

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: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/13/2017 6:57 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/13/2017 Time: 6:57 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by TRINITY ROCK ISLAND (14-0280) 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	359,641	181,286	-31,552	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	5,556	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	1,269	0		0	7.00
200.00 Total	0	366,466	181,286	-31,552	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0280		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/13/2017 6:47 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 2701 17TH STREET		PO Box:		Zip Code: 61201		County: ROCK ISLAND					
2.00 City: ROCK ISLAND		State: IL									
		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	9.00	
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		TRINITY ROCK ISLAND		140280	19340	1	06/01/1972	N	P	P	3.00
4.00 Subprovider - IPF											4.00
5.00 Subprovider - IRF		TRINITY REHABILITATION		14T280	19340	5	06/01/1984	N	P	P	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		TRINITY SKILLED NURSING UNIT		145564	19340		01/22/1987	N	P	P	9.00
10.00 Hospital-Based NF											10.00
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA											12.00
13.00 Separately Certified ASC											13.00
14.00 Hospital-Based Hospice											14.00
15.00 Hospital-Based Health Clinic - RHC											15.00
16.00 Hospital-Based Health Clinic - FQHC											16.00
17.00 Hospital-Based (CMHC) I											17.00
18.00 Renal Dialysis											18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							01/01/2016	12/31/2016		20.00	
21.00 Type of Control (see instructions)							2			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 IPFS 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.		999	4,688	365	434	8,487	0		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 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.		163	96	76	60	68			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/13/2017 6:47 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)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N		Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N	N	46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N	N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	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.					58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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		Y/N	IME	Direct GME	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00			
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06		
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
		1.00	2.00	3.00	4.00				
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.10		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.20		
							1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings									
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					N	63.00		
		Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
		1.00	2.00	3.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00	0.000000	64.00
		Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)				0.00	0.00	0.000000	65.00	

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	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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		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		H00186		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: TRINITY REGIONAL HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05001		141.00	
142.00	Street: 2701 17TH STREET	PO Box:				142.00	
143.00	City: ROCK ISLAND	State: IL		Zip Code: 61201-5351		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	
		Name		County		State	
		0		1.00		2.00	
						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	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.25	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/13/2017 6:47 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)		01/01/2016	12/31/2016	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0280		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/13/2017 6:47 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.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/13/2017	Y	03/13/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/13/2017 6:47 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
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.	CRI STINE		CHARTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	UNI TYPOINT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-362-5186		CRI STINE.CHARTER@UNI TYPOINT.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/13/2017 6:47 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.	SENIOR REIMBURSEMENT ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0280

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

Worksheet S-3
Part I
Date/Time Prepared:
5/13/2017 6:47 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	237	86,742	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)		237	86,742	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,320	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	9	3,294	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	31	11,346	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		297	108,702	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,052		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	29	10,614		0	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)		348				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)		4	1,464			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: 14-0280

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

Worksheet S-3
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,300	5,395	43,211			1.00
2.00 HMO and other (see instructions)	7,709	8,487				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	200	184				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)	13,300	5,395	43,211			7.00
8.00 INTENSIVE CARE UNIT	1,861	138	4,705			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	184	1,170			8.01
9.00 CORONARY CARE UNIT	3,263	367	7,201			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		319	2,807			13.00
14.00 Total (see instructions)	18,424	6,403	59,094	0.00	1,358.17	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,387	279	3,271	0.00	18.70	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	3,193	0	5,972	0.00	24.94	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0	0	0	0.00	0.00	27.00
28.00 Observation Bed Days		955	4,868			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			480			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	83	698			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: 14-0280

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

Worksheet S-3
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,318	1,789	14,044	1.00
2.00	HMO and other (see instructions)			9	2,019		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				4		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
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	4,318	1,789	14,044	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	88	22	213	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					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: 14-0280		Period: From 01/01/2016 To 12/31/2016		Worksheet S-3 Part II Date/Time Prepared: 5/13/2017 6:47 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	90,665,470	0	90,665,470	2,915,748.11	31.10	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		285,716	0	285,716	1,754.60	162.84	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		15,929,829	0	15,929,829	103,538.23	153.85	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	1,142,810	0	1,142,810	51,871.29	22.03	9.00
10.00	Excluded area salaries (see instructions)		5,307,573	0	5,307,573	187,952.96	28.24	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		3,862,888	0	3,862,888	53,521.00	72.18	11.00
12.00	Contract labor: Top level management and other management and administrative services		695,024	0	695,024	36,164.63	19.22	12.00
13.00	Contract Labor: Physician-Part A - Administrative		181,326	0	181,326	820.71	220.94	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		36,975,218	0	36,975,218	1,201,632.00	30.77	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		176,316	0	176,316	793.00	222.34	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		16,200,007	0	16,200,007			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,504,809	0	1,504,809			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		29,289	0	29,289			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,829,462	0	1,829,462			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		9,487,419	0	9,487,419			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	0	0	0	0.00	0.00	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0280

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

Worksheet S-3
Part II
Date/Time Prepared:
5/13/2017 6:47 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	
28.00	Administrative & General under contract (see inst.)	1,252,425	0	1,252,425	14,480.00	86.49	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,338,475	0	1,338,475	58,259.11	22.97	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	2,058,623	0	2,058,623	148,430.71	13.87	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,891,403	0	1,891,403	136,941.67	13.81	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,047,133	0	1,047,133	30,805.01	33.99	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	3,425,056	0	3,425,056	78,739.65	43.50	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0280

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

Worksheet S-3
Part III
Date/Time Prepared:
5/13/2017 6:47 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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	75,988,066	0	75,988,066	2,826,689.88	26.88	1.00
2.00	Excluded area salaries (see instructions)	6,450,383	0	6,450,383	239,824.25	26.90	2.00
3.00	Subtotal salaries (line 1 minus line 2)	69,537,683	0	69,537,683	2,586,865.63	26.88	3.00
4.00	Subtotal other wages & related costs (see inst.)	41,890,772	0	41,890,772	1,292,931.34	32.40	4.00
5.00	Subtotal wage-related costs (see inst.)	25,716,715	0	25,716,715	0.00	36.98	5.00
6.00	Total (sum of lines 3 thru 5)	137,145,170	0	137,145,170	3,879,796.97	35.35	6.00
7.00	Total overhead cost (see instructions)	11,013,115	0	11,013,115	467,656.15	23.55	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/13/2017 6:47 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			4,406,115 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)			0 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)			4,826,451 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			338,324 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			39,286 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)			503,085 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			305,761 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			6,006,382 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			86,071 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			18,893 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			16,530,368 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/13/2017 6:47 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		3,862,888	16,530,368
2.00	Hospital		3,862,888	16,530,368
3.00	Subprovider - IPF			
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		0	0
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
18.00	Other		0	0

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0280

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

Worksheet S-7

Date/Time Prepared:
5/13/2017 6:47 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	25	0	25	5.00
6.00	RVL	94	0	94	6.00
7.00	RHX	14	0	14	7.00
8.00	RHL	4	0	4	8.00
9.00	RMX	7	0	7	9.00
10.00	RML	4	0	4	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	8	0	8	13.00
14.00	RUA	13	0	13	14.00
15.00	RVC	392	0	392	15.00
16.00	RVB	208	0	208	16.00
17.00	RVA	2,254	0	2,254	17.00
18.00	RHC	72	0	72	18.00
19.00	RHB	0	0	0	19.00
20.00	RHA	42	0	42	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	0	0	0	22.00
23.00	RMA	18	0	18	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	3	0	3	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	22	0	22	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	6	0	6	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	1	0	1	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	6	0	6	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	0	0	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet S-7 Date/Time Prepared: 5/13/2017 6:47 pm
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	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
69.00	PE2	0	0	0	69.00
70.00	PE1	0	0	0	70.00
71.00	PD2	0	0	0	71.00
72.00	PD1	0	0	0	72.00
73.00	PC2	0	0	0	73.00
74.00	PC1	0	0	0	74.00
75.00	PB2	0	0	0	75.00
76.00	PB1	0	0	0	76.00
77.00	PA2	0	0	0	77.00
78.00	PA1	0	0	0	78.00
199.00	AAA	0	0	0	199.00
200.00	TOTAL	3,193	0	3,193	200.00

	CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
	1.00	2.00	

201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	19340	19340	201.00
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	Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
	1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00	202.00
203.00	Recruitment	0	0.00	203.00
204.00	Retention of employees	0	0.00	204.00
205.00	Training	0	0.00	205.00
206.00	OTHER (SPECIFY)	0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	5,436,970		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/13/2017 6:47 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)		0.284066	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		20,364,210	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		120,054,531	6.00
7.00	Medicaid cost (line 1 times line 6)		34,103,410	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)		13,739,200	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		25,355	9.00
10.00	Stand-alone CHIP charges		52,577	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		14,935	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)		13,739,200	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)	2,302,183	1,203,967	3,506,150
21.00	Cost of patients approved for charity care (line 1 times line 20)	653,972	342,006	995,978
22.00	Partial payment by patients approved for charity care	13,251	60,588	73,839
23.00	Cost of charity care (line 21 minus line 22)	640,721	281,418	922,139
				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)		10,603,663	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		961,463	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		9,642,200	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,739,021	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,661,160	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,400,360	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/13/2017 6:47 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		0	0	13,944,165	13,944,165	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	6,350,331	6,350,331	4.00
5.01 00560 PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.01
5.02 00570 ADMITTING	0	0	0	0	0	5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.03
5.04 00590 A&G	0	103,267,262	103,267,262	-19,604,339	83,662,923	5.04
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	1,338,475	5,404,031	6,742,506	-19,916	6,722,590	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	2,058,623	2,059,296	4,117,919	-4,689	4,113,230	9.00
10.00 01000 DIETARY	1,891,403	2,047,903	3,939,306	-10,159	3,929,147	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,047,133	578,468	1,625,601	-32,533	1,593,068	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 01500 PHARMACY	3,425,056	20,864,813	24,289,869	-19,367,503	4,922,366	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02 02302 PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	24,145,070	12,707,343	36,852,413	-2,976,328	33,876,085	30.00
31.00 03100 INTENSIVE CARE UNIT	3,449,450	2,769,209	6,218,659	-685,595	5,533,064	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	986,189	1,176,525	2,162,714	-394,619	1,768,095	31.01
32.00 03200 CORONARY CARE UNIT	2,841,567	1,179,095	4,020,662	-437,212	3,583,450	32.00
41.00 04100 SUBPROVIDER - I&F	974,380	540,643	1,515,023	-41,951	1,473,072	41.00
43.00 04300 NURSERY	0	0	0	912,195	912,195	43.00
44.00 04400 SKILLED NURSING FACILITY	1,142,810	460,626	1,603,436	-9,246	1,594,190	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,376,091	21,381,250	24,757,341	-15,268,512	9,488,829	50.00
51.00 05100 RECOVERY ROOM	2,094,966	851,264	2,946,230	-7,211	2,939,019	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,970,437	1,262,137	3,232,574	-908,243	2,324,331	52.00
53.00 05300 ANESTHESIOLOGY	0	1,130,478	1,130,478	91,848	1,222,326	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,673,629	1,008,597	2,682,226	458,017	3,140,243	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	268,348	1,437,657	1,706,005	-1,308,966	397,039	54.01
54.02 03630 ULTRA SOUND	491,334	307,285	798,619	-220,968	577,651	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	1,193,970	1,401,944	2,595,914	349,696	2,945,610	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	821,200	614,591	1,435,791	-267,397	1,168,394	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,107,844	1,107,844	0	1,107,844	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,696,209	16,058,301	17,754,510	-12,254,360	5,500,150	59.00
60.00 06000 LABORATORY	1,366,031	10,960,569	12,326,600	-1,148,892	11,177,708	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,874,966	1,874,966	63.00
64.00 06400 INTRAVENOUS THERAPY	923,827	448,737	1,372,564	3,219,121	4,591,685	64.00
65.00 06500 RESPIRATORY THERAPY	1,773,817	1,180,961	2,954,778	-1,378,473	1,576,305	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	1,071,622	1,071,622	65.01
66.00 06600 PHYSICAL THERAPY	2,866,742	1,305,320	4,172,062	-1,300,088	2,871,974	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,015,802	1,015,802	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	324,781	324,781	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	1,994,738	1,697,210	3,691,948	-1,957,290	1,734,658	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	681,909	572,638	1,254,547	-36,852	1,217,695	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	10,557,690	10,557,690	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	23,551,800	23,551,800	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	19,089,488	19,089,488	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	914,546	914,546	74.00
76.00 03340 GASTROINTESTINAL SERVICES	1,048,173	1,142,072	2,190,245	-282,398	1,907,847	76.00
76.97 07697 CARDIAC REHABILITATION	528,433	215,409	743,842	-16,333	727,509	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	82,226	82,226	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	3,687,057	1,572,384	5,259,441	-239,242	5,020,199	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0280		Period: From 01/01/2016 To 12/31/2016		Worksheet A Date/Time Prepared: 5/13/2017 6:47 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	
91.00	09100	EMERGENCY	14,575,210	10,735,556	25,310,766	-2,871,719	22,439,047	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	702,540	702,540	-702,540	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	86,332,277	230,149,958	316,482,235	54,720	316,536,955	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	129,742	292,441	422,183	0	422,183	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,362,989	2,318,814	5,681,803	-47,687	5,634,116	192.00
192.01	19201	REVERSE OUTPATIENT	191,704	93,267	284,971	-1,954	283,017	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	471,666	221,450	693,116	-1,172	691,944	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	177,092	98,682	275,774	-3,907	271,867	194.07
200.00		TOTAL (SUM OF LINES 118-199)	90,665,470	233,174,612	323,840,082	0	323,840,082	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A
Date/Time Prepared:
5/13/2017 6:47 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	0	13,944,165	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-735,445	5,614,886	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	1,426,453	1,426,453	5.01
5.02	00570	ADMINING	2,635,348	2,635,348	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,077,659	2,077,659	5.03
5.04	00590	A&G	-40,460,828	43,202,095	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,790,985	13,513,575	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	114,855	4,228,085	9.00
10.00	01000	DIETARY	-1,052,431	2,876,716	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-444	1,592,624	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	847,066	847,066	14.00
15.00	01500	PHARMACY	-71,264	4,851,102	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,421,963	1,421,963	16.00
17.00	01700	SOCIAL SERVICE	3,908,362	3,908,362	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 SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-12,044,163	21,831,922	30.00
31.00	03100	INTENSIVE CARE UNIT	-935,354	4,597,710	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-675,259	1,092,836	31.01
32.00	03200	CORONARY CARE UNIT	0	3,583,450	32.00
41.00	04100	SUBPROVIDER - I&R	-101,731	1,371,341	41.00
43.00	04300	NURSERY	0	912,195	43.00
44.00	04400	SKILLED NURSING FACILITY	-19,620	1,574,570	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	541,897	10,030,726	50.00
51.00	05100	RECOVERY ROOM	0	2,939,019	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-3,300	2,321,031	52.00
53.00	05300	ANESTHESIOLOGY	-713,134	509,192	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-887	3,139,356	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	-2,151	394,888	54.01
54.02	03630	ULTRA SOUND	0	577,651	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-10,919	2,934,691	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	-460	1,167,934	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-102,946	1,004,898	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,439,548	4,060,602	59.00
60.00	06000	LABORATORY	-2,320	11,175,388	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,874,966	63.00
64.00	06400	INTRAVENOUS THERAPY	-1,855	4,589,830	64.00
65.00	06500	RESPIRATORY THERAPY	-250	1,576,055	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,071,622	65.01
66.00	06600	PHYSICAL THERAPY	-106,759	2,765,215	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,015,802	67.00
68.00	06800	SPEECH PATHOLOGY	0	324,781	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03140	CARDIOLOGY	-353,453	1,381,205	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-9,230	1,208,465	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	10,557,690	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	23,551,800	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,089,488	73.00
74.00	07400	RENAL DIALYSIS	0	914,546	74.00
76.00	03340	GASTROINTESTINAL SERVICES	-3,409	1,904,438	76.00
76.97	07697	CARDIAC REHABILITATION	-3,000	724,509	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	82,226	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-694,644	4,325,555	90.00
91.00	09100	EMERGENCY	-14,375,751	8,063,296	91.00
92.00	09200	OBSERVATION BEDS			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	6.00	7.00	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-54,155,967	262,380,988	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	422,183	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	5,634,116	192.00
192.01	19201 RIVERSIDE OUTPATIENT	-136	282,881	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	691,944	194.02
194.03	07953 PRECEDENCE	0	0	194.03
194.04	07954 CALL CENTER	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	194.06
194.07	07957 RESEARCH	0	271,867	194.07
200.00	TOTAL (SUM OF LINES 118-199)	-54,156,103	269,683,979	200.00

