONCOLOGY	14,453	0	13,804	0	22,778	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,902	0	24,739	0	40,821	52.00
52.02	05201	SUBSTANCE ABUSE	16,192	0	15,465	0	25,519	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	26,336	0	25,154	0	41,506	52.06
53.00	05300	ANESTHESIOLOGY	2,415	0	2,306	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	133,403	0	127,414	0	0	54.00
56.00	05600	RADIOISOTOPE	19,752	0	18,866	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	46,138	0	44,067	0	72,712	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
65.00	06500	RESPIRATORY THERAPY	87,900	0	83,954	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,352	0	8,933	0	0	66.00
66.01	06601	WOUND CARE	7,840	0	7,488	0	12,355	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,405	0	1,342	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	598	0	572	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,475	0	14,780	0	24,388	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,065	0	1,972	0	3,254	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	90,730	0	86,657	0	142,988	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	7,397	0	7,065	0	11,657	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	1,495	0	1,428	0	2,357	90.01
91.00	09100	EMERGENCY	165,818	0	158,374	0	261,325	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,845,834	1,150,208	1,685,626	0	2,182,936	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,318	0	10,810	0	0	190.00
194.00	07950	OTHER NRCC	4,226	0	4,036	0	0	194.00
194.01	07951	SISTERS RESIDENCE	9,115	0	8,706	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,870,493	1,150,208	1,709,178	0	2,182,936	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		14.00	14.01	15.00	16.00	17.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	BIO MED					7.01
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	1,973,919				14.00
14.01	01401	STERILE PROCESSING	0	0			14.01
15.00	01500	PHARMACY	1,241	0	2,631,248		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26	0	0	1,868,274	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,164	0	140	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	49,449	0	4,361	160,779	891,675
31.00	03100	INTENSIVE CARE UNIT	29,311	0	2,024	66,161	160,591
34.00	03400	SURGICAL INTENSIVE CARE UNIT	23,865	0	1,207	46,114	109,539
43.00	04300	NURSERY	6,195	0	0	4,176	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	145	0	1,915	115,567	0
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00	05100	RECOVERY ROOM	8,674	0	229	25,283	0
51.01	05101	OP ONCOLOGY	8	0	773	10,319	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	462	0	0	4,900	0
52.02	05201	SUBSTANCE ABUSE	8	0	0	5,462	0
52.04	05202	DIABETES EDUCATION	0	0	0	0	0
52.05	05203	PODIATRY	0	0	0	0	0
52.06	05204	INFUSION CLINIC	5,056	0	441	27,300	0
53.00	05300	ANESTHESIOLOGY	23,013	0	7,072	21,241	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,596	0	48,176	266,230	0
56.00	05600	RADIOISOTOPE	689	0	85,823	29,871	0
59.00	05900	CARDIAC CATHETERIZATION	13,325	0	15,673	68,283	0
60.00	06000	LABORATORY	1,437	0	49	192,895	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,374	0	619	39,936	0
66.00	06600	PHYSICAL THERAPY	655	0	2	24,551	0
66.01	06601	WOUND CARE	13	0	8,096	19,607	0
67.00	06700	OCCUPATIONAL THERAPY	66	0	0	3,940	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	618	0
69.00	06900	ELECTROCARDIOLOGY	1,352	0	35,217	59,354	0
70.00	07000	ELECTROENCEPHALOGRAPHY	301	0	0	1,627	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	871,877	0	0	124,611	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	724,447	0	0	50,984	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,180,971	208,852	0
74.00	07400	RENAL DIALYSIS	199,492	0	235,458	124,935	77,321
76.00	03951	OTHER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	303	0	1	1,194	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							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	OCCUPATIONAL HEALTH	127	0	0	262	0
91.00	09100	EMERGENCY	1,327	0	1,698	163,222	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,969,998	0	2,629,945	1,868,274	1,239,126
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34	0	0	0	0
194.00	07950	OTHER NRCC	3,869	0	1,303	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		14.00	14.01	15.00	16.00	17.00	
194.01	07951 SISTERS RESIDENCE	18	0	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,973,919	0	2,631,248	1,868,274	1,239,126	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B
Part I
Date/Time Prepared:
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Line	Code	Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	
			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
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
14.01	01401	STERILE PROCESSING						14.01
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	0					19.00
20.00	02000	NURSING SCHOOL		0				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	PARAMED PRGM-(SPECIFY)					426,915	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	40,360	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	25,113	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	10,763	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	25,113	51.00
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	12,556	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	5,381	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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	10,763	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	0	0	0	0	66.01
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	12,556	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	12,556	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	271,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	426,915	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00 07950	OTHER NRCC	0	0	0	0	0 194.00
194.01 07951	SISTERS RESIDENCE	0	0	0	0	0 194.01
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	0	426,915 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
7.01	00701				7.01
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
14.01	01401				14.01
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	17,824,856	0	17,824,856	30.00
31.00	03100	5,362,225	0	5,362,225	31.00
34.00	03400	3,262,987	0	3,262,987	34.00
43.00	04300	820,741	0	820,741	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	5,070,685	0	5,070,685	50.00
50.01	03330	0	0	0	50.01
51.00	05100	2,630,068	0	2,630,068	51.00
51.01	05101	2,554,474	0	2,554,474	51.01
52.00	05200	885,155	0	885,155	52.00
52.02	05201	946,350	0	946,350	52.02
52.04	05202	0	0	0	52.04
52.05	05203	0	0	0	52.05
52.06	05204	1,652,732	0	1,652,732	52.06
53.00	05300	3,110,865	0	3,110,865	53.00
54.00	05400	6,267,917	0	6,267,917	54.00
56.00	05600	2,228,984	0	2,228,984	56.00
59.00	05900	2,467,577	0	2,467,577	59.00
60.00	06000	7,441,448	0	7,441,448	60.00
62.30	06250	0	0	0	62.30
65.00	06500	2,586,317	0	2,586,317	65.00
66.00	06600	2,101,369	0	2,101,369	66.00
66.01	06601	1,409,963	0	1,409,963	66.01
67.00	06700	354,965	0	354,965	67.00
68.00	06800	144,523	0	144,523	68.00
69.00	06900	1,565,462	0	1,565,462	69.00
70.00	07000	120,501	0	120,501	70.00
71.00	07100	6,632,016	0	6,632,016	71.00
72.00	07200	5,458,022	0	5,458,022	72.00
73.00	07300	9,598,663	0	9,598,663	73.00
74.00	07400	6,706,660	-235,458	6,471,202	74.00
76.00	03951	0	0	0	76.00
76.97	07697	738,375	0	738,375	76.97
76.98	07698	0	0	0	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
90.01	09001	491,016	0	491,016	90.01
91.00	09100	6,624,424	0	6,624,424	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	0	0	0	113.00
118.00		107,059,340	0	106,823,882	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	406,036	0	406,036	190.00
194.00	07950	OTHER NRCC	6,687,702	0	6,687,702	194.00
194.01	07951	SISTERS RESIDENCE	192,060	0	192,060	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	114,345,138	0	114,109,680	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 1:25 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	39,725	0	39,725	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	148,058	186,758	334,816	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	905,354	695,254	1,600,608	7.00
7.01 00701	BIO MED	0	0	0	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	9,639	0	9,639	8.00
9.00 00900	HOUSEKEEPING	0	9,973	7,046	17,019	9.00
10.00 01000	DIETARY	0	66,739	5,396	72,135	10.00
11.00 01100	CAFETERIA	0	36,470	0	36,470	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	5,091	369,290	374,381	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	126,201	252,611	378,812	14.00
14.01 01401	STERILE PROCESSING	0	0	0	0	14.01
15.00 01500	PHARMACY	0	16,966	3,483	20,449	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	57,217	17,094	74,311	16.00
17.00 01700	SOCIAL SERVICE	0	2,504	0	2,504	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	PARAMED PRGM-(SPECIFY)	0	1,669	9,071	10,740	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	378,995	230,273	609,268	30.00
31.00 03100	INTENSIVE CARE UNIT	0	60,764	39,954	100,718	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	48,404	36,410	84,814	34.00
43.00 04300	NURSERY	0	14,813	8,951	23,764	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	97,476	767,154	864,630	50.00
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	36,111	14,854	50,965	51.00
51.01 05101	OP ONCOLOGY	0	243,163	8,064	251,227	51.01
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	17,367	10,494	27,861	52.00
52.02 05201	SUBSTANCE ABUSE	0	41,010	0	41,010	52.02
52.04 05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05 05203	PODIATRY	0	0	0	0	52.05
52.06 05204	INFUSION CLINIC	0	19,745	684	20,429	52.06
53.00 05300	ANESTHESIOLOGY	0	2,587	45,492	48,079	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	120,517	454,121	574,638	54.00
56.00 05600	RADIOISOTOPE	0	15,022	566,455	581,477	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	33,674	613,007	646,681	59.00
60.00 06000	LABORATORY	0	107,256	170,143	277,399	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	23,084	100,410	123,494	65.00
66.00 06600	PHYSICAL THERAPY	0	62,107	3,504	65,611	66.00
66.01 06601	WOUND CARE	0	27,465	1,202	28,667	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	3,388	0	3,388	67.00
68.00 06800	SPEECH PATHOLOGY	0	2,003	0	2,003	68.00
69.00 06900	ELECTROCARDIOLOGY	0	25,320	156,692	182,012	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	6,668	9,109	15,777	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	111,204	107,483	218,687	74.00
76.00 03951	OTHER	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	57,559	14,000	71,559	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	OCCUPATIONAL HEALTH	0	44,515	15,274	59,789	90.01
91.00 09100	EMERGENCY	0	85,274	130,296	215,570	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,111,097	5,050,029	8,161,126	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 1:25 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	114	190.00
194.00	07950	OTHER NRCC	0	242,420	69,856	599	194.00
194.01	07951	SISTERS RESIDENCE	0	0	1,400	116	194.01
200.00		Cross Foot Adjustments			0		200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	3,353,517	5,121,285	39,725	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 1:25 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE		
		5.00	6.00	7.00	7.01	8.00		
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	
5.00	00500	ADMINISTRATIVE & GENERAL	337,934				5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00	
7.00	00700	OPERATION OF PLANT	29,079	0	1,630,870		7.00	
7.01	00701	BIO MED	0	0	0	0	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	1,594	0	6,955	0	18,233	8.00
9.00	00900	HOUSEKEEPING	5,400	0	7,195	0	0	9.00
10.00	01000	DIETARY	2,473	0	48,152	0	0	10.00
11.00	01100	CAFETERIA	4,410	0	26,313	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,186	0	3,673	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,210	0	91,054	0	0	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	7,289	0	12,241	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,716	0	41,282	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,442	0	1,806	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	PARAMED ED PRGM-(SPECIFY)	1,161	0	1,204	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,770	0	273,444	0	13,405	30.00
31.00	03100	INTENSIVE CARE UNIT	12,440	0	43,841	0	2,468	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,244	0	34,924	0	1,653	34.00
43.00	04300	NURSERY	1,907	0	10,688	0	707	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,811	0	70,329	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	6,528	0	26,054	0	0	51.00