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6

Date/Time Prepared:
5/13/2017 6:47 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFIT ALLOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,350,331	1.00
	O		0	6,350,331	
B - INTEREST & AMORT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,051,211	1.00
2.00		0.00	0	0	2.00
	O		0	6,051,211	
D - BLOOD					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,298,123	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	366	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	O		0	1,298,489	
E - MEDI CAID ASSESSMENT FEE					
1.00	SKILLED NURSING FACILITY	44.00	0	28,453	1.00
	O		0	28,453	
F - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	19,089,488	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
	O		0	19,089,488	
G - PROPERTY TAX					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,445	1.00
	O		0	12,445	
H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	10,557,690	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6

Date/Time Prepared:
5/13/2017 6:47 pm

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
0			0	10,557,690		
I - IMPLANTABLES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	23,551,800		1.00
2.00	CARDIAC REHABILITATION	76.97	0	1,700		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
0			0	23,553,500		
J - IT ALLOCATIONS						
1.00	A&G	5.04	0	559,857		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
0			0	559,857		
K - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,880,509		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
0			0	7,880,509		
L - COST CENTER MAPPING						
1.00	ADULTS & PEDIATRICS	30.00	1,168,968	406,574		1.00
2.00	CORONARY CARE UNIT	32.00	39,869	25,186		2.00
3.00	NURSERY	43.00	684,443	227,752		3.00
4.00	OPERATING ROOM	50.00	828,510	533,106		4.00
5.00	RECOVERY ROOM	51.00	33,968	29,930		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	202,758	459,520		6.00
7.00	ANESTHESIOLOGY	53.00	60,420	37,702		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	294,694	304,209		8.00
9.00	ULTRA SOUND	54.02	29,006	8,959		9.00

Provider CCN: 14-0280

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

Worksheet A-6

Date/Time Prepared:
5/13/2017 6:47 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00	RADIOLOGY-THERAPEUTIC	55.00	305,002	150,144	10.00
11.00	CARDIAC CATHETERIZATION	59.00	547,150	232,470	11.00
12.00	LABORATORY	60.00	114,007	54,355	12.00
13.00	BLOOD STORING, PROCESSING & TRANS.	63.00	392,239	184,604	13.00
14.00	INTRAVENOUS THERAPY	64.00	2,431,030	1,642,995	14.00
15.00	RESPIRATORY THERAPY	65.00	9,489	3,647	15.00
16.00	PULMONARY FUNCTION TESTING	65.01	714,145	357,477	16.00
17.00	OCCUPATIONAL THERAPY	67.00	757,705	258,097	17.00
18.00	SPEECH PATHOLOGY	68.00	237,733	87,048	18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	82,247	79,582	19.00
20.00	RENAL DIALYSIS	74.00	537,060	377,486	20.00
21.00	HYPERBARIC OXYGEN THERAPY	76.98	42,278	39,948	21.00
22.00	CLINIC	90.00	613,981	300,637	22.00
			10,126,702	5,801,428	
0 - RECLASS AMB TRANS PURCH SVC					
1.00	ADULTS & PEDIATRICS	30.00	0	702,540	1.00
			0	702,540	
500.00	Grand Total: Increases		10,126,702	81,885,941	500.00

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6
Date/Time Prepared:
5/13/2017 6:47 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BENEFIT ALLOCATION						
1.00 A&G	5.04	0	6,350,331	0	1.00	
O		0	6,350,331			
B - INTEREST & AMORT						
1.00 A&G	5.04	0	6,048,429	11	1.00	
2.00 CARDIAC CATHETERIZATION	59.00	0	2,782	0	2.00	
O		0	6,051,211			
D - BLOOD						
1.00 PHARMACY	15.00	0	73,468	0	1.00	
2.00 ADULTS & PEDIATRICS	30.00	0	6,001	0	2.00	
3.00 OPERATING ROOM	50.00	0	20,087	0	3.00	
4.00 CARDIAC CATHETERIZATION	59.00	0	16	0	4.00	
5.00 LABORATORY	60.00	0	1,198,917	0	5.00	
O		0	1,298,489			
E - MEDICAL ASSESSMENT FEE						
1.00 A&G	5.04	0	28,453	0	1.00	
O		0	28,453			
F - DRUGS						
1.00 PHARMACY	15.00	0	18,922,927	0	1.00	
2.00 ADULTS & PEDIATRICS	30.00	0	32,878	0	2.00	
3.00 INTENSIVE CARE UNIT	31.00	0	10,422	0	3.00	
4.00 NEONATAL INTENSIVE CARE UNIT	31.01	0	352	0	4.00	
5.00 CORONARY CARE UNIT	32.00	0	6,231	0	5.00	
6.00 SUBPROVIDER - IRF	41.00	0	708	0	6.00	
7.00 SKILLED NURSING FACILITY	44.00	0	774	0	7.00	
8.00 OPERATING ROOM	50.00	0	63,180	0	8.00	
9.00 RECOVERY ROOM	51.00	0	1,303	0	9.00	
10.00 DELIVERY ROOM & LABOR ROOM	52.00	0	2,960	0	10.00	
11.00 ANESTHESIOLOGY	53.00	0	5,679	0	11.00	
12.00 RADIOLOGY-DIAGNOSTIC	54.00	0	253	0	12.00	
13.00 NUCLEAR MEDICINE -	54.01	0	364	0	13.00	
DIAGNOSTIC						
14.00 ULTRA SOUND	54.02	0	1	0	14.00	
15.00 RADIOLOGY-THERAPEUTIC	55.00	0	18	0	15.00	
16.00 COMPUTED TOMOGRAPHY (CT)	57.00	0	5,595	0	16.00	
SCAN						
17.00 CARDIAC CATHETERIZATION	59.00	0	393	0	17.00	
18.00 INTRAVENOUS THERAPY	64.00	0	3,116	0	18.00	
19.00 RESPIRATORY THERAPY	65.00	0	1,829	0	19.00	
20.00 PHYSICAL THERAPY	66.00	0	2	0	20.00	
21.00 RADIOLOGY	69.01	0	1,485	0	21.00	
22.00 ELECTROENCEPHALOGRAPHY	70.00	0	165	0	22.00	
23.00 GASTROINTESTINAL SERVICES	76.00	0	8,161	0	23.00	
24.00 CLINIC	90.00	0	71	0	24.00	
25.00 EMERGENCY	91.00	0	20,621	0	25.00	
O		0	19,089,488			
G - PROPERTY TAX						
1.00 ELECTROENCEPHALOGRAPHY	70.00	0	12,445	13	1.00	
O		0	12,445			
H - MEDICAL SUPPLIES						
1.00 PHARMACY	15.00	0	355,284	0	1.00	
2.00 ADULTS & PEDIATRICS	30.00	0	719,621	0	2.00	
3.00 INTENSIVE CARE UNIT	31.00	0	313,561	0	3.00	
4.00 NEONATAL INTENSIVE CARE UNIT	31.01	0	50,538	0	4.00	
5.00 CORONARY CARE UNIT	32.00	0	128,319	0	5.00	
6.00 SUBPROVIDER - IRF	41.00	0	20,925	0	6.00	
7.00 SKILLED NURSING FACILITY	44.00	0	23,435	0	7.00	
8.00 OPERATING ROOM	50.00	0	5,125,378	0	8.00	
9.00 RECOVERY ROOM	51.00	0	47,094	0	9.00	
10.00 DELIVERY ROOM & LABOR ROOM	52.00	0	75,528	0	10.00	
11.00 ANESTHESIOLOGY	53.00	0	595	0	11.00	
12.00 RADIOLOGY-DIAGNOSTIC	54.00	0	38,244	0	12.00	
13.00 NUCLEAR MEDICINE -	54.01	0	1,283,132	0	13.00	
DIAGNOSTIC						
14.00 ULTRA SOUND	54.02	0	88,663	0	14.00	
15.00 RADIOLOGY-THERAPEUTIC	55.00	0	88,435	0	15.00	
16.00 COMPUTED TOMOGRAPHY (CT)	57.00	0	250,494	0	16.00	
SCAN						
17.00 CARDIAC CATHETERIZATION	59.00	0	861,088	0	17.00	
LABORATORY	60.00	0	115,588	0	18.00	
19.00 INTRAVENOUS THERAPY	64.00	0	14,960	0	19.00	
20.00 RESPIRATORY THERAPY	65.00	0	262,289	0	20.00	
21.00 PHYSICAL THERAPY	66.00	0	3,236	0	21.00	
22.00 RADIOLOGY	69.01	0	133,182	0	22.00	

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6
Date/Time Prepared:
5/13/2017 6:47 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	23,090	0	23.00	
24.00	GASTRO INTESTINAL SERVICES	76.00	0	171,469	0	24.00	
25.00	CARDIAC REHABILITATION	76.97	0	13	0	25.00	
26.00	CLINIC	90.00	0	40,865	0	26.00	
27.00	EMERGENCY	91.00	0	322,664	0	27.00	
0			0	10,557,690			
I - IMPLANTABLES							
1.00	NURSING ADMINISTRATION	13.00	0	2,409	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	689	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	8,073	0	3.00	
4.00	CORONARY CARE UNIT	32.00	0	2,047	0	4.00	
5.00	SKILLED NURSING FACILITY	44.00	0	401	0	5.00	
6.00	OPERATING ROOM	50.00	0	11,390,225	0	6.00	
7.00	RECOVERY ROOM	51.00	0	2,590	0	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,358	0	8.00	
9.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	2,949	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	11,949,734	0	10.00	
11.00	LABORATORY	60.00	0	209	0	11.00	
12.00	CARDIOLOGY	69.01	0	118,681	0	12.00	
13.00	GASTRO INTESTINAL SERVICES	76.00	0	31,446	0	13.00	
14.00	CLINIC	90.00	0	26,696	0	14.00	
15.00	EMERGENCY	91.00	0	5,993	0	15.00	
0			0	23,553,500			
J - IT ALLOCATIONS							
1.00	OPERATION OF PLANT	7.00	0	7,033	0	1.00	
2.00	HOUSEKEEPING	9.00	0	4,689	0	2.00	
3.00	DIETARY	10.00	0	10,159	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	7,750	0	4.00	
5.00	PHARMACY	15.00	0	15,824	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	126,010	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	17,192	0	7.00	
8.00	CORONARY CARE UNIT	32.00	0	19,341	0	8.00	
9.00	SUBPROVIDER - IRF	41.00	0	20,318	0	9.00	
10.00	SKILLED NURSING FACILITY	44.00	0	13,089	0	10.00	
11.00	OPERATING ROOM	50.00	0	31,258	0	11.00	
12.00	RECOVERY ROOM	51.00	0	20,122	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	19,927	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,275	0	14.00	
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	16,997	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	9,377	0	16.00	
17.00	LABORATORY	60.00	0	2,540	0	17.00	
18.00	INTRAVENOUS THERAPY	64.00	0	19,146	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	7,815	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	11,526	0	20.00	
21.00	CARDIOLOGY	69.01	0	29,109	0	21.00	
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,103	0	22.00	
23.00	GASTRO INTESTINAL SERVICES	76.00	0	7,424	0	23.00	
24.00	CARDIAC REHABILITATION	76.97	0	4,884	0	24.00	
25.00	CLINIC	90.00	0	28,523	0	25.00	
26.00	EMERGENCY	91.00	0	49,436	0	26.00	
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	43,957	0	27.00	
28.00	REVERSE OUTPATIENT	192.01	0	1,954	0	28.00	
29.00	GROUP HOMES DEPT 783	194.02	0	1,172	0	29.00	
30.00	RESEARCH	194.07	0	3,907	0	30.00	
0			0	559,857			
K - DEPRECIATION							
1.00	A&G	5.04	0	7,736,983	9	1.00	
2.00	OPERATION OF PLANT	7.00	0	12,883	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	22,374	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	3,691	0	4.00	
5.00	CORONARY CARE UNIT	32.00	0	935	0	5.00	
6.00	PHYSICAL THERAPY	66.00	0	3,217	0	6.00	
7.00	ELECTROENCEPHALOGRAPHY	70.00	0	96,696	0	7.00	
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,730	0	8.00	
0			0	7,880,509			
L - COST CENTER MAPPING							
1.00	ADULTS & PEDIATRICS	30.00	2,876,847	1,488,673	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	207,953	128,760	0	2.00	
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	160,516	183,213	0	3.00	
4.00	CORONARY CARE UNIT	32.00	254,015	91,379	0	4.00	
5.00	DELIVERY ROOM & LABOR ROOM	52.00	899,472	561,276	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	52,008	45,106	0	6.00	

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6

Date/Time Prepared:
5/13/2017 6:47 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
7.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	13,180	12,290	0	7.00	
8.00	ULTRA SOUND	54.02	116,286	53,983	0	8.00	
9.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	5,368	2,991	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	72,439	138,151	0	10.00	
11.00	INTRAVENOUS THERAPY	64.00	566,143	251,539	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	747,263	372,413	0	12.00	
13.00	PHYSICAL THERAPY	66.00	951,562	330,545	0	13.00	
14.00	CARDIOLOGY	69.01	1,077,183	597,650	0	14.00	
15.00	ELECTROENCEPHALOGRAPHY	70.00	37,925	24,257	0	15.00	
16.00	GASTROINTESTINAL SERVICES	76.00	33,968	29,930	0	16.00	
17.00	CARDIAC REHABILITATION	76.97	9,489	3,647	0	17.00	
18.00	CLINIC	90.00	797,778	259,927	0	18.00	
19.00	EMERGENCY	91.00	1,247,307	1,225,698	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
	0		10,126,702	5,801,428			
0 - RECLASS AMB TRANS PURCH SVC							
1.00	AMBULANCE SERVICES	95.00	0	702,540	0	1.00	
	0		0	702,540			
500.00	Grand Total: Decreases		10,126,702	81,885,941		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0280

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

Worksheet A-7
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,550,419	0	0	0	0	1.00
2.00	Land Improvements	6,474,368	183,936	0	183,936	0	2.00
3.00	Buildings and Fixtures	210,384,269	10,201,078	0	10,201,078	-3,830	3.00
4.00	Building Improvements	223,456	0	0	0	-3,298	4.00
5.00	Fixed Equipment	993,289	26,210	0	26,210	0	5.00
6.00	Movable Equipment	81,672,749	4,559,522	0	4,559,522	5,711,568	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	302,298,550	14,970,746	0	14,970,746	5,704,440	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	302,298,550	14,970,746	0	14,970,746	5,704,440	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,550,419	0				1.00
2.00	Land Improvements	6,658,304	0				2.00
3.00	Buildings and Fixtures	220,589,177	0				3.00
4.00	Building Improvements	226,754	0				4.00
5.00	Fixed Equipment	1,019,499	0				5.00
6.00	Movable Equipment	80,520,703	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	311,564,856	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	311,564,856	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0280

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

Worksheet A-7
Part II
Date/Time Prepared:
5/13/2017 6:47 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0280

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

Worksheet A-7
Part III
Date/Time Prepared:
5/13/2017 6:47 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	278,457,248	0	278,457,248	0.736296	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	99,729,074	0	99,729,074	0.263704	0	2.00
3.00	Total (sum of lines 1-2)	378,186,322	0	378,186,322	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,880,509	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,880,509	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	6,051,211	0	12,445	0	13,944,165	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,051,211	0	12,445	0	13,944,165	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0280

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

Worksheet A-8

Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-30,938,912				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	-11,920,732				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	A	-1,035,802	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-6,623	CARDIAC CATHETERIZATION		59.00	0	16.00
17.00 Sale of drugs to other than patients	B	-57,161	PHARMACY		15.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-21,490	DIETARY		10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00			0		0.00	0	33.00
33.01 OFFSET CONTRIBUTION COST	A	-698	OPERATION OF PLANT		7.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0280

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

Worksheet A-8

Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
			1.00	2.00	3.00		4.00
33.02	OFFSET CONTRIBUTION COST	A	-40	NURSING ADMINISTRATION	13.00	0	33.02
33.03	OFFSET CONTRIBUTION COST	A	-356	SUBPROVIDER - IRF	41.00	0	33.03
33.04	OFFSET CONTRIBUTION COST	A	-250	RESPIRATORY THERAPY	65.00	0	33.04
33.05	OFFSET CONTRIBUTION COST	A	-229	EMERGENCY	91.00	0	33.05
33.06	OFFSET CONTRIBUTION COST	A	-801	ELECTROENCEPHALOGRAPHY	70.00	0	33.06
34.00	OFFSET PROVIDER TAX	A	-9,726,373	A&G	5.04	0	34.00
35.00			0		0.00	0	35.00
36.00	BOND AMORTIZATION	A	135,067	A&G	5.04	0	36.00
37.00	SISTER BENEFITS	A	38,542	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.00
37.01	NONALLOWABLE EXPENSE	A	-9,191	RADIOLOGY-THERAPEUTIC	55.00	0	37.01
37.02	NONALLOWABLE EXPENSE	A	-827	EMERGENCY	91.00	0	37.02
37.03	NONALLOWABLE EXPENSE	A	-404	NURSING ADMINISTRATION	13.00	0	37.03
37.04	NONALLOWABLE EXPENSE	A	-3,296	A&G	5.04	0	37.04
37.05	NONALLOWABLE EXPENSE	A	-26	RADIOLOGY-DIAGNOSTIC	54.00	0	37.05
37.06	NONALLOWABLE EXPENSE	A	-5,255	PHYSICAL THERAPY	66.00	0	37.06
37.07	NONALLOWABLE EXPENSE	A	-136	REVERSE OUTPATIENT	192.01	0	37.07
37.08			0		0.00	0	37.08
37.09	MIS INCOME OFFSET	B	-16	A&G	5.04	0	37.09
37.10	MIS INCOME OFFSET	B	-13,500	OPERATION OF PLANT	7.00	0	37.10
37.11	MIS INCOME OFFSET	B	-6,515	HOUSEKEEPING	9.00	0	37.11
37.12	MIS INCOME OFFSET	B	-14,103	PHARMACY	15.00	0	37.12
37.13	MIS INCOME OFFSET	B	-79,671	ADULTS & PEDIATRICS	30.00	0	37.13
37.14	MIS INCOME OFFSET	B	-537	OPERATING ROOM	50.00	0	37.14
37.15	MIS INCOME OFFSET	B	-3,083	DELIVERY ROOM & LABOR ROOM	52.00	0	37.15
37.16	MIS INCOME OFFSET	B	-14,437	ANESTHESIOLOGY	53.00	0	37.16
37.17	MIS INCOME OFFSET	B	-861	RADIOLOGY-DIAGNOSTIC	54.00	0	37.17
38.00	MIS INCOME OFFSET	B	-2,151	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	38.00
39.00	MIS INCOME OFFSET	B	-460	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	39.00
40.00	MIS INCOME OFFSET	B	-1,855	INTRAVENOUS THERAPY	64.00	0	40.00
40.06	MIS INCOME OFFSET	B	-32,957	PHYSICAL THERAPY	66.00	0	40.06
40.07	MIS INCOME OFFSET	B	-9,090	CARDIOLOGY	69.01	0	40.07
40.08	MIS INCOME OFFSET	B	-96	GASTROINTESTINAL SERVICES	76.00	0	40.08
40.09	MIS INCOME OFFSET	B	-410,424	CLINIC	90.00	0	40.09
40.10	MIS INCOME OFFSET	B	-11,354	EMERGENCY	91.00	0	40.10
41.00			0		0.00	0	41.00
42.00			0		0.00	0	42.00
44.00			0		0.00	0	44.00
44.01			0		0.00	0	44.01
44.02			0		0.00	0	44.02
44.03			0		0.00	0	44.03
44.06			0		0.00	0	44.06
44.07			0		0.00	0	44.07
44.08			0		0.00	0	44.08
44.09			0		0.00	0	44.09
44.10			0		0.00	0	44.10
44.11			0		0.00	0	44.11
44.12			0		0.00	0	44.12
44.13			0		0.00	0	44.13
44.14			0		0.00	0	44.14
44.15			0		0.00	0	44.15
44.16			0		0.00	0	44.16
44.17			0		0.00	0	44.17
44.18			0		0.00	0	44.18
44.19			0		0.00	0	44.19
44.20			0		0.00	0	44.20
44.21			0		0.00	0	44.21
44.22			0		0.00	0	44.22
44.23			0		0.00	0	44.23
44.24			0		0.00	0	44.24
44.25			0		0.00	0	44.25
44.26			0		0.00	0	44.26
44.27			0		0.00	0	44.27
44.28			0		0.00	0	44.28
44.29			0		0.00	0	44.29
44.30			0		0.00	0	44.30
44.31			0		0.00	0	44.31
44.32			0		0.00	0	44.32

Provider CCN: 14-0280 Period: From 01/01/2016 To 12/31/2016 Worksheet A-8
 Date/Time Prepared: 5/13/2017 6:47 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
44.33		0			0.00	0	44.33
44.34		0			0.00	0	44.34
44.35		0			0.00	0	44.35
44.36		0			0.00	0	44.36
44.37		0			0.00	0	44.37
44.38		0			0.00	0	44.38
44.39		0			0.00	0	44.39
44.40		0			0.00	0	44.40
44.42		0			0.00	0	44.42
44.44		0			0.00	0	44.44
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-54,156,103					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 subscribers 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: 14-0280
 Period: From 01/01/2016 To 12/31/2016
 Worksheet A-8-1
 Date/Time Prepared: 5/13/2017 6:47 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.04	A&G	TRHS 51,845,862	82,712,072	1.00
2.00	5.01	PURCHASING RECEIVING AND STO	TRHS 1,426,453	0	2.00
3.00	5.02	ADMINISTRATIVE	TRHS 2,635,348	0	3.00
4.00	5.03	CASHIERING/ACCOUNTS RECEIVABLE	TRHS 2,077,659	0	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRHS -773,987	0	4.01
4.02	7.00	OPERATION OF PLANT	TRHS 6,805,183	0	4.02
4.03	9.00	HOUSEKEEPING	TRHS 121,370	0	4.03
4.04	10.00	DIETARY	TRHS 4,861	0	4.04
4.05	14.00	CENTRAL SERVICES & SUPPLY	TRHS 847,066	0	4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	TRHS 1,421,963	0	4.06
4.07	17.00	SOCIAL SERVICE	TRHS 3,908,362	0	4.07
4.08	50.00	OPERATING ROOM	TRHS 574,146	0	4.08
4.09	58.00	MAGNETIC RESONANCE IMAGING (METRO MRI)	1,004,867	1,107,813	4.09
4.10	0.00		0	0	4.10
4.21	0.00		0	0	4.21
5.00	0		71,899,153	83,819,885	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	IOWA HEALTH SYSTEM	100.00	0.00	6.00
7.00	B	TRINITY REGIONAL HEALTH SYSTEM	100.00	100.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0280

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

Worksheet A-8-1

Date/Time Prepared:
5/13/2017 6:47 pm

	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	-30,866,210	0		1.00
2.00	1,426,453	0		2.00
3.00	2,635,348	0		3.00
4.00	2,077,659	0		4.00
4.01	-773,987	0		4.01
4.02	6,805,183	0		4.02
4.03	121,370	0		4.03
4.04	4,861	0		4.04
4.05	847,066	0		4.05
4.06	1,421,963	0		4.06
4.07	3,908,362	0		4.07
4.08	574,146	0		4.08
4.09	-102,946	0		4.09
4.10	0	0		4.10
4.21	0	0		4.21
5.00	-11,920,732			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		6.00
7.00	HEALTH SYSTEM	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: 14-0280

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

Worksheet A-8-2

Date/Time Prepared:
5/13/2017 6:47 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	30.00	AGGREGATE-ADULTS & PEDIATRICS	12,030,082	11,939,778	90,304	211,500	645	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	935,354	935,354	0	0	0	2.00
3.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	675,259	675,259	0	0	0	3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	101,375	101,375	0	0	0	4.00
5.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	19,620	19,620	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	31,712	31,712	0	0	0	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	217	217	0	0	0	7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	698,697	698,697	0	0	0	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	1,728	1,728	0	0	0	9.00
10.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	1,493,020	1,345,217	147,803	211,500	591	10.00
11.00	60.00	AGGREGATE-LABORATORY	2,320	2,320	0	0	0	11.00
12.00	66.00	AGGREGATE-PHYSICAL THERAPY	68,547	68,547	0	0	0	12.00
13.00	69.01	AGGREGATE-CARDIOLOGY	349,651	341,851	7,800	211,500	52	13.00
14.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	23,173	3,631	19,541	211,500	145	14.00
15.00	76.00	AGGREGATE-GASTROINTESTINAL SERVICES	3,313	3,313	0	0	0	15.00
16.00	76.97	AGGREGATE-CARDIAC REHABILITATION	3,000	3,000	0	0	0	16.00
17.00	90.00	AGGREGATE-CLINIC	286,559	282,626	3,933	211,500	23	17.00
18.00	91.00	AGGREGATE-EMERGENCY	14,477,268	14,244,659	232,609	211,500	1,120	18.00
200.00			31,200,895	30,698,904	501,990		2,576	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	65,585	3,279	727	5	0	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	0	0	3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	0	0	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	60,095	3,005	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	11.00
12.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	12.00
13.00	69.01	AGGREGATE-CARDIOLOGY	5,288	264	0	0	0	13.00
14.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	14,744	737	0	0	0	14.00
15.00	76.00	AGGREGATE-GASTROINTESTINAL SERVICES	0	0	0	0	0	15.00
16.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	0	0	16.00
17.00	90.00	AGGREGATE-CLINIC	2,339	117	0	0	0	17.00
18.00	91.00	AGGREGATE-EMERGENCY	113,885	5,694	2,613	42	0	18.00
200.00			261,936	13,096	3,340	47	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	65,590	24,714	11,964,492		1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	935,354		2.00
3.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	675,259		3.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0280