51.01	05101	OP ONCOLOGY	4,238	0	175,443	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,106	0	12,530	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	2,084	0	29,589	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	4,259	0	14,246	0	0	52.06
53.00	05300	ANESTHESIOLOGY	8,995	0	1,867	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,226	0	86,954	0	0	54.00
56.00	05600	RADIOISOTOPE	5,936	0	10,838	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,075	0	24,296	0	0	59.00
60.00	06000	LABORATORY	20,038	0	77,386	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,683	0	16,655	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,283	0	44,811	0	0	66.00
66.01	06601	WOUND CARE	3,650	0	19,816	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	986	0	2,445	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	396	0	1,445	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,819	0	18,269	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	243	0	4,811	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,655	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,839	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,305	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	15,523	0	80,234	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,360	0	41,529	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	862	0	32,118	0	0	90.01
91.00	09100	EMERGENCY	15,456	0	61,526	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	319,677	0	1,455,963	0	18,233	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,135	0	0	0	0	190.00
194.00	07950	OTHER NRCC	16,607	0	174,907	0	0	194.00
194.01	07951	SISTERS RESIDENCE	515	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155			Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 1:25 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE		
200.00	Cross Foot Adjustments	5.00	6.00	7.00	7.01	8.00	200.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	337,934	0	1,630,870	0	18,233	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 1:25 pm			
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	30,544					9.00
10.00	01000	373	123,363				10.00
11.00	01100	949	0	68,728			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	564	0	1,327	0	387,212	13.00
14.00	01400	0	0	0	0	0	14.00
14.01	01401	0	0	0	0	0	14.01
15.00	01500	750	0	1,763	0	0	15.00
16.00	01600	195	0	458	0	0	16.00
17.00	01700	531	0	1,248	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	113	0	267	0	1,943	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	8,500	106,930	19,995	0	145,531	30.00
31.00	03100	2,011	9,842	4,730	0	34,427	31.00
34.00	03400	1,417	6,591	3,332	0	24,256	34.00
43.00	04300	361	0	848	0	6,174	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,413	0	5,675	0	41,308	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	947	0	2,227	0	16,207	51.00
51.01	05101	236	0	555	0	4,040	51.01
52.00	05200	423	0	995	0	7,241	52.00
52.02	05201	264	0	622	0	4,527	52.02
52.04	05202	0	0	0	0	0	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	430	0	1,011	0	7,362	52.06
53.00	05300	39	0	93	0	0	53.00
54.00	05400	2,178	0	5,124	0	0	54.00
56.00	05600	323	0	759	0	0	56.00
59.00	05900	753	0	1,772	0	12,898	59.00
60.00	06000	0	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	1,435	0	3,376	0	0	65.00
66.00	06600	153	0	359	153	0	66.00
66.01	06601	128	0	301	0	2,192	66.01
67.00	06700	23	0	54	0	0	67.00
68.00	06800	10	0	23	0	0	68.00
69.00	06900	253	0	594	0	4,326	69.00
70.00	07000	34	0	79	0	577	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	1,482	0	3,485	0	25,363	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	121	0	284	0	2,068	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	24	0	57	0	418	90.01
91.00	09100	2,708	0	6,368	0	46,354	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		30,141	123,363	67,781	0	387,212	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	185	0	435	0	0	190.00
194.00	07950	69	0	162	0	0	194.00
194.01	07951	149	0	350	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155			Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 1:25 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION		
		9.00	10.00	11.00	12.00	13.00		
200.00	Cross Foot Adjustments						200.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	30,544	123,363	68,728	0	387,212	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 1:25 pm				
Cost Center Description		CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	14.01	15.00	16.00	17.00		
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	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	BIO MED					7.01	
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	474,336				14.00	
14.01	01401	STERILE PROCESSING	0	0			14.01	
15.00	01500	PHARMACY	298	0	44,183		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	6	0	0	121,101	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	520	0	2	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,883	0	73	10,391	7,461	30.00
31.00	03100	INTENSIVE CARE UNIT	7,044	0	34	4,276	1,344	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,735	0	20	2,980	917	34.00
43.00	04300	NURSERY	1,489	0	0	270	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35	0	32	7,469	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,084	0	4	1,634	0	51.00
51.01	05101	OP ONCOLOGY	2	0	13	667	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	111	0	0	317	0	52.00
52.02	05201	SUBSTANCE ABUSE	2	0	0	353	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	1,215	0	7	1,764	0	52.06
53.00	05300	ANESTHESIOLOGY	5,530	0	119	1,373	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	864	0	809	17,559	0	54.00
56.00	05600	RADIOISOTOPE	166	0	1,441	1,931	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,202	0	263	4,413	0	59.00
60.00	06000	LABORATORY	345	0	1	12,467	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	330	0	10	2,581	0	65.00
66.00	06600	PHYSICAL THERAPY	157	0	0	1,587	0	66.00
66.01	06601	WOUND CARE	3	0	136	1,267	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	16	0	0	255	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	40	0	68.00
69.00	06900	ELECTROCARDIOLOGY	325	0	591	3,836	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	72	0	0	105	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	209,511	0	0	8,054	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,087	0	0	3,295	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	36,624	13,499	0	73.00
74.00	07400	RENAL DIALYSIS	47,939	0	3,953	8,075	647	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	73	0	0	77	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	31	0	0	17	0	90.01
91.00	09100	EMERGENCY	319	0	29	10,549	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	473,394	0	44,161	121,101	10,369	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8	0	0	0	0	190.00
194.00	07950	OTHER NRCC	930	0	22	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0155		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 1:25 pm	
Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
194.01	07951	SISTERS RESIDENCE	4	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	474,336	0	44,183	121,101	10,369	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			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
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	BIO MED					7.01
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
14.01 01401	STERILE PROCESSING					14.01
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	0				19.00
20.00 02000	NURSING SCHOOL		0			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	PARAMED PRGM-(SPECIFY)					16, 162 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT					34.00
43.00 04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
50.01 03330	SPECIAL PROCEDURES					50.01
51.00 05100	RECOVERY ROOM					51.00
51.01 05101	OP ONCOLOGY					51.01
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
52.02 05201	SUBSTANCE ABUSE					52.02
52.04 05202	DIABETES EDUCATION					52.04
52.05 05203	PODIATRY					52.05
52.06 05204	INFUSION CLINIC					52.06
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
56.00 05600	RADIOISOTOPE					56.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
66.01 06601	WOUND CARE					66.01
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
76.00 03951	OTHER					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99 07699	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC					90.00
90.01 09001	OCCUPATIONAL HEALTH					90.01
91.00 09100	EMERGENCY					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES					95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
194.00 07950	OTHER NRCC					194.00
194.01 07951	SISTERS RESIDENCE					194.01
200.00	Cross Foot Adjustments	0	0	0	0	16,162 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	0	16,162 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 1:25 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
7.01	00701				7.01
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
14.01	01401				14.01
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	1,249,256	0	1,249,256	30.00
31.00	03100	225,489	0	225,489	31.00
34.00	03400	175,456	0	175,456	34.00
43.00	04300	46,612	0	46,612	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,005,567	0	1,005,567	50.00
50.01	03330	0	0	0	50.01
51.00	05100	108,165	0	108,165	51.00
51.01	05101	436,803	0	436,803	51.01
52.00	05200	52,057	0	52,057	52.00
52.02	05201	78,857	0	78,857	52.02
52.04	05202	0	0	0	52.04
52.05	05203	0	0	0	52.05
52.06	05204	51,588	0	51,588	52.06
53.00	05300	66,123	0	66,123	53.00
54.00	05400	706,145	0	706,145	54.00
56.00	05600	603,291	0	603,291	56.00
59.00	05900	701,159	0	701,159	59.00
60.00	06000	387,636	0	387,636	60.00
62.30	06250	0	0	0	62.30
65.00	06500	155,931	0	155,931	65.00
66.00	06600	118,216	0	118,216	66.00
66.01	06601	56,260	0	56,260	66.01
67.00	06700	7,214	0	7,214	67.00
68.00	06800	3,941	0	3,941	68.00
69.00	06900	214,480	0	214,480	69.00
70.00	07000	21,740	0	21,740	70.00
71.00	07100	234,220	0	234,220	71.00
72.00	07200	191,221	0	191,221	72.00
73.00	07300	71,428	0	71,428	73.00
74.00	07400	406,975	0	406,975	74.00
76.00	03951	0	0	0	76.00
76.97	07697	117,340	0	117,340	76.97
76.98	07698	0	0	0	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
90.01	09001	93,353	0	93,353	90.01
91.00	09100	362,134	0	362,134	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	0	0	0	113.00
118.00		7,948,657	0	7,948,657	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,877	0	1,877	190.00
194.00	07950	OTHER NRCC	505,572	0	505,572	194.00
194.01	07951	SISTERS RESIDENCE	2,534	0	2,534	194.01
200.00		Cross Foot Adjustments	16,162	0	16,162	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	8,474,802	0	8,474,802	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	401,835					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,424,878				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,760	0	34,539,401			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	17,741	88,428	2,711,011	-23,647,772	90,697,366	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	108,484	329,196	1,028,550	0	7,804,241	7.00
7.01 00701	BIO MED	0	0	0	0	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	1,155	0	39,490	0	427,806	8.00
9.00 00900	HOUSEKEEPING	1,195	3,336	808,491	0	1,449,223	9.00
10.00 01000	DIETARY	7,997	2,555	200,183	0	663,790	10.00
11.00 01100	CAFETERIA	4,370	0	509,489	0	1,183,672	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	610	174,855	939,892	0	1,660,323	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,122	119,609	226,272	0	1,129,968	14.00
14.01 01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00 01500	PHARMACY	2,033	1,649	1,211,391	0	1,956,325	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,856	8,094	115,795	0	1,265,825	16.00
17.00 01700	SOCIAL SERVICE	300	0	728,274	0	923,806	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	PARAMED ED PRGM-(SPECIFY)	200	4,295	184,694	0	311,569	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	45,413	109,032	6,610,120	0	9,332,600	30.00
31.00 03100	INTENSIVE CARE UNIT	7,281	18,918	2,012,203	0	3,338,705	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	5,800	17,240	1,367,734	0	1,944,140	34.00
43.00 04300	NURSERY	1,775	4,238	350,902	0	511,898	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	11,680	363,240	1,621,568	0	3,169,765	50.00
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	4,327	7,033	1,317,759	0	1,752,047	51.00
51.01 05101	OP ONCOLOGY	29,137	3,818	332,156	0	1,137,346	51.01
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,081	4,969	411,505	0	565,334	52.00
52.02 05201	SUBSTANCE ABUSE	4,914	0	353,185	0	559,353	52.02