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

Worksheet A-8-2

Date/Time Prepared:
5/13/2017 6:47 pm

	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		
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	101,375		4.00
5.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	0	0	0	19,620		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	31,712		6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	217		7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	698,697		8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	1,728		9.00
10.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	60,095	87,708	1,432,925		10.00
11.00	60.00	AGGREGATE-LABORATORY	0	0	0	2,320		11.00
12.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	68,547		12.00
13.00	69.01	AGGREGATE-CARDIOLOGY	0	5,288	2,512	344,363		13.00
14.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	14,744	4,797	8,429		14.00
15.00	76.00	AGGREGATE-GASTROINTESTINAL SERVICES	0	0	0	3,313		15.00
16.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	3,000		16.00
17.00	90.00	AGGREGATE-CLINIC	0	2,339	1,594	284,220		17.00
18.00	91.00	AGGREGATE-EMERGENCY	0	113,927	118,682	14,363,341		18.00
200.00			0	261,983	240,007	30,938,912		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	13,944,165	13,944,165				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	5,614,886	42,200	0	5,657,086		4.00
5.01 00560 PURCHASING RECEIVING AND STORES	1,426,453	0	0	0	1,426,453	5.01
5.02 00570 ADMITTING	2,635,348	236,273	0	0	0	5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE	2,077,659	88,792	0	0	0	5.03
5.04 00590 A&G	43,202,095	2,366,870	0	0	0	5.04
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	13,513,575	1,540,084	0	83,514	10,382	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	4,228,085	77,602	0	128,448	2,417	9.00
10.00 01000 DIETARY	2,876,716	368,359	0	118,014	1,351	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,592,624	54,096	0	65,336	970	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	847,066	375,544	0	0	0	14.00
15.00 01500 PHARMACY	4,851,102	102,421	0	213,706	3,710	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,421,963	29,059	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	3,908,362	42,722	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02 02302 PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	21,831,922	1,369,248	0	1,399,981	22,436	30.00
31.00 03100 INTENSIVE CARE UNIT	4,597,710	212,683	0	202,253	10,370	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	1,092,836	62,341	0	51,518	2,173	31.01
32.00 03200 CORONARY CARE UNIT	3,583,450	182,177	0	163,938	5,103	32.00
41.00 04100 SUBPROVIDER - I&R	1,371,341	141,256	0	60,796	1,615	41.00
43.00 04300 NURSERY	912,195	84,114	0	42,706	798	43.00
44.00 04400 SKILLED NURSING FACILITY	1,574,570	179,502	0	71,306	1,910	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	10,030,726	804,006	0	262,346	86,955	50.00
51.00 05100 RECOVERY ROOM	2,939,019	314,027	0	132,835	6,556	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,321,031	130,521	0	79,474	4,646	52.00
53.00 05300 ANESTHESIOLOGY	509,192	8,043	0	3,770	2,088	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,139,356	400,312	0	119,568	4,352	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	394,888	19,266	0	15,921	157	54.01
54.02 03630 ULTRA SOUND	577,651	5,435	0	25,211	1,507	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	2,934,691	219,464	0	93,528	2,292	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,167,934	32,946	0	50,904	1,879	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,004,898	26,552	0	0	1	58.00
59.00 05900 CARDIAC CATHETERIZATION	4,060,602	424,054	0	135,455	8,871	59.00
60.00 06000 LABORATORY	11,175,388	122,293	0	92,347	11,468	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,874,966	36,546	0	24,474	1,074	63.00
64.00 06400 INTRAVENOUS THERAPY	4,589,830	272,517	0	174,002	11,583	64.00
65.00 06500 RESPIRATORY THERAPY	1,576,055	12,923	0	64,644	2,071	65.00
65.01 03560 PULMONARY FUNCTION TESTING	1,071,622	17,247	0	44,559	1,444	65.01
66.00 06600 PHYSICAL THERAPY	2,765,215	89,482	0	119,498	508	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,015,802	0	0	47,277	83	67.00
68.00 06800 SPEECH PATHOLOGY	324,781	5,384	0	14,833	77	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	1,381,205	143,544	0	57,251	1,231	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	1,208,465	12,939	0	45,313	1,450	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	10,557,690	0	0	0	363,184	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	23,551,800	0	0	0	810,179	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	19,089,488	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	914,546	31,785	0	33,510	889	74.00
76.00 03340 GASTROINTESTINAL SERVICES	1,904,438	46,911	0	63,281	14,987	76.00
76.97 07697 CARDIAC REHABILITATION	724,509	91,602	0	32,380	424	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	82,226	4,392	0	2,638	234	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	4,325,555	192,525	0	218,586	7,003	90.00
91.00 09100 EMERGENCY	8,063,296	530,715	0	831,595	15,314	91.00
92.00 09200 OBSERVATION BEDS						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	262,380,988	11,550,774	0	5,386,716	1,425,742	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	422,183	47,181	0	8,095	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5,634,116	325,553	0	209,834	627	192.00
192.01 19201 RIVERSIDE OUTPATIENT	282,881	42,301	0	11,961	57	192.01
192.02 19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04 19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00 07950 NON REIMBURSABLE	0	1,962,085	0	0	0	194.00
194.01 07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02 07952 GROUP HOMES DEPT 783	691,944	0	0	29,430	0	194.02
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03
194.04 07954 CALL CENTER	0	0	0	0	0	194.04
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07 07957 RESEARCH	271,867	16,271	0	11,050	27	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	269,683,979	13,944,165	0	5,657,086	1,426,453	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	A&G	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINISTRATIVE	2,871,621					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE		2,166,451				5.03
5.04	00590	A&G			45,568,965	45,568,965		5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT			15,147,555	3,079,922		7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING			4,436,552	902,075		9.00
10.00	01000	DIETARY			3,364,440	684,085		10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION			1,713,026	348,306		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			1,222,610	248,591		14.00
15.00	01500	PHARMACY			5,170,939	1,051,397		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			1,451,022	295,033		16.00
17.00	01700	SOCIAL SERVICE			3,951,084	803,366		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED PRGM-(RADIOLOGY)						23.00
23.01	02301	PARAMED PROGRAM-OR TECH						23.01
23.02	02302	PARAMED PROGRAM-EMS						23.02
23.03	02303	PARAMED PROGRAM-RESP CARE						23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	152,952	115,374	24,891,913	5,061,333		30.00
31.00	03100	INTENSIVE CARE UNIT	34,484	26,012	5,083,512	1,033,620		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,040	4,556	1,219,464	247,951		31.01
32.00	03200	CORONARY CARE UNIT	38,316	28,902	4,001,886	813,695		32.00
41.00	04100	SUBPROVIDER - IRF	13,791	10,403	1,599,202	325,163		41.00
43.00	04300	NURSERY	8,216	6,198	1,054,227	214,354		43.00
44.00	04400	SKILLED NURSING FACILITY	17,610	13,283	1,858,181	377,820		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	298,978	225,522	11,708,533	2,380,673		50.00
51.00	05100	RECOVERY ROOM	34,138	25,750	3,452,325	701,954		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,462	15,435	2,571,569	522,872		52.00
53.00	05300	ANESTHESIOLOGY	41,939	31,635	596,667	121,319		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	91,797	69,244	3,824,629	777,654		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	13,945	10,519	454,696	92,452		54.01
54.02	03630	ULTRA SOUND	22,425	16,916	649,145	131,989		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	159,696	120,460	3,530,131	717,774		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	192,129	144,925	1,590,717	323,437		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	22,674	17,103	1,071,228	217,811		58.00
59.00	05900	CARDIAC CATHETERIZATION	248,801	187,673	5,065,456	1,029,949		59.00
60.00	06000	LABORATORY	166,960	125,940	11,694,396	2,377,798		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.						62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,690	10,327	1,961,077	398,742		63.00
64.00	06400	INTRAVENOUS THERAPY	69,650	52,538	5,170,120	1,051,230		64.00
65.00	06500	RESPIRATORY THERAPY	49,954	37,681	1,743,328	354,467		65.00
65.01	03560	PULMONARY FUNCTION TESTING	28,159	21,240	1,184,271	240,795		65.01
66.00	06600	PHYSICAL THERAPY	41,673	31,434	3,047,810	619,705		66.00
67.00	06700	OCCUPATIONAL THERAPY	17,875	13,483	1,094,520	222,547		67.00
68.00	06800	SPEECH PATHOLOGY	5,142	3,878	354,095	71,997		68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
69.01	03140	CARDIOLOGY	52,652	39,716	1,675,599	340,696		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	23,576	17,783	1,309,526	266,263		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	148,512	112,024	11,181,410	2,273,494		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	200,540	151,269	24,713,788	5,025,005		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	341,675	258,086	19,689,249	4,003,376		73.00
74.00	07400	RENAL DIALYSIS	7,057	5,324	993,111	201,927		74.00
76.00	03340	GASTROINTESTINAL SERVICES	43,049	32,472	2,105,138	428,033		76.00
76.97	07697	CARDIAC REHABILITATION	8,654	6,528	864,097	175,695		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,143	863	91,496	18,604		76.98
76.99	07699	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	57,454	43,338	4,844,461	985,015		90.00
91.00	09100	EMERGENCY	175,813	132,617	9,749,350	1,982,316		91.00
92.00	09200	OBSERVATION BEDS						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description		ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	A&G	MAINTENANCE & REPAIRS	
		5.02	5.03	5A.03	5.04	6.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,871,621	2,166,451	259,716,516	43,542,300	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	477,459	97,081	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	6,170,130	1,254,560	0	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	0	337,200	68,562	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	1,962,085	398,947	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	721,374	146,676	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	0	0	299,215	60,839	0	194.07
200.00	Cross Foot Adjustments			0	0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,871,621	2,166,451	269,683,979	45,568,965	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/13/2017 6:47 pm		
Cost Center Description				OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
				7.00	8.00	9.00	10.00	11.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	18,227,477					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0				8.00
9.00	00900	HOUSEKEEPING	146,278	0	5,484,905			9.00
10.00	01000	DIETARY	694,343	0	210,628	4,953,496		10.00
11.00	01100	CAFETERIA	0	0	0	3,352,008	3,352,008	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	2,859,874	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	101,969	0	30,932	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	707,886	0	214,736	0	0	14.00
15.00	01500	PHARMACY	193,060	0	58,564	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	54,775	0	16,616	0	0	16.00
17.00	01700	SOCIAL SERVICE	80,529	0	24,428	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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,580,980	0	782,937	1,084,747	0	30.00
31.00	03100	INTENSIVE CARE UNIT	400,899	0	121,612	113,523	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	117,510	0	35,647	0	0	31.01
32.00	03200	CORONARY CARE UNIT	343,397	0	104,169	181,256	0	32.00
41.00	04100	SUBPROVIDER - I RF	266,262	0	80,770	78,516	0	41.00
43.00	04300	NURSERY	158,552	0	48,096	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	338,354	0	102,639	143,446	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,515,520	0	459,731	0	0	50.00
51.00	05100	RECOVERY ROOM	591,929	0	179,561	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	246,027	0	74,632	0	0	52.00
53.00	05300	ANESTHESIOLOGY	15,161	0	4,599	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	754,573	0	228,898	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	36,316	0	11,016	0	0	54.01
54.02	03630	ULTRA SOUND	10,245	0	3,108	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	413,681	0	125,490	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	62,101	0	18,838	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	50,049	0	15,182	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	799,325	0	242,474	0	0	59.00
60.00	06000	LABORATORY	230,517	0	69,927	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	68,889	0	20,897	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	513,684	0	155,825	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	24,358	0	7,389	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	32,510	0	9,862	0	0	65.01
66.00	06600	PHYSICAL THERAPY	168,670	0	51,166	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,149	0	3,079	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	270,575	0	82,079	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	24,390	0	7,399	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	59,913	0	18,174	0	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	88,426	0	26,824	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	172,666	0	52,378	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	8,278	0	2,511	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	362,903	0	110,086	0	0	90.00
91.00	09100	EMERGENCY	1,000,377	0	303,463	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,716,026	0	4,116,362	4,953,496	2,859,874
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	88,934	0	26,978	0	492,134
192.00	19200	PHYSICIANS' PRIVATE OFFICES	613,655	0	186,151	0	0
192.01	19201	RIVERSIDE OUTPATIENT	79,736	0	24,188	0	0
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0
194.00	07950	NON REIMBURSABLE	3,698,456	0	1,121,922	0	0
194.01	07951	MEDICAL OFFICE	0	0	0	0	0
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0
194.03	07953	PRECEDENCE	0	0	0	0	0
194.04	07954	CALL CENTER	0	0	0	0	0
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0
194.07	07957	RESEARCH	30,670	0	9,304	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	18,227,477	0	5,484,905	4,953,496	3,352,008

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.01	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
11.01	01101	2,859,874					11.01
12.00	01200		0				12.00
13.00	01300	33,771	0	2,228,004			13.00
14.00	01400		0	0	2,393,823		14.00
15.00	01500	86,321	0	0	8,106	6,568,387	15.00
16.00	01600		0	0	0	0	16.00
17.00	01700		0	0	0	0	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		0	0	0	0	23.00
23.01	02301		0	0	0	0	23.01
23.02	02302		0	0	0	0	23.02
23.03	02303		0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	722,395	0	990,473	41,287	0	30.00
31.00	03100	105,654	0	231,219	18,692	0	31.00
31.01	02060	26,704	0	62,747	3,956	0	31.01
32.00	03200	111,075	0	260,994	9,425	0	32.00
41.00	04100	42,632	0	100,173	3,086	0	41.00
43.00	04300	26,852	0	63,095	1,470	0	43.00
44.00	04400	56,865	0	133,617	3,522	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	162,427	0	55,504	154,404	0	50.00
51.00	05100	72,295	0	0	11,850	0	51.00
52.00	05200	46,262	0	85,820	8,334	0	52.00
53.00	05300	2,200	0	5,170	3,695	0	53.00
54.00	05400	81,011	0	0	8,037	0	54.00
54.01	03450	7,417	0	0	284	0	54.01
54.02	03630	12,011	0	0	2,929	0	54.02
55.00	05500	45,022	0	0	4,651	0	55.00
57.00	05700	29,870	0	0	3,487	0	57.00
58.00	05800	0	0	0	2	0	58.00
59.00	05900	76,909	0	0	16,134	0	59.00
60.00	06000	102,702	0	0	24,291	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	15,868	0	33,534	1,999	0	63.00
64.00	06400	109,597	0	111,675	21,444	0	64.00
65.00	06500	45,112	0	0	3,830	0	65.00
65.01	03560	30,502	0	7,207	2,686	0	65.01
66.00	06600	77,416	0	0	2,040	0	66.00
67.00	06700	30,966	0	0	184	0	67.00
68.00	06800	9,646	0	4,044	168	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03140	34,364	0	0	2,375	0	69.01
70.00	07000	28,741	0	0	2,871	0	70.00
71.00	07100	0	0	0	521,710	0	71.00
72.00	07200	0	0	0	1,430,881	0	72.00
73.00	07300	0	0	0	0	6,565,950	73.00
74.00	07400	21,973	0	51,630	1,662	0	74.00
76.00	03340	36,670	0	0	28,827	0	76.00
76.97	07697	22,677	0	0	959	0	76.97
76.98	07698	1,188	0	0	419	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	134,710	0	31,102	12,692	0	90.00
91.00	09100	246,632	0	0	28,276	0	91.00
92.00	09200						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.01	12.00	13.00	14.00	15.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,696,457	0	2,228,004	2,390,665	6,565,950	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,820	0	0	1,387	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	107,874	0	0	1,301	0	192.00
192.01	19201 RIVERSIDE OUTPATIENT	10,624	0	0	422	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	25,528	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	7,571	0	0	48	2,437	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,859,874	0	2,228,004	2,393,823	6,568,387	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00560 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00590 A&G						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,817,446					16.00
17.00 01700 SOCIAL SERVICE	0	4,859,407				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	0	0				23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0	0				23.01
23.02 02302 PARAMED PROGRAM-EMS	0	0				23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	96,820	3,072,711	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	21,829	334,570	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	3,824	83,198	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	24,254	512,059	0	0	0	32.00
41.00 04100 SUBPROVIDER - I RF	8,730	232,599	0	0	0	41.00
43.00 04300 NURSERY	5,201	199,604	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	11,147	424,666	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	189,254	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	21,609	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	12,953	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	26,548	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	58,108	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	8,827	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	14,195	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	101,088	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	121,619	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	14,353	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	157,492	0	0	0	0	59.00
60.00 06000 LABORATORY	105,687	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	8,666	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	44,089	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	31,621	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	17,825	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	26,379	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	11,315	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	3,255	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	33,329	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	14,923	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	94,009	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	126,943	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	215,977	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	4,467	0	0	0	0	74.00
76.00 03340 GASTROINTESTINAL SERVICES	27,250	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	5,478	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	724	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	36,368	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
							SRVCS-SALARY & FRINGES		
			16.00	17.00	19.00	20.00	21.00		
91.00	09100	EMERGENCY							91.00
92.00	09200	OBSERVATION BEDS	111,290	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,817,446	4,859,407	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments				0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,817,446	4,859,407	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
	SRVCES-OTHER PRGM COSTS					
	22.00					
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00560 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00590 A&G						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0					22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)		0				23.00
23.01 02301 PARAMED PROGRAM-OR TECH			0			23.01
23.02 02302 PARAMED PROGRAM-EMS				0		23.02
23.03 02303 PARAMED PROGRAM-RESP CARE					0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03340 GASTROINTESTINAL SERVICES	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 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM- (RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE		
			SRVCES-OTHER PRGM COSTS						
			22.00	23.00	23.01	23.02	23.03		
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS							92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS									
118.00	SUBTOTALS (SUM OF LINES 1-117)		0	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

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
5.01	00560				5.01
5.02	00570				5.02
5.03	00580				5.03
5.04	00590				5.04
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
11.01	01101				11.01
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
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
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	39,325,596	0	39,325,596	30.00
31.00	03100	7,465,130	0	7,465,130	31.00
31.01	02060	1,801,001	0	1,801,001	31.01
32.00	03200	6,362,210	0	6,362,210	32.00
41.00	04100	2,737,133	0	2,737,133	41.00
43.00	04300	1,771,451	0	1,771,451	43.00
44.00	04400	3,450,257	0	3,450,257	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	16,626,046	0	16,626,046	50.00
51.00	05100	5,031,523	0	5,031,523	51.00
52.00	05200	3,568,469	0	3,568,469	52.00
53.00	05300	775,359	0	775,359	53.00
54.00	05400	5,732,910	0	5,732,910	54.00
54.01	03450	611,008	0	611,008	54.01
54.02	03630	823,622	0	823,622	54.02
55.00	05500	4,937,837	0	4,937,837	55.00
57.00	05700	2,150,069	0	2,150,069	57.00
58.00	05800	1,368,625	0	1,368,625	58.00
59.00	05900	7,387,739	0	7,387,739	59.00
60.00	06000	14,605,318	0	14,605,318	60.00
62.30	06250	0	0	0	62.30
63.00	06300	2,509,672	0	2,509,672	63.00
64.00	06400	7,177,664	0	7,177,664	64.00
65.00	06500	2,210,105	0	2,210,105	65.00
65.01	03560	1,525,658	0	1,525,658	65.01
66.00	06600	3,993,186	0	3,993,186	66.00
67.00	06700	1,359,532	0	1,359,532	67.00
68.00	06800	456,433	0	456,433	68.00
69.00	06900	0	0	0	69.00
69.01	03140	2,439,017	0	2,439,017	69.01
70.00	07000	1,654,113	0	1,654,113	70.00
71.00	07100	14,070,623	0	14,070,623	71.00
72.00	07200	31,296,617	0	31,296,617	72.00
73.00	07300	30,474,552	0	30,474,552	73.00
74.00	07400	1,352,857	0	1,352,857	74.00
76.00	03340	2,741,168	0	2,741,168	76.00
76.97	07697	1,293,950	0	1,293,950	76.97
76.98	07698	123,220	0	123,220	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	6,517,337	0	6,517,337	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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

Worksheet B
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
91.00	09100	EMERGENCY	13,421,704	0	13,421,704	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	251,148,711	0	251,148,711	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,195,793	0	1,195,793	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,333,671	0	8,333,671	192.00
192.01	19201	RIVERSIDE OUTPATIENT	520,732	0	520,732	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	7,181,410	0	7,181,410	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	893,578	0	893,578	194.02
194.03	07953	PRECEDENCE	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	194.06
194.07	07957	RESEARCH	410,084	0	410,084	194.07
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)	269,683,979	0	269,683,979	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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

Worksheet B
Part II
Date/Time Prepared:
5/13/2017 6:47 pm

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	42,200	0	42,200	4,200
5.01 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.01
5.02 00570	ADMINISTRATIVE	0	236,273	0	236,273	5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	88,792	0	88,792	5.03
5.04 00590	A&G	299,275	2,366,870	0	2,666,145	5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	41,050	1,540,084	0	1,581,134	622
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	17,439	77,602	0	95,041	957
10.00 01000	DIETARY	26,612	368,359	0	394,971	880
11.00 01100	CAFETERIA	0	0	0	0	11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	79,410	54,096	0	133,506	487
14.00 01400	CENTRAL SERVICES & SUPPLY	0	375,544	0	375,544	0
15.00 01500	PHARMACY	28,059	102,421	0	130,480	1,593
16.00 01600	MEDICAL RECORDS & LIBRARY	0	29,059	0	29,059	0
17.00 01700	SOCIAL SERVICE	0	42,722	0	42,722	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0
23.01 02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0
23.02 02302	PARAMED PROGRAM-EMS	0	0	0	0	0
23.03 02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	293,017	1,369,248	0	1,662,265	10,475
31.00 03100	INTENSIVE CARE UNIT	192,703	212,683	0	405,386	1,507
31.01 02060	NEONATAL INTENSIVE CARE UNIT	43,816	62,341	0	106,157	384
32.00 03200	CORONARY CARE UNIT	35,781	182,177	0	217,958	1,222
41.00 04100	SUBPROVIDER - I&R	58,904	141,256	0	200,160	453
43.00 04300	NURSERY	21,873	84,114	0	105,987	318
44.00 04400	SKILLED NURSING FACILITY	23,092	179,502	0	202,594	531
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	801,531	804,006	0	1,605,537	1,955
51.00 05100	RECOVERY ROOM	56,130	314,027	0	370,157	990
52.00 05200	DELIVERY ROOM & LABOR ROOM	48,815	130,521	0	179,336	592
53.00 05300	ANESTHESIOLOGY	82,983	8,043	0	91,026	28
54.00 05400	RADIOLOGY-DIAGNOSTIC	400,815	400,312	0	801,127	891
54.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	70,626	19,266	0	89,892	119
54.02 03630	ULTRA SOUND	29,890	5,435	0	35,325	188
55.00 05500	RADIOLOGY-THERAPEUTIC	867,039	219,464	0	1,086,503	697
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	93,914	32,946	0	126,860	379
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	89,914	26,552	0	116,466	0
59.00 05900	CARDIAC CATHETERIZATION	1,022,581	424,054	0	1,446,635	1,009
60.00 06000	LABORATORY	83,570	122,293	0	205,863	688
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	11,828	36,546	0	48,374	182
64.00 06400	INTRAVENOUS THERAPY	230,041	272,517	0	502,558	1,297
65.00 06500	RESPIRATORY THERAPY	44,502	12,923	0	57,425	482
65.01 03560	PULMONARY FUNCTION TESTING	27,182	17,247	0	44,429	332
66.00 06600	PHYSICAL THERAPY	16,921	89,482	0	106,403	891
67.00 06700	OCCUPATIONAL THERAPY	7,053	0	0	7,053	352
68.00 06800	SPEECH PATHOLOGY	2,877	5,384	0	8,261	111
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01 03140	CARDIOLOGY	85,389	143,544	0	228,933	427
70.00 07000	ELECTROENCEPHALOGRAPHY	17,719	12,939	0	30,658	338
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	25,227	31,785	0	57,012	250
76.00 03340	GASTROINTESTINAL SERVICES	127,582	46,911	0	174,493	472
76.97 07697	CARDIAC REHABILITATION	33,263	91,602	0	124,865	241
76.98 07698	HYPERBARIC OXYGEN THERAPY	785	4,392	0	5,177	20
76.99 07699	LITHIOTRIPSY	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/13/2017 6:47 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	2A	4.00	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	54,648	192,525	0	247,173	90.00
91.00	09100 EMERGENCY	525,561	530,715	0	1,056,276	91.00
92.00	09200 OBSERVATION BEDS				0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,019,417	11,550,774	0	17,570,191	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,805	47,181	0	59,986	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	7,876	325,553	0	333,429	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	42,301	0	42,301	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	1,962,085	0	1,962,085	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	194.06
194.07	07957 RESEARCH	1,016	16,271	0	17,287	194.07
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)	6,041,114	13,944,165	0	19,985,279	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0280		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/13/2017 6:47 pm	
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	A&G	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0					5.01
5.02	00570	ADMINISTRATIVE	0	236,273				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	88,792			5.03
5.04	00590	A&G	0	0	0	2,666,145		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	180,195		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	52,777		9.00
10.00	01000	DIETARY	0	0	0	40,023		10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	20,378		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	14,544		14.00
15.00	01500	PHARMACY	0	0	0	61,513		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	17,261		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	47,002		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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	12,573	4,709	296,192	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,835	1,062	60,473	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	497	186	14,507	0	31.01
32.00	03200	CORONARY CARE UNIT	0	3,150	1,180	47,606	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	1,134	425	19,024	0	41.00
43.00	04300	NURSERY	0	675	253	12,541	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,448	542	22,105	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	24,577	9,205	139,285	0	50.00
51.00	05100	RECOVERY ROOM	0	2,806	1,051	41,069	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,682	630	30,591	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,448	1,291	7,098	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,546	2,826	45,498	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,146	429	5,409	0	54.01
54.02	03630	ULTRA SOUND	0	1,843	690	7,722	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,128	4,917	41,994	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	15,794	5,915	18,923	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,864	698	12,743	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,453	7,660	60,259	0	59.00
60.00	06000	LABORATORY	0	13,725	5,140	139,117	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,125	421	23,329	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	5,726	2,144	61,504	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,106	1,538	20,739	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	2,315	867	14,088	0	65.01
66.00	06600	PHYSICAL THERAPY	0	3,426	1,283	36,257	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,469	550	13,020	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	423	158	4,212	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	4,328	1,621	19,933	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,938	726	15,578	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	12,208	4,572	133,014	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,485	6,174	293,995	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28,300	10,904	234,223	0	73.00
74.00	07400	RENAL DIALYSIS	0	580	217	11,814	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0	3,539	1,325	25,043	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	711	266	10,279	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	94	35	1,088	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,723	1,769	57,630	0	90.00
91.00	09100	EMERGENCY	0	14,453	5,413	115,978	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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

Worksheet B
Part II
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	A&G	MAINTENANCE & REPAIRS	
		5.01	5.02	5.03	5.04	6.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	236,273	88,792	2,547,573	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	5,680	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	73,400	0	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	0	0	4,011	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	0	23,341	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	8,581	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	0	0	0	3,559	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	236,273	88,792	2,666,145	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/13/2017 6:47 pm
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	1,761,951				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0			8.00
9.00	00900	HOUSEKEEPING	14,140	0	162,915		9.00
10.00	01000	DIETARY	67,118	0	6,256	509,248	10.00
11.00	01100	CAFETERIA	0	0	0	344,606	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	9,857	0	919	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	68,427	0	6,378	0	14.00
15.00	01500	PHARMACY	18,662	0	1,740	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,295	0	494	0	16.00
17.00	01700	SOCIAL SERVICE	7,784	0	726	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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	249,489	0	23,255	111,518	30.00
31.00	03100	INTENSIVE CARE UNIT	38,753	0	3,612	11,671	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	11,359	0	1,059	0	31.01
32.00	03200	CORONARY CARE UNIT	33,194	0	3,094	18,634	32.00
41.00	04100	SUBPROVIDER - I RF	25,738	0	2,399	8,072	41.00
43.00	04300	NURSERY	15,326	0	1,429	0	43.00
44.00	04400	SKILLED NURSING FACILITY	32,707	0	3,049	14,747	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	146,497	0	13,655	0	50.00
51.00	05100	RECOVERY ROOM	57,219	0	5,333	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,782	0	2,217	0	52.00
53.00	05300	ANESTHESIOLOGY	1,465	0	137	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	72,940	0	6,799	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,510	0	327	0	54.01
54.02	03630	ULTRA SOUND	990	0	92	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	39,988	0	3,727	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	6,003	0	560	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,838	0	451	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	77,266	0	7,202	0	59.00
60.00	06000	LABORATORY	22,283	0	2,077	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,659	0	621	0	63.00
64.00	06400	INTRAVENOUS THERAPY	49,655	0	4,628	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,355	0	219	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	3,143	0	293	0	65.01
66.00	06600	PHYSICAL THERAPY	16,304	0	1,520	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	981	0	91	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	26,155	0	2,438	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,358	0	220	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,791	0	540	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	8,548	0	797	0	76.00
76.97	07697	CARDIAC REHABILITATION	16,691	0	1,556	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	800	0	75	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	35,080	0	3,270	0	90.00
91.00	09100	EMERGENCY	96,701	0	9,014	0	91.00
92.00	09200	OBSERVATION BEDS					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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

Worksheet B
Part II
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,325,851	0	122,269	509,248	294,012
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,597	0	801	0	50,594
192.00	19200	PHYSICIANS' PRIVATE OFFICES	59,319	0	5,529	0	0
192.01	19201	RIVERSIDE OUTPATIENT	7,708	0	718	0	0
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0
194.00	07950	NON REIMBURSABLE	357,511	0	33,322	0	0
194.01	07951	MEDICAL OFFICE	0	0	0	0	0
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0
194.03	07953	PRECEDENCE	0	0	0	0	0
194.04	07954	CALL CENTER	0	0	0	0	0
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0
194.07	07957	RESEARCH	2,965	0	276	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,761,951	0	162,915	509,248	344,606

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0280		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/13/2017 6:47 pm	
Cost Center Description			EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.01	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA	294,012					11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	3,472	0	168,619			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	464,893		14.00
15.00	01500	PHARMACY	8,874	0	0	1,574	224,436	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	74,268	0	74,962	8,018	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,862	0	17,499	3,630	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,745	0	4,749	768	0	31.01
32.00	03200	CORONARY CARE UNIT	11,419	0	19,752	1,830	0	32.00
41.00	04100	SUBPROVIDER - IRF	4,383	0	7,581	599	0	41.00
43.00	04300	NURSERY	2,761	0	4,775	285	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,846	0	10,112	684	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,698	0	4,201	29,986	0	50.00
51.00	05100	RECOVERY ROOM	7,432	0	0	2,301	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,756	0	6,495	1,619	0	52.00
53.00	05300	ANESTHESIOLOGY	226	0	391	718	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,328	0	0	1,561	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	763	0	0	55	0	54.01
54.02	03630	ULTRA SOUND	1,235	0	0	569	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,629	0	0	903	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,071	0	0	677	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,907	0	0	3,133	0	59.00
60.00	06000	LABORATORY	10,558	0	0	4,718	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,631	0	2,538	388	0	63.00
64.00	06400	INTRAVENOUS THERAPY	11,267	0	8,452	4,165	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,638	0	0	744	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	3,136	0	545	522	0	65.01
66.00	06600	PHYSICAL THERAPY	7,959	0	0	396	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,183	0	0	36	0	67.00
68.00	06800	SPEECH PATHOLOGY	992	0	306	33	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	3,533	0	0	461	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,955	0	0	558	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	101,319	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	277,886	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	224,353	73.00
74.00	07400	RENAL DIALYSIS	2,259	0	3,907	323	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	3,770	0	0	5,598	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,331	0	0	186	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	122	0	0	81	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	13,849	0	2,354	2,465	0	90.00
91.00	09100	EMERGENCY	25,355	0	0	5,491	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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

Worksheet B
Part II
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.01	12.00	13.00	14.00	15.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	277,213	0	168,619	464,280	224,353	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,215	0	0	269	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	11,090	0	0	253	0	192.00
192.01	19201 RIVERSIDE OUTPATIENT	1,092	0	0	82	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	2,624	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	778	0	0	9	83	194.07
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)	294,012	0	168,619	464,893	224,436	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/13/2017 6:47 pm	
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00560	PURCHASING RECEIVING AND STORES					5.01
5.02 00570	ADMITTING					5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04 00590	A&G					5.04
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
11.01 01101	EMPLOYEE CAFETERIA					11.01
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	52,109				16.00
17.00 01700	SOCIAL SERVICE	0	98,234			17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00 02000	NURSING SCHOOL	0	0	0		20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0		0	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0			22.00
23.00 02300	PARAMED ED PRGM-(RADIOLOGY)	0	0			23.00
23.01 02301	PARAMED PROGRAM-OR TECH	0	0			23.01
23.02 02302	PARAMED PROGRAM-EMS	0	0			23.02
23.03 02303	PARAMED PROGRAM-RESP CARE	0	0			23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	2,778	62,116			30.00
31.00 03100	INTENSIVE CARE UNIT	626	6,763			31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	110	1,682			31.01
32.00 03200	CORONARY CARE UNIT	696	10,351			32.00
41.00 04100	SUBPROVIDER - IRF	251	4,702			41.00
43.00 04300	NURSERY	149	4,035			43.00
44.00 04400	SKILLED NURSING FACILITY	320	8,585			44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,431	0			50.00
51.00 05100	RECOVERY ROOM		0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	372	0			52.00
53.00 05300	ANESTHESIOLOGY	762	0			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,668	0			54.00
54.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	253	0			54.01
54.02 03630	ULTRA SOUND	407	0			54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	2,901	0			55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,490	0			57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	412	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	4,519	0			59.00
60.00 06000	LABORATORY	3,033	0			60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0			62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	249	0			63.00
64.00 06400	INTRAVENOUS THERAPY	1,265	0			64.00
65.00 06500	RESPIRATORY THERAPY	907	0			65.00
65.01 03560	PULMONARY FUNCTION TESTING	512	0			65.01
66.00 06600	PHYSICAL THERAPY	757	0			66.00
67.00 06700	OCCUPATIONAL THERAPY	325	0			67.00
68.00 06800	SPEECH PATHOLOGY	93	0			68.00
69.00 06900	ELECTROCARDIOLOGY	0	0			69.00
69.01 03140	CARDIOLOGY	956	0			69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	428	0			70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,698	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	3,643	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,152	0			73.00
74.00 07400	RENAL DIALYSIS	128	0			74.00
76.00 03340	GASTROINTESTINAL SERVICES	782	0			76.00
76.97 07697	CARDIAC REHABILITATION	157	0			76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	21	0			76.98
76.99 07699	LITHOTRIPSY	0	0			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,044	0			90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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

Worksheet B
Part II
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
			16.00	17.00	19.00	20.00	21.00	
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS	3,194	0				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0				92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0				95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	52,109	98,234	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0				192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0				192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0				192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0				192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0				192.05
194.00	07950	NON REIMBURSABLE	0	0				194.00
194.01	07951	MEDICAL OFFICE	0	0				194.01
194.02	07952	GROUP HOMES DEPT 783	0	0				194.02
194.03	07953	PRECEDENCE	0	0				194.03
194.04	07954	CALL CENTER	0	0				194.04
194.05	07955	WORK FITNESS CENTER	0	0				194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0				194.06
194.07	07957	RESEARCH	0	0				194.07
200.00		Cross Foot Adjustments			0	0		0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118-201)	52,109	98,234	0	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/13/2017 6:47 pm
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
	SRVCS-OTHER PRGM COSTS					
	22.00					
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00560	PURCHASING RECEIVING AND STORES					5.01
5.02 00570	ADMINISTRATIVE					5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04 00590	A&G					5.04
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
11.01 01101	EMPLOYEE CAFETERIA					11.01
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SRVCS-SALARY & FRINGES APPRVD					21.00
22.00 02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0				22.00
23.00 02300	PARAMED PRGM-(RADIOLOGY)		0			23.00
23.01 02301	PARAMED PROGRAM-OR TECH			0		23.01
23.02 02302	PARAMED PROGRAM-EMS				0	23.02
23.03 02303	PARAMED PROGRAM-RESP CARE					0 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT					31.01
32.00 03200	CORONARY CARE UNIT					32.00
41.00 04100	SUBPROVIDER - I RF					41.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC					54.01
54.02 03630	ULTRASOUND					54.02
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.					62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00 06400	INTRAVENOUS THERAPY					64.00
65.00 06500	RESPIRATORY THERAPY					65.00
65.01 03560	PULMONARY FUNCTION TESTING					65.01
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
69.01 03140	CARDIOLOGY					69.01
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
76.00 03340	GASTROINTESTINAL SERVICES					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99 07699	LI THOTRI PSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC					90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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

Worksheet B
Part II
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM- (RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
			SRVCES-OTHER PRGM COSTS					
			22.00	23.00	23.01	23.02	23.03	
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	RIVERSIDE OUTPATIENT						192.01
192.02	19202	PRIMARY OFFICE CLINIC						192.02
192.03	19203	ORTHOPEDIC CLINIC						192.03
192.04	19204	NON-REIMBURSABLE CLINIC						192.04
192.05	19205	TRINITY FAMILY PRACTICE						192.05
194.00	07950	NON REIMBURSABLE						194.00
194.01	07951	MEDICAL OFFICE						194.01
194.02	07952	GROUP HOMES DEPT 783						194.02
194.03	07953	PRECEDENCE						194.03
194.04	07954	CALL CENTER						194.04
194.05	07955	WORK FITNESS CENTER						194.05
194.06	07956	PARAMED NON-ACCREDITED						194.06
194.07	07957	RESEARCH						194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	0200.00
201.00		Negative Cost Centers	0	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	0	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/13/2017 6:47 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
5.01	00560				5.01
5.02	00570				5.02
5.03	00580				5.03
5.04	00590				5.04
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
11.01	01101				11.01
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
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
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	2,592,618	0	2,592,618	30.00
31.00	03100	564,679	0	564,679	31.00
31.01	02060	144,203	0	144,203	31.01
32.00	03200	370,086	0	370,086	32.00
41.00	04100	274,921	0	274,921	41.00
43.00	04300	148,534	0	148,534	43.00
44.00	04400	303,270	0	303,270	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,997,027	0	1,997,027	50.00
51.00	05100	488,978	0	488,978	51.00
52.00	05200	252,072	0	252,072	52.00
53.00	05300	106,590	0	106,590	53.00
54.00	05400	949,184	0	949,184	54.00
54.01	03450	101,903	0	101,903	54.01
54.02	03630	49,061	0	49,061	54.02
55.00	05500	1,199,387	0	1,199,387	55.00
57.00	05700	181,672	0	181,672	57.00
58.00	05800	137,472	0	137,472	58.00
59.00	05900	1,636,043	0	1,636,043	59.00
60.00	06000	407,202	0	407,202	60.00
62.30	06250	0	0	0	62.30
63.00	06300	85,517	0	85,517	63.00
64.00	06400	652,661	0	652,661	64.00
65.00	06500	93,153	0	93,153	65.00
65.01	03560	70,182	0	70,182	65.01
66.00	06600	175,196	0	175,196	66.00
67.00	06700	25,988	0	25,988	67.00
68.00	06800	15,661	0	15,661	68.00
69.00	06900	0	0	0	69.00
69.01	03140	288,785	0	288,785	69.01
70.00	07000	55,757	0	55,757	70.00
71.00	07100	253,811	0	253,811	71.00
72.00	07200	598,183	0	598,183	72.00
73.00	07300	503,932	0	503,932	73.00
74.00	07400	82,821	0	82,821	74.00
76.00	03340	224,367	0	224,367	76.00
76.97	07697	157,283	0	157,283	76.97
76.98	07698	7,513	0	7,513	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	370,986	0	370,986	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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