52.04 05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05 05203	PODIATRY	0	0	0	0	0	52.05
52.06 05204	INFUSION CLINIC	2,366	324	752,326	0	1,142,978	52.06
53.00 05300	ANESTHESIOLOGY	310	21,540	24,150	0	2,414,117	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,441	215,022	2,428,414	0	4,086,471	54.00
56.00 05600	RADIOISOTOPE	1,800	268,211	365,364	0	1,593,196	56.00
59.00 05900	CARDIAC CATHETERIZATION	4,035	290,253	700,745	0	1,630,337	59.00
60.00 06000	LABORATORY	12,852	80,561	0	0	5,377,980	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	2,766	47,543	1,188,679	0	1,793,633	65.00
66.00 06600	PHYSICAL THERAPY	7,442	1,659	221,415	0	1,417,852	66.00
66.01 06601	WOUND CARE	3,291	569	86,895	0	979,599	66.01
67.00 06700	OCCUPATIONAL THERAPY	406	0	41,168	0	264,499	67.00
68.00 06800	SPEECH PATHOLOGY	240	0	20,637	0	106,301	68.00
69.00 06900	ELECTROCARDIOLOGY	3,034	74,192	395,647	0	1,024,900	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	799	4,313	36,917	0	65,245	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,470,041	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,714,181	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,717,975	73.00
74.00 07400	RENAL DIALYSIS	13,325	50,892	1,379,570	0	4,166,204	74.00
76.00 03951	OTHER	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	6,897	6,629	234,205	0	365,036	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	OCCUPATIONAL HEALTH	5,334	7,232	31,854	0	231,279	90.01
91.00 09100	EMERGENCY	10,218	61,694	2,830,043	0	4,148,159	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00	4.00					
118.00	SUBTOTALS (SUM OF LINES 1-117)				5A	5.00	118.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	99,229	0	304,485	190.00
194.00	07950	OTHER NRCC	29,048	33,076	520,579	0	4,456,972	194.00
194.01	07951	SISTERS RESIDENCE	0	663	100,900	0	138,190	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,353,517	5,121,285	597,899		23,647,772	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.345507	2.111976	0.017311		0.260733	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			39,725		337,934	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001150		0.003726	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.00	7.00	7.01	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		270,850				7.00
7.01	00701		0	0			7.01
8.00	00800	0	1,155	0	23,169		8.00
9.00	00900	0	1,195	0	0	1,528,415	9.00
10.00	01000		7,997	0	0	18,665	10.00
11.00	01100		4,370	0	0	47,505	11.00
12.00	01200		0	0	0	0	12.00
13.00	01300		610	0	0	28,233	13.00
14.00	01400		15,122	0	0	0	14.00
14.01	01401		0	0	0	0	14.01
15.00	01500		2,033	0	0	37,511	15.00
16.00	01600		6,856	0	0	9,749	16.00
17.00	01700		300	0	0	26,562	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000		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		200	0	0	5,679	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	45,413	0	17,035	425,384	30.00
31.00	03100	0	7,281	0	3,136	100,631	31.00
34.00	03400	0	5,800	0	2,100	70,900	34.00
43.00	04300	0	1,775	0	898	18,048	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	11,680	0	0	120,742	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	0	4,327	0	0	47,374	51.00
51.01	05101	0	29,137	0	0	11,810	51.01
52.00	05200	0	2,081	0	0	21,165	52.00
52.02	05201	0	4,914	0	0	13,231	52.02
52.04	05202	0	0	0	0	0	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	0	2,366	0	0	21,520	52.06
53.00	05300	0	310	0	0	1,973	53.00
54.00	05400	0	14,441	0	0	109,006	54.00
56.00	05600	0	1,800	0	0	16,140	56.00
59.00	05900	0	4,035	0	0	37,700	59.00
60.00	06000	0	12,852	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	2,766	0	0	71,825	65.00
66.00	06600	0	7,442	0	0	7,642	66.00
66.01	06601	0	3,291	0	0	6,406	66.01
67.00	06700	0	406	0	0	1,148	67.00
68.00	06800	0	240	0	0	489	68.00
69.00	06900	0	3,034	0	0	12,645	69.00
70.00	07000	0	799	0	0	1,687	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	13,325	0	0	74,137	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	0	6,897	0	0	6,044	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	5,334	0	0	1,222	90.01
91.00	09100	0	10,218	0	0	135,493	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		0	241,802	0	23,169	1,508,266	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	9,248	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.00	7.00	7.01	8.00	9.00	
194.00	07950 OTHER NRCC	0	29,048	0	0	3,453	194.00
194.01	07951 SISTERS RESIDENCE	0	0	0	0	7,448	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	9,839,064	0	581,306	1,870,493	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	36.326616	0.000000	25.089818	1.223812	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,630,870	0	18,233	30,544	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	6.021303	0.000000	0.786957	0.019984	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	58,959					10.00
11.00	01100	0	1,462,245				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	28,233	0	1,131,818		13.00
14.00	01400	0	0	0	0	10,120,128	14.00
14.01	01401	0	0	0	0	0	14.01
15.00	01500	0	37,511	0	0	6,363	15.00
16.00	01600	0	9,749	0	0	134	16.00
17.00	01700	0	26,562	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	5,679	0	5,679	11,095	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	51,105	425,384	0	425,384	253,522	30.00
31.00	03100	4,704	100,631	0	100,631	150,275	31.00
34.00	03400	3,150	70,900	0	70,900	122,356	34.00
43.00	04300	0	18,048	0	18,048	31,759	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	120,742	0	120,742	745	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	0	47,374	0	47,374	44,473	51.00
51.01	05101	0	11,810	0	11,810	42	51.01
52.00	05200	0	21,165	0	21,165	2,369	52.00
52.02	05201	0	13,231	0	13,231	40	52.02
52.04	05202	0	0	0	0	0	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	0	21,520	0	21,520	25,921	52.06
53.00	05300	0	1,973	0	0	117,987	53.00
54.00	05400	0	109,006	0	0	18,437	54.00
56.00	05600	0	16,140	0	0	3,535	56.00
59.00	05900	0	37,700	0	37,700	68,316	59.00
60.00	06000	0	0	0	0	7,365	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	71,825	0	0	7,045	65.00
66.00	06600	0	7,642	0	0	3,356	66.00
66.01	06601	0	6,406	0	6,406	65	66.01
67.00	06700	0	1,148	0	0	339	67.00
68.00	06800	0	489	0	0	0	68.00
69.00	06900	0	12,645	0	12,645	6,932	69.00
70.00	07000	0	1,687	0	1,687	1,544	70.00
71.00	07100	0	0	0	0	4,470,042	71.00
72.00	07200	0	0	0	0	3,714,182	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	74,137	0	74,137	1,022,779	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	0	6,044	0	6,044	1,554	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	1,222	0	1,222	652	90.01
91.00	09100	0	135,493	0	135,493	6,805	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		58,959	1,442,096	0	1,131,818	10,100,029	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)		
		10.00	11.00	12.00	13.00	14.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,248	0	0	173	190.00
194.00	07950	OTHER NRCC	0	3,453	0	0	19,836	194.00
194.01	07951	SISTERS RESIDENCE	0	7,448	0	0	90	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,150,208	1,709,178	0	2,182,936	1,973,919	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.508608	1.168873	0.000000	1.928699	0.195049	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	123,363	68,728	0	387,212	474,336	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.092352	0.047002	0.000000	0.342115	0.046871	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description		STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.01	15.00	16.00	17.00	19.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	BIO MED					7.01
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
14.01	01401	STERILE PROCESSING	0				14.01
15.00	01500	PHARMACY	0	6,947,712			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	670,924,301		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	10,000	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	PARAMED ED PRGM-(SPECIFY)	0	370	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	11,516	57,730,163	7,196	0
31.00	03100	INTENSIVE CARE UNIT	0	5,345	23,756,159	1,296	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	3,186	16,558,029	884	0
43.00	04300	NURSERY	0	0	1,499,468	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	5,056	41,496,076	0	0
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	605	9,078,222	0	0
51.01	05101	OP ONCOLOGY	0	2,042	3,705,337	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,759,459	0	0
52.02	05201	SUBSTANCE ABUSE	0	0	1,961,346	0	0
52.04	05202	DIABETES EDUCATION	0	0	0	0	0
52.05	05203	PODIATRY	0	0	0	0	0
52.06	05204	INFUSION CLINIC	0	1,164	9,802,437	0	0
53.00	05300	ANESTHESIOLOGY	0	18,673	7,627,012	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	127,206	95,684,785	0	0
56.00	05600	RADIOISOTOPE	0	226,613	10,725,495	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	41,384	24,517,963	0	0
60.00	06000	LABORATORY	0	129	69,262,104	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,635	14,339,667	0	0
66.00	06600	PHYSICAL THERAPY	0	5	8,815,588	0	0
66.01	06601	WOUND CARE	0	21,377	7,040,267	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,414,588	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	221,936	0	0
69.00	06900	ELECTROCARDIOLOGY	0	92,989	21,311,862	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	584,135	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	44,743,561	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,306,731	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,758,774	74,991,679	0	0
74.00	07400	RENAL DIALYSIS	0	621,716	44,860,003	624	0
76.00	03951	OTHER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	2	428,616	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							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	OCCUPATIONAL HEALTH	0	0	93,970	0	0
91.00	09100	EMERGENCY	0	4,484	58,607,643	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	6,944,271	670,924,301	10,000	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description		STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.01	15.00	16.00	17.00	19.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NRCC	0	3,441	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	2,631,248	1,868,274	1,239,126	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.378722	0.002785	123.912600	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	44,183	121,101	10,369	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.006359	0.000180	1.036900	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		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
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
7.01 00701	BIO MED				7.01
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
14.01 01401	STERILE PROCESSING				14.01
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	0			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	PARAMED PRGM-(SPECIFY)			4,760	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	450	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	280	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
43.00 04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	120	50.00
50.01 03330	SPECIAL PROCEDURES	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	280	51.00
51.01 05101	OP ONCOLOGY	0	0	0	51.01
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
52.02 05201	SUBSTANCE ABUSE	0	0	0	52.02
52.04 05202	DIABETES EDUCATION	0	0	0	52.04
52.05 05203	PODIATRY	0	0	0	52.05
52.06 05204	INFUSION CLINIC	0	0	0	52.06
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	140	54.00
56.00 05600	RADIOLOGY	0	0	0	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	60	59.00
60.00 06000	LABORATORY	0	0	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	0	120	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
66.01 06601	WOUND CARE	0	0	0	66.01
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	140	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	140	74.00
76.00 03951	OTHER	0	0	0	76.00
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	LITHOTRIpsy	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	90.00
90.01 09001	OCCUPATIONAL HEALTH	0	0	0	90.01
91.00 09100	EMERGENCY	0	0	3,030	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)			
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		20.00	21.00			22.00	23.00
118.00	SUBTOTALS (SUM OF LINES 1-117)					118.00	
	NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NRCC	0	0	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	426,915	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	89.688025	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	16,162	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	3.395378	205.00

Provider CCN: 14-0155

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

Worksheet B-2

Date/Time Prepared:
5/24/2017 1:25 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	-235,458	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0155

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		PPS
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,824,856		17,824,856	5,612	17,830,468	30.00
31.00	03100	INTENSIVE CARE UNIT	5,362,225		5,362,225	0	5,362,225	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,262,987		3,262,987	0	3,262,987	34.00
43.00	04300	NURSERY	820,741		820,741	0	820,741	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,070,685		5,070,685	0	5,070,685	50.00
50.01	03330	SPECIAL PROCEDURES	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,630,068		2,630,068	0	2,630,068	51.00
51.01	05101	OP ONCOLOGY	2,554,474		2,554,474	19,368	2,573,842	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	885,155		885,155	0	885,155	52.00
52.02	05201	SUBSTANCE ABUSE	946,350		946,350	0	946,350	52.02
52.04	05202	DIABETES EDUCATION	0		0	0	0	52.04
52.05	05203	PODIATRY	0		0	0	0	52.05
52.06	05204	INFUSION CLINIC	1,652,732		1,652,732	0	1,652,732	52.06
53.00	05300	ANESTHESIOLOGY	3,110,865		3,110,865	0	3,110,865	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,267,917		6,267,917	5,052	6,272,969	54.00
56.00	05600	RADIOISOTOPE	2,228,984		2,228,984	71,031	2,300,015	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,467,577		2,467,577	12,122	2,479,699	59.00
60.00	06000	LABORATORY	7,441,448		7,441,448	0	7,441,448	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,586,317	0	2,586,317	2,657	2,588,974	65.00
66.00	06600	PHYSICAL THERAPY	2,101,369	0	2,101,369	0	2,101,369	66.00
66.01	06601	WOUND CARE	1,409,963	0	1,409,963	0	1,409,963	66.01
67.00	06700	OCCUPATIONAL THERAPY	354,965	0	354,965	0	354,965	67.00
68.00	06800	SPEECH PATHOLOGY	144,523	0	144,523	0	144,523	68.00
69.00	06900	ELECTROCARDIOLOGY	1,565,462		1,565,462	12,945	1,578,407	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	120,501		120,501	0	120,501	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,632,016		6,632,016	0	6,632,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,458,022		5,458,022	0	5,458,022	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,598,663		9,598,663	0	9,598,663	73.00
74.00	07400	RENAL DIALYSIS	6,471,202		6,471,202	17,009	6,488,211	74.00
76.00	03951	OTHER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	738,375		738,375	0	738,375	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	491,016		491,016	0	491,016	90.01
91.00	09100	EMERGENCY	6,624,424		6,624,424	29,218	6,653,642	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,959,057		2,959,057	0	2,959,057	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	109,782,939	0	109,782,939	175,014	109,957,953	200.00
201.00		Less Observation Beds	2,959,057		2,959,057		2,959,057	201.00
202.00		Total (see instructions)	106,823,882	0	106,823,882	175,014	106,998,896	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0155		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/24/2017 1:25 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	49,414,905		49,414,905				30.00
31.00	03100	INTENSIVE CARE UNIT	23,756,159		23,756,159				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,558,029		16,558,029				34.00
43.00	04300	NURSERY	1,499,468		1,499,468				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	15,001,924	26,494,152	41,496,076	0.122197	0.000000		50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000		50.01
51.00	05100	RECOVERY ROOM	2,311,406	6,766,816	9,078,222	0.289712	0.000000		51.00
51.01	05101	OP ONCOLOGY	2,903	3,702,434	3,705,337	0.689404	0.000000		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,339,837	419,622	1,759,459	0.503084	0.000000		52.00
52.02	05201	SUBSTANCE ABUSE	82,728	1,878,618	1,961,346	0.482500	0.000000		52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0.000000	0.000000		52.04
52.05	05203	PODIATRY	0	0	0	0.000000	0.000000		52.05
52.06	05204	INFUSION CLINIC	402,451	9,399,986	9,802,437	0.168604	0.000000		52.06
53.00	05300	ANESTHESIOLOGY	2,950,864	4,676,148	7,627,012	0.407875	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,335,095	72,349,690	95,684,785	0.665506	0.000000		54.00
56.00	05600	RADIOISOTOPE	1,166,415	9,559,080	10,725,495	0.207821	0.000000		56.00
59.00	05900	CARDIAC CATHETERIZATION	10,323,506	14,194,457	24,517,963	0.100644	0.000000		59.00
60.00	06000	LABORATORY	28,711,986	40,550,118	69,262,104	0.107439	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	10,438,706	3,900,961	14,339,667	0.180361	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,871,234	5,944,354	8,815,588	0.238370	0.000000		66.00
66.01	06601	WOUND CARE	78,636	6,961,631	7,040,267	0.200271	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	602,155	812,433	1,414,588	0.250932	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	98,029	123,907	221,936	0.651192	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,661,188	16,650,674	21,311,862	0.073455	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	136,898	447,237	584,135	0.206290	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,273,728	21,469,833	44,743,561	0.148223	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,815,448	7,491,283	18,306,731	0.298143	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,102,483	38,889,196	74,991,679	0.127996	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,203,994	43,656,009	44,860,003	0.144253	0.000000		74.00
76.00	03951	OTHER	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	9,047	419,569	428,616	1.722696	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	OCCUPATIONAL HEALTH	0	93,970	93,970	5.225242	0.000000		90.01
91.00	09100	EMERGENCY	14,953,805	43,653,838	58,607,643	0.113030	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,181,497	6,133,761	8,315,258	0.355859	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	284,284,524	386,639,777	670,924,301				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	284,284,524	386,639,777	670,924,301				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 1:25 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.122197		50.00
50.01	03330	SPECIAL PROCEDURES	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.289712		51.00
51.01	05101	OP ONCOLOGY	0.694631		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.503084		52.00
52.02	05201	SUBSTANCE ABUSE	0.482500		52.02
52.04	05202	DIABETES EDUCATION	0.000000		52.04
52.05	05203	PODIATRY	0.000000		52.05
52.06	05204	INFUSION CLINIC	0.168604		52.06
53.00	05300	ANESTHESIOLOGY	0.407875		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.065559		54.00
56.00	05600	RADIOLOGY	0.214444		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.101138		59.00
60.00	06000	LABORATORY	0.107439		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.180546		65.00
66.00	06600	PHYSICAL THERAPY	0.238370		66.00
66.01	06601	WOUND CARE	0.200271		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.250932		67.00
68.00	06800	SPEECH PATHOLOGY	0.651192		68.00
69.00	06900	ELECTROCARDIOLOGY	0.074062		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206290		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.148223		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.298143		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127996		73.00
74.00	07400	RENAL DIALYSIS	0.144632		74.00
76.00	03951	OTHER	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	1.722696		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OCCUPATIONAL HEALTH	5.225242		90.01
91.00	09100	EMERGENCY	0.113529		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.355859		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
		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: 14-0155