Worksheet B
Part II
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
91.00	09100	EMERGENCY	1,338,072	0	1,338,072	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,904,770	0	16,904,770	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	127,202	0	127,202	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	484,584	0	484,584	192.00
192.01	19201	RIVERSIDE OUTPATIENT	56,001	0	56,001	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	2,376,259	0	2,376,259	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	11,424	0	11,424	194.02
194.03	07953	PRECEDENCE	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	194.06
194.07	07957	RESEARCH	25,039	0	25,039	194.07
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)	19,985,279	0	19,985,279	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST OF GOODS)	ADMITTING (GROSS CHARGES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	828,718	0			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,508	0	90,665,470		4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	0	0	41,466,838	5.01
5.02	00570	ADMITTING	14,042	0	0	0	884,122,337
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,277	0	0	0	0
5.04	00590	A&G	140,666	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	91,529	0	1,338,475	301,808	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	4,612	0	2,058,623	70,264	0
10.00	01000	DIETARY	21,892	0	1,891,403	39,267	0
11.00	01100	CAFETERIA	0	0	0	0	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,215	0	1,047,133	28,204	0
14.00	01400	CENTRAL SERVICES & SUPPLY	22,319	0	0	0	0
15.00	01500	PHARMACY	6,087	0	3,425,056	107,838	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,727	0	0	1,727	0
17.00	01700	SOCIAL SERVICE	2,539	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	81,376	0	22,437,191	652,220	47,091,267
31.00	03100	INTENSIVE CARE UNIT	12,640	0	3,241,497	301,449	10,617,144
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,705	0	825,673	63,181	1,859,729
32.00	03200	CORONARY CARE UNIT	10,827	0	2,627,421	148,342	11,796,883
41.00	04100	SUBPROVIDER - IRF	8,395	0	974,380	46,939	4,246,042
43.00	04300	NURSERY	4,999	0	684,443	23,211	2,529,688
44.00	04400	SKILLED NURSING FACILITY	10,668	0	1,142,810	55,517	5,421,764
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,783	0	4,204,601	2,527,770	92,049,815
51.00	05100	RECOVERY ROOM	18,663	0	2,128,934	190,577	10,510,399
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,757	0	1,273,723	135,065	6,299,968
53.00	05300	ANESTHESIOLOGY	478	0	60,420	60,687	12,912,374
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,791	0	1,916,315	126,519	28,262,728
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,145	0	255,168	4,553	4,293,292
54.02	03630	ULTRA SOUND	323	0	404,054	43,808	6,904,288
55.00	05500	RADIOLOGY-THERAPEUTIC	13,043	0	1,498,972	66,634	49,167,526
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,958	0	815,832	54,631	59,153,042
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,578	0	0	30	6,980,788
59.00	05900	CARDIAC CATHETERIZATION	25,202	0	2,170,920	257,879	76,601,150
60.00	06000	LABORATORY	7,268	0	1,480,038	333,378	51,404,042
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,172	0	392,239	31,234	4,214,955
64.00	06400	INTRAVENOUS THERAPY	16,196	0	2,788,714	336,712	21,444,036
65.00	06500	RESPIRATORY THERAPY	768	0	1,036,043	60,211	15,380,068
65.01	03560	PULMONARY FUNCTION TESTING	1,025	0	714,145	41,970	8,669,529
66.00	06600	PHYSICAL THERAPY	5,318	0	1,915,180	14,754	12,830,330
67.00	06700	OCCUPATIONAL THERAPY	0	0	757,705	2,414	5,503,237
68.00	06800	SPEECH PATHOLOGY	320	0	237,733	2,242	1,583,049
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03140	CARDIOLOGY	8,531	0	917,555	35,798	16,210,507
70.00	07000	ELECTROENCEPHALOGRAPHY	769	0	726,231	42,161	7,258,478
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	10,557,688	45,724,021
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	23,551,801	61,742,472
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	105,197,939
74.00	07400	RENAL DIALYSIS	1,889	0	537,060	25,839	2,172,868
76.00	03340	GASTROINTESTINAL SERVICES	2,788	0	1,014,205	435,683	13,253,901
76.97	07697	CARDIAC REHABILITATION	5,444	0	518,944	12,322	2,664,549
76.98	07698	HYPERBARI C OXYGEN THERAPY	261	0	42,278	6,812	352,045
76.99	07699	LITHOTRIpsy	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST OF GOODS)	ADMITTING (GROSS CHARGES)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00						
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	11,442	0	3,503,260	203,580	17,688,907	90.00		
91.00 09100 EMERGENCY	31,541	0	13,327,903	445,169	54,129,517	91.00		
92.00 09200 OBSERVATION BEDS						92.00		
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01		
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		686,476	0	86,332,277	41,446,161	884,122,337	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,804	0	129,742	0	0	190.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	19,348	0	3,362,989	18,232	0	192.00		
192.01 19201 RIVERSIDE OUTPATIENT	2,514	0	191,704	1,657	0	192.01		
192.02 19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02		
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03		
192.04 19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04		
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05		
194.00 07950 NON REIMBURSABLE	116,609	0	0	0	0	194.00		
194.01 07951 MEDICAL OFFICE	0	0	0	0	0	194.01		
194.02 07952 GROUP HOMES DEPT 783	0	0	471,666	0	0	194.02		
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03		
194.04 07954 CALL CENTER	0	0	0	0	0	194.04		
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05		
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06		
194.07 07957 RESEARCH	967	0	177,092	788	0	194.07		
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)	13,944,165	0	5,657,086	1,426,453	2,871,621	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	16.826188	0.000000	0.062395	0.034400	0.003248	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)			42,200	0	236,273	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000465	0.000000	0.000267	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	A&G (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	884,122,337				5.03
5.04	00590	A&G	0	-45,568,965	224,115,014		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	15,147,555	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	574,696	8.00
9.00	00900	HOUSEKEEPING	0	0	4,436,552	4,612	9.00
10.00	01000	DIETARY	0	0	3,364,440	21,892	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,713,026	3,215	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,222,610	22,319	14.00
15.00	01500	PHARMACY	0	0	5,170,939	6,087	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,451,022	1,727	16.00
17.00	01700	SOCIAL SERVICE	0	0	3,951,084	2,539	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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	47,091,267	0	24,891,913	81,376	30.00
31.00	03100	INTENSIVE CARE UNIT	10,617,144	0	5,083,512	12,640	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,859,729	0	1,219,464	3,705	31.01
32.00	03200	CORONARY CARE UNIT	11,796,883	0	4,001,886	10,827	32.00
41.00	04100	SUBPROVIDER - I RF	4,246,042	0	1,599,202	8,395	41.00
43.00	04300	NURSERY	2,529,688	0	1,054,227	4,999	43.00
44.00	04400	SKILLED NURSING FACILITY	5,421,764	0	1,858,181	10,668	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	92,049,815	0	11,708,533	47,783	50.00
51.00	05100	RECOVERY ROOM	10,510,399	0	3,452,325	18,663	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,299,968	0	2,571,569	7,757	52.00
53.00	05300	ANESTHESIOLOGY	12,912,374	0	596,667	478	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,262,728	0	3,824,629	23,791	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	4,293,292	0	454,696	1,145	54.01
54.02	03630	ULTRA SOUND	6,904,288	0	649,145	323	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	49,167,526	0	3,530,131	13,043	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	59,153,042	0	1,590,717	1,958	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,980,788	0	1,071,228	1,578	58.00
59.00	05900	CARDIAC CATHETERIZATION	76,601,150	0	5,065,456	25,202	59.00
60.00	06000	LABORATORY	51,404,042	0	11,694,396	7,268	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,214,955	0	1,961,077	2,172	63.00
64.00	06400	INTRAVENOUS THERAPY	21,444,036	0	5,170,120	16,196	64.00
65.00	06500	RESPIRATORY THERAPY	15,380,068	0	1,743,328	768	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,669,529	0	1,184,271	1,025	65.01
66.00	06600	PHYSICAL THERAPY	12,830,330	0	3,047,810	5,318	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,503,237	0	1,094,520	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,583,049	0	354,095	320	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	16,210,507	0	1,675,599	8,531	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	7,258,478	0	1,309,526	769	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	45,724,021	0	11,181,410	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	61,742,472	0	24,713,788	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	105,197,939	0	19,689,249	0	73.00
74.00	07400	RENAL DIALYSIS	2,172,868	0	993,111	1,889	74.00
76.00	03340	GASTROINTESTINAL SERVICES	13,253,901	0	2,105,138	2,788	76.00
76.97	07697	CARDIAC REHABILITATION	2,664,549	0	864,097	5,444	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	352,045	0	91,496	261	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	17,688,907	0	4,844,461	11,442	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	A&G (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
91.00	09100	EMERGENCY	54,129,517	0	9,749,350	0	31,541	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	884,122,337	-45,568,965	214,147,551	0	432,454	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	477,459	0	2,804	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	6,170,130	0	19,348	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	337,200	0	2,514	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	1,962,085	0	116,609	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	721,374	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	299,215	0	967	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,166,451		45,568,965	0	18,227,477	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002450		0.203328	0.000000	31.716728	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	88,792		2,666,145	0	1,761,951	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000100		0.011896	0.000000	3.065884	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (LAUNDRY \$)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (PAID HOURS)	
			8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0					8.00
9.00	00900	HOUSEKEEPING	0	570,084				9.00
10.00	01000	DIETARY	0	21,892	766,788			10.00
11.00	01100	CAFETERIA	0	0	518,882	518,882		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	442,701	2,608,701	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,215	0	0	30,805	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,319	0	0	0	14.00
15.00	01500	PHARMACY	0	6,087	0	0	78,740	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,727	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,539	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	81,376	167,916	0	658,947	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,640	17,573	0	96,375	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	3,705	0	0	24,359	31.01
32.00	03200	CORONARY CARE UNIT	0	10,827	28,058	0	101,320	32.00
41.00	04100	SUBPROVIDER - IRF	0	8,395	12,154	0	38,888	41.00
43.00	04300	NURSERY	0	4,999	0	0	24,494	43.00
44.00	04400	SKILLED NURSING FACILITY	0	10,668	22,205	0	51,871	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	47,783	0	0	148,162	50.00
51.00	05100	RECOVERY ROOM	0	18,663	0	0	65,946	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,757	0	0	42,199	52.00
53.00	05300	ANESTHESIOLOGY	0	478	0	0	2,007	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	23,791	0	0	73,896	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,145	0	0	6,766	54.01
54.02	03630	ULTRA SOUND	0	323	0	0	10,956	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,043	0	0	41,068	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	1,958	0	0	27,247	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,578	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,202	0	0	70,154	59.00
60.00	06000	LABORATORY	0	7,268	0	0	93,682	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,172	0	0	14,474	63.00
64.00	06400	INTRAVENOUS THERAPY	0	16,196	0	0	99,971	64.00
65.00	06500	RESPIRATORY THERAPY	0	768	0	0	41,150	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,025	0	0	27,823	65.01
66.00	06600	PHYSICAL THERAPY	0	5,318	0	0	70,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	28,246	67.00
68.00	06800	SPEECH PATHOLOGY	0	320	0	0	8,799	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	8,531	0	0	31,346	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	769	0	0	26,217	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	1,889	0	0	20,043	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0	2,788	0	0	33,449	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,444	0	0	20,685	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	261	0	0	1,084	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	11,442	0	0	122,879	90.00
91.00	09100	EMERGENCY	0	31,541	0	0	224,971	91.00
92.00	09200	OBSERVATION BEDS						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (LAUNDRY \$\$)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (PAID HOURS)	
		8.00	9.00	10.00	11.00	11.01	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	427,842	766,788	442,701	2,459,636	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,804	0	76,181	10,782	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	19,348	0	0	98,400	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	2,514	0	0	9,691	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	116,609	0	0	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	0	23,286	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	0	967	0	0	6,906	194.07
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	5,484,905	4,953,496	3,352,008	2,859,874	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	9.621222	6.460059	6.460058	1.096283	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	162,915	509,248	344,606	294,012	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.285774	0.664131	0.664132	0.112704	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
11.01	01101						11.01
12.00	01200	0					12.00
13.00	01300	0	864,929				13.00
14.00	01400	0	0	39,401,392			14.00
15.00	01500	0	0	133,428	19,096,573		15.00
16.00	01600	0	0	0	0	884,122,337	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	384,510	679,570	0	47,091,267	30.00
31.00	03100	0	89,761	307,654	0	10,617,144	31.00
31.01	02060	0	24,359	65,106	0	1,859,729	31.01
32.00	03200	0	101,320	155,126	0	11,796,883	32.00
41.00	04100	0	38,888	50,799	0	4,246,042	41.00
43.00	04300	0	24,494	24,195	0	2,529,688	43.00
44.00	04400	0	51,871	57,975	0	5,421,764	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	21,547	2,541,421	0	92,049,815	50.00
51.00	05100	0	0	195,049	0	10,510,399	51.00
52.00	05200	0	33,316	137,180	0	6,299,968	52.00
53.00	05300	0	2,007	60,820	0	12,912,374	53.00
54.00	05400	0	0	132,280	0	28,262,728	54.00
54.01	03450	0	0	4,682	0	4,293,292	54.01
54.02	03630	0	0	48,213	0	6,904,288	54.02
55.00	05500	0	0	76,561	0	49,167,526	55.00
57.00	05700	0	0	57,387	0	59,153,042	57.00
58.00	05800	0	0	30	0	6,980,788	58.00
59.00	05900	0	0	265,566	0	76,601,150	59.00
60.00	06000	0	0	399,825	0	51,404,042	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	13,018	32,908	0	4,214,955	63.00
64.00	06400	0	43,353	352,959	0	21,444,036	64.00
65.00	06500	0	0	63,033	0	15,380,068	65.00
65.01	03560	0	2,798	44,207	0	8,669,529	65.01
66.00	06600	0	0	33,572	0	12,830,330	66.00
67.00	06700	0	0	3,023	0	5,503,237	67.00
68.00	06800	0	1,570	2,758	0	1,583,049	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03140	0	0	39,091	0	16,210,507	69.01
70.00	07000	0	0	47,259	0	7,258,478	70.00
71.00	07100	0	0	8,587,113	0	45,724,021	71.00
72.00	07200	0	0	23,551,801	0	61,742,472	72.00
73.00	07300	0	0	0	19,089,488	105,197,939	73.00
74.00	07400	0	20,043	27,354	0	2,172,868	74.00
76.00	03340	0	0	474,477	0	13,253,901	76.00
76.97	07697	0	0	15,783	0	2,664,549	76.97
76.98	07698	0	0	6,895	0	352,045	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	12,074	208,908	0	17,688,907	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
91.00	09100	EMERGENCY	0	0	465,411	0	54,129,517	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	864,929	39,349,419	19,089,488	884,122,337	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	22,824	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	21,419	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	6,942	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	788	7,085	0	194.07
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	2,228,004	2,393,823	6,568,387	1,817,446	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2.575939	0.060755	0.343956	0.002056	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	168,619	464,893	224,436	52,109	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.194951	0.011799	0.011753	0.000059	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	
				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
5.01 00560 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00590 A&G						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	68,337					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 SRVCES-SALARY & FRINGES APPRVD	0			0		21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	0					23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0					23.01
23.02 02302 PARAMED PROGRAM-EMS	0					23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	0					23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	43,211	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	4,705	0	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	1,170	0	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	7,201	0	0	0	0	32.00
41.00 04100 SUBPROVIDER - IRF	3,271	0	0	0	0	41.00
43.00 04300 NURSERY	2,807	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	5,972	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03340 GASTROINTESTINAL SERVICES	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 LI THOTRI PSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS			
				SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
				17.00	19.00		20.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
91.00 09100 EMERGENCY	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS						92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)					68,337	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01	
192.02 19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02	
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03	
192.04 19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04	
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05	
194.00 07950 NON REIMBURSABLE	0	0	0	0	0	194.00	
194.01 07951 MEDICAL OFFICE	0	0	0	0	0	194.01	
194.02 07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02	
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03	
194.04 07954 CALL CENTER	0	0	0	0	0	194.04	
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05	
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06	
194.07 07957 RESEARCH	0	0	0	0	0	194.07	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	4,859,407	0	0	0	0	202.00	
Cost to be allocated (per Wkst. B, Part I)							
203.00	71.109458	0.000000	0.000000	0.000000	0.000000	203.00	
Unit cost multiplier (Wkst. B, Part I)							
204.00	98,234	0	0	0	0	204.00	
Cost to be allocated (per Wkst. B, Part II)							
205.00	1.437494	0.000000	0.000000	0.000000	0.000000	205.00	
Unit cost multiplier (Wkst. B, Part II)							

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description		PARAMED PRGM-(RADIOLOGY) (ASSIGNED TIME)	PARAMED PROGRAM-OR TECH (ASSIGNED TIME)	PARAMED PROGRAM-EMS (HOURS)	PARAMED PROGRAM-RESP CARE (HOURS)	
		23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00560					5.01
5.02	00570					5.02
5.03	00580					5.03
5.04	00590					5.04
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
11.01	01101					11.01
12.00	01200					12.00
13.00	01300					13.00
14.00	01400					14.00
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	0				23.00
23.01	02301		0			23.01
23.02	02302			0		23.02
23.03	02303				0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	0	0	0	30.00
31.00	03100	0	0	0	0	31.00
31.01	02060	0	0	0	0	31.01
32.00	03200	0	0	0	0	32.00
41.00	04100	0	0	0	0	41.00
43.00	04300	0	0	0	0	43.00
44.00	04400	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	0	0	0	50.00
51.00	05100	0	0	0	0	51.00
52.00	05200	0	0	0	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	0	0	0	0	54.00
54.01	03450	0	0	0	0	54.01
54.02	03630	0	0	0	0	54.02
55.00	05500	0	0	0	0	55.00
57.00	05700	0	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	0	0	0	60.00
62.30	06250	0	0	0	0	62.30
63.00	06300	0	0	0	0	63.00
64.00	06400	0	0	0	0	64.00
65.00	06500	0	0	0	0	65.00
65.01	03560	0	0	0	0	65.01
66.00	06600	0	0	0	0	66.00
67.00	06700	0	0	0	0	67.00
68.00	06800	0	0	0	0	68.00
69.00	06900	0	0	0	0	69.00
69.01	03140	0	0	0	0	69.01
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	0	0	0	73.00
74.00	07400	0	0	0	0	74.00
76.00	03340	0	0	0	0	76.00
76.97	07697	0	0	0	0	76.97
76.98	07698	0	0	0	0	76.98
76.99	07699	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description			PARAMED PRGM-(RADIOLOGY) (ASSIGNED TIME)	PARAMED PROGRAM-OR TECH (ASSIGNED TIME)	PARAMED PROGRAM-EMS (HOURS)	PARAMED PROGRAM-RESP CARE (HOURS)		
			23.00	23.01	23.02	23.03		
91.00	09100	EMERGENCY	0	0	0	0		91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0		192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0		192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0		192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0		192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0		192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0		194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0		194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0		194.02
194.03	07953	PRECEDENCE	0	0	0	0		194.03
194.04	07954	CALL CENTER	0	0	0	0		194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0		194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0		194.06
194.07	07957	RESEARCH	0	0	0	0		194.07
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	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0280

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

Worksheet C
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		39,325,596	24,714	39,350,310	30.00
31.00	03100	INTENSIVE CARE UNIT		7,465,130	0	7,465,130	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		1,801,001	0	1,801,001	31.01
32.00	03200	CORONARY CARE UNIT		6,362,210	0	6,362,210	32.00
41.00	04100	SUBPROVIDER - IRF		2,737,133	0	2,737,133	41.00
43.00	04300	NURSERY		1,771,451	0	1,771,451	43.00
44.00	04400	SKILLED NURSING FACILITY		3,450,257	0	3,450,257	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		16,626,046	0	16,626,046	50.00
51.00	05100	RECOVERY ROOM		5,031,523	0	5,031,523	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		3,568,469	0	3,568,469	52.00
53.00	05300	ANESTHESIOLOGY		775,359	0	775,359	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,732,910	0	5,732,910	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		611,008	0	611,008	54.01
54.02	03630	ULTRA SOUND		823,622	0	823,622	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		4,937,837	0	4,937,837	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		2,150,069	0	2,150,069	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		1,368,625	0	1,368,625	58.00
59.00	05900	CARDIAC CATHETERIZATION		7,387,739	87,708	7,475,447	59.00
60.00	06000	LABORATORY		14,605,318	0	14,605,318	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		2,509,672	0	2,509,672	63.00
64.00	06400	INTRAVENOUS THERAPY		7,177,664	0	7,177,664	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,210,105	0	2,210,105	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,525,658	0	1,525,658	65.01
66.00	06600	PHYSICAL THERAPY	0	3,993,186	0	3,993,186	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,359,532	0	1,359,532	67.00
68.00	06800	SPEECH PATHOLOGY	0	456,433	0	456,433	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	69.00
69.01	03140	CARDIOLOGY		2,439,017	2,512	2,441,529	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		1,654,113	4,797	1,658,910	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		14,070,623	0	14,070,623	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		31,296,617	0	31,296,617	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		30,474,552	0	30,474,552	73.00
74.00	07400	RENAL DIALYSIS		1,352,857	0	1,352,857	74.00
76.00	03340	GASTROINTESTINAL SERVICES		2,741,168	0	2,741,168	76.00
76.97	07697	CARDIAC REHABILITATION		1,293,950	0	1,293,950	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY		123,220	0	123,220	76.98
76.99	07699	LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		6,517,337	1,594	6,518,931	90.00
91.00	09100	EMERGENCY		13,421,704	118,682	13,540,386	91.00
92.00	09200	OBSERVATION BEDS		3,984,215	0	3,984,215	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		0	0	0	95.00
200.00		Subtotal (see instructions)	0	255,132,926	240,007	255,372,933	200.00
201.00		Less Observation Beds		3,984,215		3,984,215	201.00
202.00		Total (see instructions)	0	251,148,711	240,007	251,388,718	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0280

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

Worksheet C
Part I
Date/Time Prepared:
5/13/2017 6:47 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	42,190,592		42,190,592		30.00
31.00	03100	INTENSIVE CARE UNIT	10,617,144		10,617,144		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,859,729		1,859,729		31.01
32.00	03200	CORONARY CARE UNIT	11,796,883		11,796,883		32.00
41.00	04100	SUBPROVIDER - IRF	4,246,042		4,246,042		41.00
43.00	04300	NURSERY	2,529,688		2,529,688		43.00
44.00	04400	SKILLED NURSING FACILITY	5,421,764		5,421,764		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,830,793	51,219,022	92,049,815	0.180620	50.00
51.00	05100	RECOVERY ROOM	3,340,522	7,169,877	10,510,399	0.478719	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,442,554	857,414	6,299,968	0.566427	52.00
53.00	05300	ANESTHESIOLOGY	4,277,980	8,634,394	12,912,374	0.060048	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,623,076	22,639,652	28,262,728	0.202843	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	723,426	3,569,866	4,293,292	0.142317	54.01
54.02	03630	ULTRA SOUND	1,082,203	5,822,085	6,904,288	0.119291	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	609,953	48,557,573	49,167,526	0.100429	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	15,341,712	43,811,330	59,153,042	0.036348	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,624,398	2,356,390	6,980,788	0.196056	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,978,442	58,622,708	76,601,150	0.096444	59.00
60.00	06000	LABORATORY	27,256,260	24,147,782	51,404,042	0.284128	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,958,891	1,256,064	4,214,955	0.595421	63.00
64.00	06400	INTRAVENOUS THERAPY	5,302,672	16,141,364	21,444,036	0.334716	64.00
65.00	06500	RESPIRATORY THERAPY	14,266,446	1,113,622	15,380,068	0.143699	65.00
65.01	03560	PULMONARY FUNCTION TESTING	6,329,046	2,340,483	8,669,529	0.175979	65.01
66.00	06600	PHYSICAL THERAPY	7,674,769	5,155,561	12,830,330	0.311230	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,747,930	755,307	5,503,237	0.247042	67.00
68.00	06800	SPEECH PATHOLOGY	1,168,804	414,245	1,583,049	0.288325	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	7,513,535	8,696,972	16,210,507	0.150459	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,374,753	5,883,725	7,258,478	0.227887	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	25,459,774	20,264,247	45,724,021	0.307729	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	33,798,268	27,944,204	61,742,472	0.506890	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,504,950	58,692,989	105,197,939	0.289688	73.00
74.00	07400	RENAL DIALYSIS	2,172,868	0	2,172,868	0.622614	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	2,056,890	11,197,011	13,253,901	0.206820	76.00
76.97	07697	CARDIAC REHABILITATION	442,760	2,221,789	2,664,549	0.485617	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,386	350,659	352,045	0.350012	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,157,876	16,531,031	17,688,907	0.368442	90.00
91.00	09100	EMERGENCY	10,632,587	43,496,930	54,129,517	0.247955	91.00
92.00	09200	OBSERVATION BEDS	779,794	4,120,881	4,900,675	0.812993	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	380,137,160	503,985,177	884,122,337		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	380,137,160	503,985,177	884,122,337		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/13/2017 6:47 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180620		50.00
51.00	05100	RECOVERY ROOM	0.478719		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.566427		52.00
53.00	05300	ANESTHESIOLOGY	0.060048		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.202843		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.142317		54.01
54.02	03630	ULTRA SOUND	0.119291		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.100429		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.036348		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.196056		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097589		59.00
60.00	06000	LABORATORY	0.284128		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.595421		63.00
64.00	06400	INTRAVENOUS THERAPY	0.334716		64.00
65.00	06500	RESPIRATORY THERAPY	0.143699		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.175979		65.01
66.00	06600	PHYSICAL THERAPY	0.311230		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247042		67.00
68.00	06800	SPEECH PATHOLOGY	0.288325		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140	CARDIOLOGY	0.150614		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228548		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.307729		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.506890		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289688		73.00
74.00	07400	RENAL DIALYSIS	0.622614		74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.206820		76.00
76.97	07697	CARDIAC REHABILITATION	0.485617		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.350012		76.98
76.99	07699	LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.368532		90.00
91.00	09100	EMERGENCY	0.250148		91.00
92.00	09200	OBSERVATION BEDS	0.812993		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
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: 14-0280

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

Worksheet C
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		39,325,596	24,714	39,350,310	30.00
31.00	03100	INTENSIVE CARE UNIT		7,465,130	0	7,465,130	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		1,801,001	0	1,801,001	31.01
32.00	03200	CORONARY CARE UNIT		6,362,210	0	6,362,210	32.00
41.00	04100	SUBPROVIDER - IRF		2,737,133	0	2,737,133	41.00
43.00	04300	NURSERY		1,771,451	0	1,771,451	43.00
44.00	04400	SKILLED NURSING FACILITY		3,450,257	0	3,450,257	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		16,626,046	0	16,626,046	50.00
51.00	05100	RECOVERY ROOM		5,031,523	0	5,031,523	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		3,568,469	0	3,568,469	52.00
53.00	05300	ANESTHESIOLOGY		775,359	0	775,359	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,732,910	0	5,732,910	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		611,008	0	611,008	54.01
54.02	03630	ULTRA SOUND		823,622	0	823,622	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		4,937,837	0	4,937,837	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		2,150,069	0	2,150,069	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		1,368,625	0	1,368,625	58.00
59.00	05900	CARDIAC CATHETERIZATION		7,387,739	87,708	7,475,447	59.00
60.00	06000	LABORATORY		14,605,318	0	14,605,318	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		2,509,672	0	2,509,672	63.00
64.00	06400	INTRAVENOUS THERAPY		7,177,664	0	7,177,664	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,210,105	0	2,210,105	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,525,658	0	1,525,658	65.01
66.00	06600	PHYSICAL THERAPY	0	3,993,186	0	3,993,186	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,359,532	0	1,359,532	67.00
68.00	06800	SPEECH PATHOLOGY	0	456,433	0	456,433	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	69.00
69.01	03140	CARDIOLOGY		2,439,017	2,512	2,441,529	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		1,654,113	4,797	1,658,910	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		14,070,623	0	14,070,623	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		31,296,617	0	31,296,617	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		30,474,552	0	30,474,552	73.00
74.00	07400	RENAL DIALYSIS		1,352,857	0	1,352,857	74.00
76.00	03340	GASTROINTESTINAL SERVICES		2,741,168	0	2,741,168	76.00
76.97	07697	CARDIAC REHABILITATION		1,293,950	0	1,293,950	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		123,220	0	123,220	76.98
76.99	07699	LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		6,517,337	1,594	6,518,931	90.00
91.00	09100	EMERGENCY		13,421,704	118,682	13,540,386	91.00
92.00	09200	OBSERVATION BEDS		3,984,215	0	3,984,215	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		0	0	0	95.00
200.00		Subtotal (see instructions)	0	255,132,926	240,007	255,372,933	200.00
201.00		Less Observation Beds		3,984,215		3,984,215	201.00
202.00		Total (see instructions)	0	251,148,711	240,007	251,388,718	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0280

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

Worksheet C
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,190,592		42,190,592		30.00
31.00	03100	INTENSIVE CARE UNIT	10,617,144		10,617,144		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,859,729		1,859,729		31.01
32.00	03200	CORONARY CARE UNIT	11,796,883		11,796,883		32.00
41.00	04100	SUBPROVIDER - IRF	4,246,042		4,246,042		41.00
43.00	04300	NURSERY	2,529,688		2,529,688		43.00
44.00	04400	SKILLED NURSING FACILITY	5,421,764		5,421,764		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,830,793	51,219,022	92,049,815	0.180620	50.00
51.00	05100	RECOVERY ROOM	3,340,522	7,169,877	10,510,399	0.478719	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,442,554	857,414	6,299,968	0.566427	52.00
53.00	05300	ANESTHESIOLOGY	4,277,980	8,634,394	12,912,374	0.060048	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,623,076	22,639,652	28,262,728	0.202843	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	723,426	3,569,866	4,293,292	0.142317	54.01
54.02	03630	ULTRA SOUND	1,082,203	5,822,085	6,904,288	0.119291	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	609,953	48,557,573	49,167,526	0.100429	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	15,341,712	43,811,330	59,153,042	0.036348	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,624,398	2,356,390	6,980,788	0.196056	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,978,442	58,622,708	76,601,150	0.096444	59.00
60.00	06000	LABORATORY	27,256,260	24,147,782	51,404,042	0.284128	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,958,891	1,256,064	4,214,955	0.595421	63.00
64.00	06400	INTRAVENOUS THERAPY	5,302,672	16,141,364	21,444,036	0.334716	64.00
65.00	06500	RESPIRATORY THERAPY	14,266,446	1,113,622	15,380,068	0.143699	65.00
65.01	03560	PULMONARY FUNCTION TESTING	6,329,046	2,340,483	8,669,529	0.175979	65.01
66.00	06600	PHYSICAL THERAPY	7,674,769	5,155,561	12,830,330	0.311230	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,747,930	755,307	5,503,237	0.247042	67.00
68.00	06800	SPEECH PATHOLOGY	1,168,804	414,245	1,583,049	0.288325	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	7,513,535	8,696,972	16,210,507	0.150459	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,374,753	5,883,725	7,258,478	0.227887	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	25,459,774	20,264,247	45,724,021	0.307729	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	33,798,268	27,944,204	61,742,472	0.506890	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,504,950	58,692,989	105,197,939	0.289688	73.00
74.00	07400	RENAL DIALYSIS	2,172,868	0	2,172,868	0.622614	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	2,056,890	11,197,011	13,253,901	0.206820	76.00
76.97	07697	CARDIAC REHABILITATION	442,760	2,221,789	2,664,549	0.485617	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,386	350,659	352,045	0.350012	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,157,876	16,531,031	17,688,907	0.368442	90.00
91.00	09100	EMERGENCY	10,632,587	43,496,930	54,129,517	0.247955	91.00
92.00	09200	OBSERVATION BEDS	779,794	4,120,881	4,900,675	0.812993	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	380,137,160	503,985,177	884,122,337		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	380,137,160	503,985,177	884,122,337		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/13/2017 6:47 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180620		50.00
51.00	05100	RECOVERY ROOM	0.478719		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.566427		52.00
53.00	05300	ANESTHESIOLOGY	0.060048		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.202843		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.142317		54.01
54.02	03630	ULTRA SOUND	0.119291		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.100429		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.036348		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.196056		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097589		59.00
60.00	06000	LABORATORY	0.284128		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.595421		63.00
64.00	06400	INTRAVENOUS THERAPY	0.334716		64.00
65.00	06500	RESPIRATORY THERAPY	0.143699		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.175979		65.01
66.00	06600	PHYSICAL THERAPY	0.311230		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247042		67.00
68.00	06800	SPEECH PATHOLOGY	0.288325		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140	CARDIOLOGY	0.150614		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228548		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.307729		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.506890		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289688		73.00
74.00	07400	RENAL DIALYSIS	0.622614		74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.206820		76.00
76.97	07697	CARDIAC REHABILITATION	0.485617		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.350012		76.98
76.99	07699	LITHOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.368532		90.00
91.00	09100	EMERGENCY	0.250148		91.00
92.00	09200	OBSERVATION BEDS	0.812993		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 14-0280