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	17,824,856		17,824,856	0	0 30.00
31.00	03100 INTENSIVE CARE UNIT	5,362,225		5,362,225	0	0 31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	3,262,987		3,262,987	0	0 34.00
43.00	04300 NURSERY	820,741		820,741	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	5,070,685		5,070,685	0	0 50.00
50.01	03330 SPECIAL PROCEDURES	0		0	0	0 50.01
51.00	05100 RECOVERY ROOM	2,630,068		2,630,068	0	0 51.00
51.01	05101 OP ONCOLOGY	2,554,474		2,554,474	0	0 51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	885,155		885,155	0	0 52.00
52.02	05201 SUBSTANCE ABUSE	946,350		946,350	0	0 52.02
52.04	05202 DIABETES EDUCATION	0		0	0	0 52.04
52.05	05203 PODIATRY	0		0	0	0 52.05
52.06	05204 INFUSION CLINIC	1,652,732		1,652,732	0	0 52.06
53.00	05300 ANESTHESIOLOGY	3,110,865		3,110,865	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,267,917		6,267,917	0	0 54.00
56.00	05600 RADIOISOTOPE	2,228,984		2,228,984	0	0 56.00
59.00	05900 CARDIAC CATHETERIZATION	2,467,577		2,467,577	0	0 59.00
60.00	06000 LABORATORY	7,441,448		7,441,448	0	0 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	2,586,317	0	2,586,317	0	0 65.00
66.00	06600 PHYSICAL THERAPY	2,101,369	0	2,101,369	0	0 66.00
66.01	06601 WOUND CARE	1,409,963	0	1,409,963	0	0 66.01
67.00	06700 OCCUPATIONAL THERAPY	354,965	0	354,965	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	144,523	0	144,523	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	1,565,462		1,565,462	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	120,501		120,501	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,632,016		6,632,016	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,458,022		5,458,022	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,598,663		9,598,663	0	0 73.00
74.00	07400 RENAL DIALYSIS	6,471,202		6,471,202	0	0 74.00
76.00	03951 OTHER	0		0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	738,375		738,375	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						
90.00	09000 CLINIC	0		0	0	0 90.00
90.01	09001 OCCUPATIONAL HEALTH	491,016		491,016	0	0 90.01
91.00	09100 EMERGENCY	6,624,424		6,624,424	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,958,121		2,958,121	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0		0	0	0 95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	109,782,003	0	109,782,003	0	0 200.00
201.00	Less Observation Beds	2,958,121		2,958,121		0 201.00
202.00	Total (see instructions)	106,823,882	0	106,823,882	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0155		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/24/2017 1:25 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	32,873,595		32,873,595			30.00
31.00	03100	INTENSIVE CARE UNIT	22,823,663		22,823,663			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,255,860		17,255,860			34.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,572,649	27,414,743	40,987,392	0.123713	0.000000	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,177,959	6,699,844	8,877,803	0.296252	0.000000	51.00
51.01	05101	OP ONCOLOGY	0	2,580,551	2,580,551	0.989895	0.000000	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
52.02	05201	SUBSTANCE ABUSE	72,281	1,812,773	1,885,054	0.502028	0.000000	52.02
52.04	05202	DIABETES EDUCATION	1,615,840	239,576	1,855,416	0.000000	0.000000	52.04
52.05	05203	PODIATRY	0	0	0	0.000000	0.000000	52.05
52.06	05204	INFUSION CLINIC	205,741	571,996	777,737	2.125053	0.000000	52.06
53.00	05300	ANESTHESIOLOGY	2,485,501	6,286,565	8,772,066	0.354633	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,952,478	73,821,157	98,773,635	0.063457	0.000000	54.00
56.00	05600	RADIOISOTOPE	1,379,399	9,539,347	10,918,746	0.204143	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	9,767,915	11,257,959	21,025,874	0.117359	0.000000	59.00
60.00	06000	LABORATORY	25,512,423	34,674,860	60,187,283	0.123638	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	8,457,018	3,797,005	12,254,023	0.211059	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,228,344	4,856,185	7,084,529	0.296614	0.000000	66.00
66.01	06601	WOUND CARE	88,372	8,580,906	8,669,278	0.162639	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	701,914	715,186	1,417,100	0.250487	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	135,779	211,337	347,116	0.416354	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,275,591	7,319,433	12,595,024	0.124292	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	198,776	320,821	519,597	0.231912	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,865,180	18,551,196	41,416,376	0.160130	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,909,802	6,378,492	16,288,294	0.335089	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,196,626	47,864,620	94,061,246	0.102047	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,392,837	35,682,315	37,075,152	0.174543	0.000000	74.00
76.00	03951	OTHER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	6,081	455,440	461,521	1.599873	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	1,344,248	1,344,248	0.365272	0.000000	90.01
91.00	09100	EMERGENCY	9,757,789	37,828,974	47,586,763	0.139207	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,063,077	5,247,034	6,310,111	0.468791	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	262,972,490	354,052,563	617,025,053			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	262,972,490	354,052,563	617,025,053			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 1:25 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
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03330 SPECIAL PROCEDURES	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
51.01	05101 OP ONCOLOGY	0.000000		51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
52.02	05201 SUBSTANCE ABUSE	0.000000		52.02
52.04	05202 DIABETES EDUCATION	0.000000		52.04
52.05	05203 PODIATRY	0.000000		52.05
52.06	05204 INFUSION CLINIC	0.000000		52.06
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
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
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 WOUND CARE	0.000000		66.01
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03951 OTHER	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OCCUPATIONAL HEALTH	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/24/2017 1:25 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,249,256	0	1,249,256	20,132	62.05	30.00	
31.00	INTENSIVE CARE UNIT	225,489		225,489	3,095	72.86	31.00	
34.00	SURGICAL INTENSIVE CARE UNIT	175,456		175,456	2,100	83.55	34.00	
43.00	NURSERY	46,612		46,612	869	53.64	43.00	
200.00	Total (lines 30-199)	1,696,813		1,696,813	26,196		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	6,948	431,123					30.00
31.00	INTENSIVE CARE UNIT	1,719	125,246					31.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,009	84,302					34.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	9,676	640,671					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 1:25 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	1,005,567	41,496,076	0.024233	5,788,370	140,270	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	108,165	9,078,222	0.011915	890,210	10,607	51.00
51.01	05101	OP ONCOLOGY	436,803	3,705,337	0.117885	2,903	342	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,057	1,759,459	0.029587	62	2	52.00
52.02	05201	SUBSTANCE ABUSE	78,857	1,961,346	0.040206	7,231	291	52.02
52.04	05202	DIABETES EDUCATION	0	0	0.000000	0	0	52.04
52.05	05203	PODIATRY	0	0	0.000000	0	0	52.05
52.06	05204	INFUSION CLINIC	51,588	9,802,437	0.005263	50,491	266	52.06
53.00	05300	ANESTHESIOLOGY	66,123	7,627,012	0.008670	1,146,874	9,943	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	706,145	95,684,785	0.007380	10,248,832	75,636	54.00
56.00	05600	RADIOISOTOPE	603,291	10,725,495	0.056248	558,536	31,417	56.00
59.00	05900	CARDIAC CATHETERIZATION	701,159	24,517,963	0.028598	4,447,011	127,176	59.00
60.00	06000	LABORATORY	387,636	69,262,104	0.005597	12,956,646	72,518	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	155,931	14,339,667	0.010874	4,907,091	53,360	65.00
66.00	06600	PHYSICAL THERAPY	118,216	8,815,588	0.013410	1,569,764	21,051	66.00
66.01	06601	WOUND CARE	56,260	7,040,267	0.007991	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	7,214	1,414,588	0.005100	352,730	1,799	67.00
68.00	06800	SPEECH PATHOLOGY	3,941	221,936	0.017757	58,495	1,039	68.00
69.00	06900	ELECTROCARDIOLOGY	214,480	21,311,862	0.010064	2,474,463	24,903	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,740	584,135	0.037217	71,090	2,646	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	234,220	44,743,561	0.005235	10,828,926	56,689	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	191,221	18,306,731	0.010445	3,210,335	33,532	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	71,428	74,991,679	0.000952	16,628,437	15,830	73.00
74.00	07400	RENAL DIALYSIS	406,975	44,860,003	0.009072	578,698	5,250	74.00
76.00	03951	OTHER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	117,340	428,616	0.273765	3,645	998	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								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	93,353	93,970	0.993434	0	0	90.01
91.00	09100	EMERGENCY	362,134	58,607,643	0.006179	6,341,854	39,186	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	207,320	8,315,258	0.024932	1,196,706	29,836	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	6,459,164	579,695,740		84,319,400	754,587	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0155		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/24/2017 1:25 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	40,360	0	0	40,360	30.00
31.00	03100	INTENSIVE CARE UNIT	0	25,113	0	0	25,113	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	65,473	0	0	65,473	200.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,132	2.00	6,948	13,896		30.00
31.00	03100	INTENSIVE CARE UNIT	3,095	8.11	1,719	13,941		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,100	0.00	1,009	0		34.00
43.00	04300	NURSERY	869	0.00	0	0		43.00
200.00		Total (lines 30-199)	26,196		9,676	27,837		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:25 pm
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Cost Center Description		Title XVIII				Hospital	PPS	
		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	10,763	0	10,763	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	25,113	0	25,113	51.00
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,556	0	12,556	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	5,381	0	5,381	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
65.00	06500	RESPIRATORY THERAPY	0	0	10,763	0	10,763	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	0	0	0	0	66.01
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	12,556	0	12,556	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	12,556	0	12,556	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	271,754	0	271,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	6,699	0	6,699	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	368,141	0	368,141	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:25 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,763	41,496,076	0.000259	0.000259	5,788,370	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	25,113	9,078,222	0.002766	0.002766	890,210	51.00
51.01	05101	OP ONCOLOGY	0	3,705,337	0.000000	0.000000	2,903	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,759,459	0.000000	0.000000	62	52.00
52.02	05201	SUBSTANCE ABUSE	0	1,961,346	0.000000	0.000000	7,231	52.02
52.04	05202	DIABETES EDUCATION	0	0	0.000000	0.000000	0	52.04
52.05	05203	PODIATRY	0	0	0.000000	0.000000	0	52.05
52.06	05204	INFUSION CLINIC	0	9,802,437	0.000000	0.000000	50,491	52.06
53.00	05300	ANESTHESIOLOGY	0	7,627,012	0.000000	0.000000	1,146,874	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,556	95,684,785	0.000131	0.000131	10,248,832	54.00
56.00	05600	RADIOISOTOPE	0	10,725,495	0.000000	0.000000	558,536	56.00
59.00	05900	CARDIAC CATHETERIZATION	5,381	24,517,963	0.000219	0.000219	4,447,011	59.00
60.00	06000	LABORATORY	0	69,262,104	0.000000	0.000000	12,956,646	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	10,763	14,339,667	0.000751	0.000751	4,907,091	65.00
66.00	06600	PHYSICAL THERAPY	0	8,815,588	0.000000	0.000000	1,569,764	66.00
66.01	06601	WOUND CARE	0	7,040,267	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	1,414,588	0.000000	0.000000	352,730	67.00
68.00	06800	SPEECH PATHOLOGY	0	221,936	0.000000	0.000000	58,495	68.00
69.00	06900	ELECTROCARDIOLOGY	12,556	21,311,862	0.000589	0.000589	2,474,463	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	584,135	0.000000	0.000000	71,090	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	44,743,561	0.000000	0.000000	10,828,926	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,306,731	0.000000	0.000000	3,210,335	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	74,991,679	0.000000	0.000000	16,628,437	73.00
74.00	07400	RENAL DIALYSIS	12,556	44,860,003	0.000280	0.000280	578,698	74.00
76.00	03951	OTHER	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	428,616	0.000000	0.000000	3,645	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	93,970	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	271,754	58,607,643	0.004637	0.004637	6,341,854	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,699	8,315,258	0.000806	0.000806	1,196,706	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	368,141	579,695,740			84,319,400	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:25 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1,499	8,103,957	2,099	50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0	50.01
51.00	05100 RECOVERY ROOM	2,462	2,081,153	5,756	51.00
51.01	05101 OP ONCOLOGY	0	1,476,403	0	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
52.02	05201 SUBSTANCE ABUSE	0	294,907	0	52.02
52.04	05202 DIABETES EDUCATION	0	0	0	52.04
52.05	05203 PODIATRY	0	0	0	52.05
52.06	05204 INFUSION CLINIC	0	1,231,043	0	52.06
53.00	05300 ANESTHESIOLOGY	0	1,524,964	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,343	16,684,295	2,186	54.00
56.00	05600 RADIOISOTOPE	0	3,502,267	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	974	6,448,381	1,412	59.00
60.00	06000 LABORATORY	0	5,638,797	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	3,685	1,000,577	751	65.00
66.00	06600 PHYSICAL THERAPY	0	97,609	0	66.00
66.01	06601 WOUND CARE	0	568,411	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	34,096	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	6,450	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,457	6,440,521	3,793	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	53,803	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,189,578	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,057,031	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	14,945,138	0	73.00
74.00	07400 RENAL DIALYSIS	162	43,005	12	74.00
76.00	03951 OTHER	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	182,278	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OCCUPATIONAL HEALTH	0	14,875	0	90.01
91.00	09100 EMERGENCY	29,407	6,417,986	29,760	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	965	4,896,822	3,947	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	41,954	92,934,347	49,716	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 1:25 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	0.122197	8,103,957	34	612	990,279	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.289712	2,081,153	0	0	602,935	51.00
51.01	05101	OP ONCOLOGY	0.689404	1,476,403	9	0	1,017,838	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.503084	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0.482500	294,907	0	0	142,293	52.02
52.04	05202	DIABETES EDUCATION	0.000000	0	0	0	0	52.04
52.05	05203	PODIATRY	0.000000	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0.168604	1,231,043	18	287	207,559	52.06
53.00	05300	ANESTHESIOLOGY	0.407875	1,524,964	0	0	621,995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.065506	16,684,295	99	2,038	1,092,921	54.00
56.00	05600	RADIOISOTOPE	0.207821	3,502,267	155	3,180	727,845	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.100644	6,448,381	3	0	648,991	59.00
60.00	06000	LABORATORY	0.107439	5,638,797	6,249	0	605,827	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.180361	1,000,577	19	0	180,465	65.00
66.00	06600	PHYSICAL THERAPY	0.238370	97,609	0	0	23,267	66.00
66.01	06601	WOUND CARE	0.200271	568,411	184	3,317	113,836	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.250932	34,096	0	0	8,556	67.00
68.00	06800	SPEECH PATHOLOGY	0.651192	6,450	0	0	4,200	68.00
69.00	06900	ELECTROCARDIOLOGY	0.073455	6,440,521	397	7,144	473,088	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206290	53,803	0	0	11,099	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.148223	8,189,578	0	0	1,213,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.298143	3,057,031	0	0	911,432	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127996	14,945,138	13,643	297,576	1,912,918	73.00
74.00	07400	RENAL DIALYSIS	0.144253	43,005	0	0	6,204	74.00
76.00	03951	OTHER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.722696	182,278	0	0	314,010	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	5.225242	14,875	0	0	77,725	90.01
91.00	09100	EMERGENCY	0.113030	6,417,986	0	0	725,425	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.355859	4,896,822	0	0	1,742,578	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		92,934,347	20,810	314,154	14,377,170	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		92,934,347	20,810	314,154	14,377,170	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 1:25 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	4	75		50.00
50.01 03330 SPECIAL PROCEDURES	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
51.01 05101 OP ONCOLOGY	6	0		51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
52.02 05201 SUBSTANCE ABUSE	0	0		52.02
52.04 05202 DIABETES EDUCATION	0	0		52.04
52.05 05203 PODIATRY	0	0		52.05
52.06 05204 INFUSION CLINIC	3	48		52.06
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6	134		54.00
56.00 05600 RADIOISOTOPE	32	661		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	671	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	3	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 WOUND CARE	37	664		66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	29	525		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,746	38,089		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 OTHER	0	0		76.00
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				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OCCUPATIONAL HEALTH	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	2,537	40,196		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	2,537	40,196		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/24/2017 1:25 pm
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Cost Center Description		Title XIX			Hospital	Cost		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,249,256	0	1,249,256	20,132	62.05	30.00	
31.00	INTENSIVE CARE UNIT	225,489		225,489	3,095	72.86	31.00	
34.00	SURGICAL INTENSIVE CARE UNIT	175,456		175,456	2,100	83.55	34.00	
43.00	NURSERY	46,612		46,612	869	53.64	43.00	
200.00	Total (Lines 30-199)	1,696,813		1,696,813	26,196		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,107	68,689					30.00
31.00	INTENSIVE CARE UNIT	45	3,279					31.00
34.00	SURGICAL INTENSIVE CARE UNIT	47	3,927					34.00
43.00	NURSERY	159	8,529					43.00
200.00	Total (Lines 30-199)	1,358	84,424					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 1:25 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	1,005,567	40,987,392	0.024534	0	0
50.01	03330 SPECIAL PROCEDURES	0	0	0.000000	0	0
51.00	05100 RECOVERY ROOM	108,165	8,877,803	0.012184	0	0
51.01	05101 OP ONCOLOGY	436,803	2,580,551	0.169267	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	52,057	0	0.000000	0	0
52.02	05201 SUBSTANCE ABUSE	78,857	1,885,054	0.041833	0	0
52.04	05202 DIABETES EDUCATION	0	1,855,416	0.000000	0	0
52.05	05203 PODIATRY	0	0	0.000000	0	0
52.06	05204 INFUSION CLINIC	51,588	777,737	0.066331	0	0
53.00	05300 ANESTHESIOLOGY	66,123	8,772,066	0.007538	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	706,145	98,773,635	0.007149	0	0
56.00	05600 RADIOISOTOPE	603,291	10,918,746	0.055253	0	0
59.00	05900 CARDIAC CATHETERIZATION	701,159	21,025,874	0.033347	0	0
60.00	06000 LABORATORY	387,636	60,187,283	0.006440	0	0
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
65.00	06500 RESPIRATORY THERAPY	155,931	12,254,023	0.012725	0	0
66.00	06600 PHYSICAL THERAPY	118,216	7,084,529	0.016687	0	0
66.01	06601 WOUND CARE	56,260	8,669,278	0.006490	0	0
67.00	06700 OCCUPATIONAL THERAPY	7,214	1,417,100	0.005091	0	0
68.00	06800 SPEECH PATHOLOGY	3,941	347,116	0.011354	0	0
69.00	06900 ELECTROCARDIOLOGY	214,480	12,595,024	0.017029	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	21,740	519,597	0.041840	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	234,220	41,416,376	0.005655	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	191,221	16,288,294	0.011740	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	71,428	94,061,246	0.000759	0	0
74.00	07400 RENAL DIALYSIS	406,975	37,075,152	0.010977	0	0
76.00	03951 OTHER	0	0	0.000000	0	0
76.97	07697 CARDIAC REHABILITATION	117,340	461,521	0.254246	0	0
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000	0	0
90.01	09001 OCCUPATIONAL HEALTH	93,353	1,344,248	0.069446	0	0
91.00	09100 EMERGENCY	362,134	47,586,763	0.007610	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	207,320	6,310,111	0.032855	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	6,459,164	544,071,935		0	0

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0155		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/24/2017 1:25 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	40,360	0	0	40,360	30.00
31.00	03100	INTENSIVE CARE UNIT	0	25,113	0	0	25,113	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	65,473	0	0	65,473	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	20,132	2.00	1,107	2,214		30.00
31.00	03100	INTENSIVE CARE UNIT	3,095	8.11	45	365		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,100	0.00	47	0		34.00
43.00	04300	NURSERY	869	0.00	159	0		43.00
200.00		Total (lines 30-199)	26,196		1,358	2,579		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:25 pm
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Cost Center Description		Title XIX				Hospital		
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Cost	
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	10,763	0	10,763	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	25,113	0	25,113	51.00
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,556	0	12,556	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	5,381	0	5,381	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
65.00	06500	RESPIRATORY THERAPY	0	0	10,763	0	10,763	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	0	0	0	0	66.01
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	12,556	0	12,556	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	12,556	0	12,556	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	271,754	0	271,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	361,442	0	361,442	95.00
200.00		Total (lines 50-199)	0	0	361,442	0	361,442	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:25 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	10,763	40,987,392	0.000263	0.000263	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	25,113	8,877,803	0.002829	0.002829	0	51.00
51.01	05101	OP ONCOLOGY	0	2,580,551	0.000000	0.000000	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	1,885,054	0.000000	0.000000	0	52.02
52.04	05202	DIABETES EDUCATION	0	1,855,416	0.000000	0.000000	0	52.04
52.05	05203	PODIATRY	0	0	0.000000	0.000000	0	52.05
52.06	05204	INFUSION CLINIC	0	777,737	0.000000	0.000000	0	52.06
53.00	05300	ANESTHESIOLOGY	0	8,772,066	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,556	98,773,635	0.000127	0.000127	0	54.00
56.00	05600	RADIOISOTOPE	0	10,918,746	0.000000	0.000000	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	5,381	21,025,874	0.000256	0.000256	0	59.00
60.00	06000	LABORATORY	0	60,187,283	0.000000	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	10,763	12,254,023	0.000878	0.000878	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,084,529	0.000000	0.000000	0	66.00
66.01	06601	WOUND CARE	0	8,669,278	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	1,417,100	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	347,116	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,556	12,595,024	0.000997	0.000997	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	519,597	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	41,416,376	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,288,294	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	94,061,246	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	12,556	37,075,152	0.000339	0.000339	0	74.00
76.00	03951	OTHER	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	461,521	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	1,344,248	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	271,754	47,586,763	0.005711	0.005711	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,310,111	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	361,442	544,071,935			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:25 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 SPECIAL PROCEDURES	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	0	0		51.00
51.01	05101 OP ONCOLOGY	0	0	0		51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
52.02	05201 SUBSTANCE ABUSE	0	0	0		52.02
52.04	05202 DIABETES EDUCATION	0	0	0		52.04
52.05	05203 PODIATRY	0	0	0		52.05
52.06	05204 INFUSION CLINIC	0	0	0		52.06
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
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
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 WOUND CARE	0	0	0		66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03951 OTHER	0	0	0		76.00
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						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 OCCUPATIONAL HEALTH	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2017 1:25 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,132	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,132	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)		16,791	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)		6,948	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)		17,830,468	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)		17,830,468	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)		17,830,468	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)		885.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,153,705	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)		6,153,705	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 1:25 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	5,362,225	3,095	1,732.54	1,719	2,978,236	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT	3,262,987	2,100	1,553.80	1,009	1,567,784	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)					11,591,646	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					22,291,371	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)					668,508	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					796,541	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,465,049	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					20,826,322	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)					3,341	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					885.68	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,959,057	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 1:25 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,249,256	17,830,468	0.070063	2,959,057	207,320	90.00
91.00	Nursing School cost	0	17,830,468	0.000000	2,959,057	0	91.00
92.00	Allied health cost	40,360	17,830,468	0.002264	2,959,057	6,699	92.00
93.00	All other Medical Education	0	17,830,468	0.000000	2,959,057	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 1:25 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)		20,132	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,132	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)		16,791	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,107	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)		869	15.00
16.00	Nursery days (title V or XIX only)		159	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)		17,824,856	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)		17,824,856	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)		17,824,856	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)		885.40	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		980,138	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)		980,138	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 1:25 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)	820,741	869	944.47	159	150,171	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,362,225	3,095	1,732.54	45	77,964	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	3,262,987	2,100	1,553.80	47	73,029	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)					1,281,302	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)					3,341	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					885.40	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,958,121	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 1:25 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	1,249,256	17,824,856	0.070085	2,958,121	207,320	90.00
91.00	Nursing School cost	0	17,824,856	0.000000	2,958,121	0	91.00
92.00	Allied health cost	40,360	17,824,856	0.002264	2,958,121	6,697	92.00
93.00	All other Medical Education	0	17,824,856	0.000000	2,958,121	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 1:25 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		22,935,708	30.00
31.00	03100	INTENSIVE CARE UNIT		10,916,575	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		7,755,064	34.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.122197	5,788,370	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.289712	890,210	51.00
51.01	05101	OP ONCOLOGY	0.694631	2,903	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.503084	62	52.00
52.02	05201	SUBSTANCE ABUSE	0.482500	7,231	52.02
52.04	05202	DIABETES EDUCATION	0.000000	0	52.04
52.05	05203	PODIATRY	0.000000	0	52.05
52.06	05204	INFUSION CLINIC	0.168604	50,491	52.06
53.00	05300	ANESTHESIOLOGY	0.407875	1,146,874	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.065559	10,248,832	54.00
56.00	05600	RADIOISOTOPE	0.214444	558,536	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.101138	4,447,011	59.00
60.00	06000	LABORATORY	0.107439	12,956,646	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.180546	4,907,091	65.00
66.00	06600	PHYSICAL THERAPY	0.238370	1,569,764	66.00
66.01	06601	WOUND CARE	0.200271	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.250932	352,730	67.00
68.00	06800	SPEECH PATHOLOGY	0.651192	58,495	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074062	2,474,463	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206290	71,090	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.148223	10,828,926	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.298143	3,210,335	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127996	16,628,437	73.00
74.00	07400	RENAL DIALYSIS	0.144632	578,698	74.00
76.00	03951	OTHER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.722696	3,645	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					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	5.225242	0	90.01
91.00	09100	EMERGENCY	0.113529	6,341,854	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.355859	1,196,706	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		84,319,400	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)		84,319,400	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 1:25 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)		13,602,272	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,299,905	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)		336,029	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)		172.58	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)		7.18	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.48	31.00
32.00	Sum of lines 30 and 31		33.66	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.98	33.00
34.00	Disproportionate share adjustment (see instructions)		759,948	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 1:25 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)		0.000173442	0.000184643	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,111,095	1,103,698	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		831,803	278,193	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,109,996		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)		20,108,150		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)			20,108,150	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,551,881	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			2,071	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).			27,837	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			41,954	58.00
59.00	Total (sum of amounts on lines 49 through 58)			21,731,893	59.00
60.00	Primary payer payments			22,305	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			21,709,588	61.00
62.00	Deductibles billed to program beneficiaries			1,809,276	62.00
63.00	Coinurance billed to program beneficiaries			49,560	63.00
64.00	Allowable bad debts (see instructions)			264,575	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			171,974	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			225,753	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			20,022,726	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)			24,800	70.93
70.94	HRR adjustment amount (see instructions)			-86,170	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 1:25 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)			19,961,356	71.00
71.01	Sequestration adjustment (see instructions)			399,227	71.01
72.00	Interim payments			19,265,575	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)			296,554	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			105,032	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: 14-0155

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2017 1:25 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	13,602,272	0	13,602,272		13,602,272	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,299,905	0		4,299,905	4,299,905	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	336,029	0	237,163	98,865	336,028	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	0.1698	0.1698	0.1698	0.1698		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	759,948	0	577,417	182,531	759,948	11.00
11.01	Uncompensated care payments	36.00	1,109,996	0	1,443,141	336,633	1,779,774	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	20,108,150	0	15,190,216	4,917,934	20,108,150	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	20,108,150	0	15,190,216	4,917,934	20,108,150	15.00
16.00	Payment for inpatient program capital	50.00	1,551,881	0	1,174,885	376,996	1,551,881	16.00
17.00	Special add-on payments for new technologies	54.00	2,071	0	1,036	1,036	2,072	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: 14-0155

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2017 1:25 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	16,366,137	5,295,966	21,662,103	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	1,439,160	0	1,091,067	348,093	1,439,160	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	11,116	0	6,788	4,328	11,116	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	0.0706	0.0706	0.0706	0.0706		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	101,605	0	77,030	24,575	101,605	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,551,881	0	1,174,885	376,996	1,551,881	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: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2017 1:25 pm
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,602,272	13,602,272		13,602,272	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,299,905		4,299,905	4,299,905	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	336,029	237,163	98,865	336,028	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	0.1698	0.1698	0.1698		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	759,948	577,417	182,531	759,948	11.00
11.01	Uncompensated care payments	36.00	1,109,996	831,803	278,193	1,109,996	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	20,108,150	15,248,656	4,859,494	20,108,150	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	20,108,150	15,248,656	4,859,494	20,108,150	15.00
16.00	Payment for inpatient program capital	50.00	1,551,881	1,174,885	376,996	1,551,881	16.00
17.00	Special add-on payments for new technologies	54.00	2,071	1,035	1,036	2,071	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			16,424,576	5,237,526	21,662,102	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0155

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/24/2017 1:25 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	1,439,160	1,091,067	348,093	1,439,160	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	11,116	6,788	4,328	11,116	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	0.0706	0.0706	0.0706		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	101,605	77,030	24,575	101,605	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,551,881	1,174,885	376,996	1,551,881	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	24,800	-15,252	40,052	24,800	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	-86,170	-53,053	-33,117	-86,170	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: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 1:25 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		42,733	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,327,454	2.00
3.00	PPS payments		11,399,092	3.00
4.00	Outlier payment (see instructions)		104,074	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		49,716	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		42,733	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		334,964	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)		334,964	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)		334,964	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		292,231	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)		42,733	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)		11,552,882	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		776	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,213,526	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)		9,381,313	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)		9,381,313	30.00
31.00	Primary payer payments		4,331	31.00
32.00	Subtotal (line 30 minus line 31)		9,376,982	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		64,230	33.00
34.00	Allowable bad debts (see instructions)		314,994	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		204,746	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		228,499	36.00
37.00	Subtotal (see instructions)		9,645,958	37.00
38.00	MSP-LCC reconciliation amount from PS&R		101	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)		9,645,857	40.00
40.01	Sequestration adjustment (see instructions)		192,917	40.01
41.00	Interim payments		9,292,121	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		160,819	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: 14-0155

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2017 1:25 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		19,470,851		9,463,993	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	07/07/2016	78,498	07/07/2016	27,403	3.50	
3.51		12/22/2016	126,778	12/22/2016	144,469	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)		-205,276		-171,872	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)		19,265,575		9,292,121	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		296,554		160,819	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		19,562,129		9,452,940	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: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/24/2017 1:25 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		5,854	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		9,676	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,125	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		21,986	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		670,924,301	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		12,289,284	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)		402,035	8.00
9.00	Sequestration adjustment amount (see instructions)		8,041	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		393,994	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		416,163	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)		-22,169	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2017 1:25 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		1,281,302		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,281,302	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1,281,302	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)		1,281,302	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)		1,281,302	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: 14-0155

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

Worksheet G

Date/Time Prepared:
5/24/2017 1:25 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	318,621	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	83,739,086	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-60,337,205	0	0	0	6.00
7.00	Inventory	3,440,501	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,140,987	0	0	0	9.00
10.00	Due from other funds	9,169,278	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	38,471,268	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,113,245	0	0	0	12.00
13.00	Land improvements	1,775,991	0	0	0	13.00
14.00	Accumulated depreciation	-1,288,019	0	0	0	14.00
15.00	Buildings	86,463,281	0	0	0	15.00
16.00	Accumulated depreciation	-59,782,807	0	0	0	16.00
17.00	Leasehold improvements	24,313	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	49,196,774	0	0	0	23.00
24.00	Accumulated depreciation	-35,758,417	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)	45,744,361	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	114,587	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	3,789,201	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,903,788	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	88,119,417	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,006,596	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	10,009,883	0	0	0	43.00
44.00	Other current liabilities	246,137	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,302,306	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	920,135	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	426,154	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,346,289	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	13,648,595	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	74,470,822				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)	74,470,822	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	88,119,417	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0155

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

Worksheet G-1

Date/Time Prepared:
5/24/2017 1:25 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		40,003,261		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		7,205,502			2.00
3.00	Total (sum of line 1 and line 2)		47,208,763		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00	OTHER UNRESTRICTED NET ASSETS	699,325		0		8.00
9.00	NET ASSET TRANSFER	26,562,734		0		9.00
10.00	Total additions (sum of line 4-9)		27,262,059		0	10.00
11.00	Subtotal (line 3 plus line 10)		74,470,822		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	UNRESTRICTED NET ASSETS	0		0		13.00
14.00	TEMPORARY RESTRICTED NET ASSETS	0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		74,470,822		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			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00	OTHER UNRESTRICTED NET ASSETS		0			8.00
9.00	NET ASSET TRANSFER		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	UNRESTRICTED NET ASSETS		0			13.00
14.00	TEMPORARY RESTRICTED NET ASSETS		0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0155

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2017 1:25 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	50,914,373		50,914,373	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)	50,914,373		50,914,373	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,756,159		23,756,159	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	16,558,029		16,558,029	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	40,314,188		40,314,188	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	91,228,561		91,228,561	17.00
18.00	Ancillary services	175,920,661	336,758,209	512,678,870	18.00
19.00	Outpatient services	17,135,302	49,881,569	67,016,871	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER NON HOSPITAL REVENUE	0	48,716	48,716	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	284,284,524	386,688,494	670,973,018	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		118,315,995		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00	RECONCILING ITEM	0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00	RECONCILING ITEM	1			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		1		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		118,315,994		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet G-3 Date/Time Prepared: 5/24/2017 1:25 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	670,973,018	1.00
2.00	Less contractual allowances and discounts on patients' accounts	550,326,917	2.00
3.00	Net patient revenues (line 1 minus line 2)	120,646,101	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	118,315,994	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,330,107	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	9,845	6.00
7.00	Income from investments	504,273	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	346,267	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	739,734	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER NON OPERATING INCOME	322,070	24.00
24.01	OTHER OPERATING INCOME	2,953,206	24.01
25.00	Total other income (sum of lines 6-24)	4,875,395	25.00
26.00	Total (line 5 plus line 25)	7,205,502	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,205,502	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0155

Period:

Worksheet I-1

Component CCN: 14-2318

From 01/01/2016
To 12/31/2016

Date/Time Prepared:
5/24/2017 1:25 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	1,379,570	HOURS OF SERVICE	46,219.69	22.22	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY		ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,379,570				9.00
10.00	EMPLOYEE BENEFITS	332,061	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	437,247	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	1,022,779	REQUISITIONS			14.00
15.00	DRUGS	695,308	REQUISITIONS			15.00
16.00	OTHER	56,670	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	3,923,635				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	111,204	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	107,483	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	23,882	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,086,267	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	574,782	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	12,556				23.00
24.00	CENTRAL SERVICE & SUPPLIES	199,492	REQUISITIONS			24.00
25.00	PHARMACY	235,458	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	431,901	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	6,706,660				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER		CHARGES	0		30.00
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES	0		30.98
30.99	LITHOTRIpsy		CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	6,706,660				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 14-0155 Component CCN: 14-2318		Period: From 01/01/2016 To 12/31/2016	Worksheet 1-2 Date/Time Prepared: 5/24/2017 1:25 pm	
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		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Buiding	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	685,986	544,730	1,379,570	0	355,943	695,308	1.00
MAINTENANCE								
2.00	Hemodialysis	627,658	498,412	1,262,204	0	324,952	636,149	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	2,831	2,248	5,731	0	1,475	2,887	6.00
7.00	CCPD	721	572	1,463	0	375	735	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	2,780	2,208	5,612	0	1,448	2,835	10.00
11.00	CCPD	12,664	10,057	25,521	0	7,342	12,861	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	39,332	31,233	79,039	0	20,351	39,841	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)							14.00
15.00	Other	0	0	0	0	0	0	15.00
16.00	Total (sum of lines 2 through 16)	685,986	544,730	1,379,570	0	355,943	695,308	16.00
17.00	Medical Educational Program Costs							17.00
18.00	Total Renal Costs (line 17 + line 18)							18.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	1,222,271	0	4,883,808	1,574,838	6,458,646		1.00
MAINTENANCE								
2.00	Hemodialysis	1,118,278	0	4,467,653	1,440,644	5,908,297		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	5,075	0	20,247	6,529	26,776		6.00
7.00	CCPD	1,292	0	5,158	1,663	6,821		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	4,983	0	19,866	6,406	26,272		10.00
11.00	CCPD	22,607	0	91,052	29,361	120,413		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	70,036	0	279,832	90,235	370,067		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00	Other	0	0	0	0	0		15.00
16.00	Total (sum of lines 2 through 16)	1,222,271	0	4,883,808	1,574,838	6,458,646		16.00
17.00	Medical Educational Program Costs					12,556		17.00
18.00	Total Renal Costs (line 17 + line 18)					6,471,202		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0155 Component CCN: 14-2318	Period: From 01/01/2016 To 12/31/2016	Worksheet 1-3 Date/Time Prepared: 5/24/2017 1:25 pm
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		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)	
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
	0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs	685,986	544,730	1,379,570	0	355,943	1.00
MAINTENANCE							
2.00	Hemodialysis	12,192	12,192.00	42,287.00	0.00	1,262,193	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	55	55.00	192.00	0.00	5,728	6.00
7.00	CCPD	14	14.00	49.00	0.00	1,458	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	54	54.00	188.00	0.00	5,624	10.00
11.00	CCPD	246	246.00	855.00	0.00	28,517	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	759	764	2,648.00	0.00	79,050	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	13,325	13,325.00	46,219.00	0.00	1,382,570	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	51.481126	40.880300	29.848547	0.000000	0.257450	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
	6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	695,308	1,222,271	0	4,883,808	1,574,838	1.00
MAINTENANCE							
2.00	Hemodialysis	636,149	935,759	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	2,887	4,247	0			6.00
7.00	CCPD	735	1,081	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	2,835	4,170	0			10.00
11.00	CCPD	12,861	18,917	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	39,841	58,605	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	695,308	1,022,779	0		4,883,808	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.000000	1.195049	0.000000		0.322461	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0155
Component CCN: 14-2318

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

Worksheet 1-4
Date/Time Prepared:
5/24/2017 1:25 pm

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	12,119	5,908,297	487.52	8,631	4,207,785	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	55	26,776	486.84	42	20,447	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	14	6,821	487.21	11	5,359	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	1,004	26,272	26.17	1,004	26,275	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	4,261	120,413	28.26	4,261	120,416	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	12,188	6,088,579		8,684	4,380,282	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	27,983					12.00
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00				
1.00	Maintenance - Hemodialysis	2,191,073	253.86				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	13,571	323.12				5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	3,656	332.36				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	106,868	106.44				9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	444,244	104.26				10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	2,759,412					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet 1-5 Date/Time Prepared: 5/24/2017 1:25 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	4,380,282		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	2,759,412	2,656,674	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	2,759,412	2,656,674	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	193	186	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	193	186	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	551,844	531,298	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	551,844	531,298	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	102,636	98,815	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	102,636	98,815	5.05
6.00	Allowable bad debts (see instructions)	64,230		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	432,669	8.00
9.00	Program payment (see instructions)	2,207,375	2,125,190	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	64,230		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	6,324,037		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	6,088,579		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.962768		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0155	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/24/2017 1:25 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,439,160	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		11,116	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)		60.64	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)		7.18	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.48	8.00
9.00	Sum of lines 7 and 8		33.66	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.06	10.00
11.00	Disproportionate share adjustment (see instructions)		101,605	11.00
12.00	Total prospective capital payments (see instructions)		1,551,881	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