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

Worksheet C Part II Date/Time Prepared: 5/13/2017 6:47 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,626,046	1,997,027	14,629,019	0	0	50.00
51.00	05100	RECOVERY ROOM	5,031,523	488,978	4,542,545	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,568,469	252,072	3,316,397	0	0	52.00
53.00	05300	ANESTHESIOLOGY	775,359	106,590	668,769	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,732,910	949,184	4,783,726	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	611,008	101,903	509,105	0	0	54.01
54.02	03630	ULTRA SOUND	823,622	49,061	774,561	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,937,837	1,199,387	3,738,450	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,150,069	181,672	1,968,397	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,368,625	137,472	1,231,153	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,387,739	1,636,043	5,751,696	0	0	59.00
60.00	06000	LABORATORY	14,605,318	407,202	14,198,116	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,509,672	85,517	2,424,155	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	7,177,664	652,661	6,525,003	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,210,105	93,153	2,116,952	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,525,658	70,182	1,455,476	0	0	65.01
66.00	06600	PHYSICAL THERAPY	3,993,186	175,196	3,817,990	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,359,532	25,988	1,333,544	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	456,433	15,661	440,772	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	2,439,017	288,785	2,150,232	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,654,113	55,757	1,598,356	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	14,070,623	253,811	13,816,812	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,296,617	598,183	30,698,434	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,474,552	503,932	29,970,620	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,352,857	82,821	1,270,036	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	2,741,168	224,367	2,516,801	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,293,950	157,283	1,136,667	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	123,220	7,513	115,707	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,517,337	370,986	6,146,351	0	0	90.00
91.00	09100	EMERGENCY	13,421,704	1,338,072	12,083,632	0	0	91.00
92.00	09200	OBSERVATION BEDS	3,984,215	262,504	3,721,711	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Subtotal (sum of lines 50 thru 199)	192,220,148	12,768,963	179,451,185	0	0	200.00
201.00		Less Observation Beds	3,984,215	262,504	3,721,711	0	0	201.00
202.00		Total (line 200 minus line 201)	188,235,933	12,506,459	175,729,474	0	0	202.00

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

Provider CCN: 14-0280

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

Worksheet C Part II Date/Time Prepared: 5/13/2017 6:47 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	16,626,046	92,049,815	0.180620		50.00
51.00	05100 RECOVERY ROOM	5,031,523	10,510,399	0.478719		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,568,469	6,299,968	0.566427		52.00
53.00	05300 ANESTHESIOLOGY	775,359	12,912,374	0.060048		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,732,910	28,262,728	0.202843		54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	611,008	4,293,292	0.142317		54.01
54.02	03630 ULTRA SOUND	823,622	6,904,288	0.119291		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	4,937,837	49,167,526	0.100429		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	2,150,069	59,153,042	0.036348		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,368,625	6,980,788	0.196056		58.00
59.00	05900 CARDIAC CATHETERIZATION	7,387,739	76,601,150	0.096444		59.00
60.00	06000 LABORATORY	14,605,318	51,404,042	0.284128		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,509,672	4,214,955	0.595421		63.00
64.00	06400 INTRAVENOUS THERAPY	7,177,664	21,444,036	0.334716		64.00
65.00	06500 RESPIRATORY THERAPY	2,210,105	15,380,068	0.143699		65.00
65.01	03560 PULMONARY FUNCTION TESTING	1,525,658	8,669,529	0.175979		65.01
66.00	06600 PHYSICAL THERAPY	3,993,186	12,830,330	0.311230		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,359,532	5,503,237	0.247042		67.00
68.00	06800 SPEECH PATHOLOGY	456,433	1,583,049	0.288325		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000		69.00
69.01	03140 CARDIOLOGY	2,439,017	16,210,507	0.150459		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,654,113	7,258,478	0.227887		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	14,070,623	45,724,021	0.307729		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	31,296,617	61,742,472	0.506890		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	30,474,552	105,197,939	0.289688		73.00
74.00	07400 RENAL DIALYSIS	1,352,857	2,172,868	0.622614		74.00
76.00	03340 GASTROINTESTINAL SERVICES	2,741,168	13,253,901	0.206820		76.00
76.97	07697 CARDIAC REHABILITATION	1,293,950	2,664,549	0.485617		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	123,220	352,045	0.350012		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	6,517,337	17,688,907	0.368442		90.00
91.00	09100 EMERGENCY	13,421,704	54,129,517	0.247955		91.00
92.00	09200 OBSERVATION BEDS	3,984,215	4,900,675	0.812993		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0.000000		95.00
200.00	Subtotal (sum of lines 50 thru 199)	192,220,148	805,460,495			200.00
201.00	Less Observation Beds	3,984,215	0			201.00
202.00	Total (line 200 minus line 201)	188,235,933	805,460,495			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/13/2017 6:47 pm
Title XVIII			Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,592,618	0	2,592,618	48,079	53.92	30.00	
31.00	INTENSIVE CARE UNIT	564,679		564,679	4,705	120.02	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	144,203		144,203	1,170	123.25	31.01	
32.00	CORONARY CARE UNIT	370,086		370,086	7,201	51.39	32.00	
41.00	SUBPROVIDER - IRF	274,921	0	274,921	3,271	84.05	41.00	
43.00	NURSERY	148,534		148,534	2,807	52.92	43.00	
44.00	SKILLED NURSING FACILITY	303,270		303,270	5,972	50.78	44.00	
200.00	Total (lines 30-199)	4,398,311		4,398,311	73,205		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	13,300	717,136					30.00
31.00	INTENSIVE CARE UNIT	1,861	223,357					31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0					31.01
32.00	CORONARY CARE UNIT	3,263	167,686					32.00
41.00	SUBPROVIDER - IRF	1,387	116,577					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	3,193	162,141					44.00
200.00	Total (lines 30-199)	23,004	1,386,897					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0280		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/13/2017 6:47 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,997,027	92,049,815	0.021695	14,663,867	318,133	50.00
51.00	05100	RECOVERY ROOM	488,978	10,510,399	0.046523	1,324,397	61,615	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	252,072	6,299,968	0.040012	6,450	258	52.00
53.00	05300	ANESTHESIOLOGY	106,590	12,912,374	0.008255	1,538,606	12,701	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	949,184	28,262,728	0.033584	2,413,045	81,040	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	101,903	4,293,292	0.023735	337,734	8,016	54.01
54.02	03630	ULTRA SOUND	49,061	6,904,288	0.007106	408,385	2,902	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,199,387	49,167,526	0.024394	206,258	5,031	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	181,672	59,153,042	0.003071	6,113,625	18,775	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	137,472	6,980,788	0.019693	1,872,481	36,875	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,636,043	76,601,150	0.021358	6,903,066	147,436	59.00
60.00	06000	LABORATORY	407,202	51,404,042	0.007922	9,980,287	79,064	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	85,517	4,214,955	0.020289	1,456,295	29,547	63.00
64.00	06400	INTRAVENOUS THERAPY	652,661	21,444,036	0.030436	1,880,136	57,224	64.00
65.00	06500	RESPIRATORY THERAPY	93,153	15,380,068	0.006057	5,766,976	34,931	65.00
65.01	03560	PULMONARY FUNCTION TESTING	70,182	8,669,529	0.008095	2,553,982	20,674	65.01
66.00	06600	PHYSICAL THERAPY	175,196	12,830,330	0.013655	1,965,298	26,836	66.00
67.00	06700	OCCUPATIONAL THERAPY	25,988	5,503,237	0.004722	616,440	2,911	67.00
68.00	06800	SPEECH PATHOLOGY	15,661	1,583,049	0.009893	232,988	2,305	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03140	CARDIOLOGY	288,785	16,210,507	0.017815	3,288,044	58,577	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	55,757	7,258,478	0.007682	780,896	5,999	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	253,811	45,724,021	0.005551	9,589,836	53,233	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	598,183	61,742,472	0.009688	16,262,928	157,555	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	503,932	105,197,939	0.004790	18,173,578	87,051	73.00
74.00	07400	RENAL DIALYSIS	82,821	2,172,868	0.038116	1,199,765	45,730	74.00
76.00	03340	GASTROINTESTINAL SERVICES	224,367	13,253,901	0.016928	871,749	14,757	76.00
76.97	07697	CARDIAC REHABILITATION	157,283	2,664,549	0.059028	162,622	9,599	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,513	352,045	0.021341	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	370,986	17,688,907	0.020973	490,168	10,280	90.00
91.00	09100	EMERGENCY	1,338,072	54,129,517	0.024720	3,666,008	90,624	91.00
92.00	09200	OBSERVATION BEDS	262,504	4,900,675	0.053565	364,831	19,542	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	12,768,963	805,460,495		115,090,741	1,499,221	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/13/2017 6:47 pm
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Cost Center Description			Title XVIII				Hospital	
			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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,079	0.00	13,300	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,705	0.00	1,861	0		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,170	0.00	0	0		31.01
32.00	03200	CORONARY CARE UNIT	7,201	0.00	3,263	0		32.00
41.00	04100	SUBPROVIDER - IRF	3,271	0.00	1,387	0		41.00
43.00	04300	NURSERY	2,807	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	5,972	0.00	3,193	0		44.00
200.00		Total (lines 30-199)	73,205		23,004	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
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Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01	
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	92,049,815	0.000000	0.000000	14,663,867	50.00
51.00	05100	RECOVERY ROOM	0	10,510,399	0.000000	0.000000	1,324,397	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,299,968	0.000000	0.000000	6,450	52.00
53.00	05300	ANESTHESIOLOGY	0	12,912,374	0.000000	0.000000	1,538,606	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	28,262,728	0.000000	0.000000	2,413,045	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	4,293,292	0.000000	0.000000	337,734	54.01
54.02	03630	ULTRA SOUND	0	6,904,288	0.000000	0.000000	408,385	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	49,167,526	0.000000	0.000000	206,258	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	59,153,042	0.000000	0.000000	6,113,625	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,980,788	0.000000	0.000000	1,872,481	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	76,601,150	0.000000	0.000000	6,903,066	59.00
60.00	06000	LABORATORY	0	51,404,042	0.000000	0.000000	9,980,287	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,214,955	0.000000	0.000000	1,456,295	63.00
64.00	06400	INTRAVENOUS THERAPY	0	21,444,036	0.000000	0.000000	1,880,136	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,380,068	0.000000	0.000000	5,766,976	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	8,669,529	0.000000	0.000000	2,553,982	65.01
66.00	06600	PHYSICAL THERAPY	0	12,830,330	0.000000	0.000000	1,965,298	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,503,237	0.000000	0.000000	616,440	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,583,049	0.000000	0.000000	232,988	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0	16,210,507	0.000000	0.000000	3,288,044	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,258,478	0.000000	0.000000	780,896	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	45,724,021	0.000000	0.000000	9,589,836	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	61,742,472	0.000000	0.000000	16,262,928	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	105,197,939	0.000000	0.000000	18,173,578	73.00
74.00	07400	RENAL DIALYSIS	0	2,172,868	0.000000	0.000000	1,199,765	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0	13,253,901	0.000000	0.000000	871,749	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,664,549	0.000000	0.000000	162,622	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	352,045	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	17,688,907	0.000000	0.000000	490,168	90.00
91.00	09100	EMERGENCY	0	54,129,517	0.000000	0.000000	3,666,008	91.00
92.00	09200	OBSERVATION BEDS	0	4,900,675	0.000000	0.000000	364,831	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	805,460,495			115,090,741	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	12,026,594	0	50.00
51.00	05100 RECOVERY ROOM	0	1,524,576	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,833	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,220,573	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,478,580	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	939,082	0	54.01
54.02	03630 ULTRA SOUND	0	950,932	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	17,866,246	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	10,600,329	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	651,096	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	24,003,305	0	59.00
60.00	06000 LABORATORY	0	4,729,482	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	581,500	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	3,780,941	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	230,670	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	761,086	0	65.01
66.00	06600 PHYSICAL THERAPY	0	97,721	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	32,888	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	8,708	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140 RADIOLOGY	0	2,609,597	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,249,533	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	7,310,982	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	10,998,915	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	16,343,102	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03340 GASTROINTESTINAL SERVICES	0	3,103,943	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	774,361	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	236,660	0	76.98
76.99	07699 LI THOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	4,592,351	0	90.00
91.00	09100 EMERGENCY	0	6,453,575	0	91.00
92.00	09200 OBSERVATION BEDS	0	1,110,611	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	140,272,772	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/13/2017 6:47 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	0.180620	12,026,594	0	0	2,172,243	50.00
51.00	05100	RECOVERY ROOM	0.478719	1,524,576	0	0	729,843	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.566427	4,833	0	0	2,738	52.00
53.00	05300	ANESTHESIOLOGY	0.060048	2,220,573	0	0	133,341	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.202843	4,478,580	0	0	908,449	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.142317	939,082	0	0	133,647	54.01
54.02	03630	ULTRA SOUND	0.119291	950,932	0	0	113,438	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.100429	17,866,246	0	0	1,794,289	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.036348	10,600,329	0	0	385,301	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.196056	651,096	0	0	127,651	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096444	24,003,305	0	0	2,314,975	59.00
60.00	06000	LABORATORY	0.284128	4,729,482	52	0	1,343,778	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.595421	581,500	0	0	346,237	63.00
64.00	06400	INTRAVENOUS THERAPY	0.334716	3,780,941	0	0	1,265,541	64.00
65.00	06500	RESPIRATORY THERAPY	0.143699	230,670	0	0	33,147	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.175979	761,086	0	0	133,935	65.01
66.00	06600	PHYSICAL THERAPY	0.311230	97,721	0	0	30,414	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247042	32,888	0	0	8,125	67.00
68.00	06800	SPEECH PATHOLOGY	0.288325	8,708	0	0	2,511	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.150459	2,609,597	0	0	392,637	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.227887	1,249,533	0	0	284,752	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.307729	7,310,982	0	0	2,249,801	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.506890	10,998,915	34,650	0	5,575,240	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289688	16,343,102	0	40,320	4,734,401	73.00
74.00	07400	RENAL DIALYSIS	0.622614	0	0	0	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0.206820	3,103,943	0	0	641,957	76.00
76.97	07697	CARDIAC REHABILITATION	0.485617	774,361	0	0	376,043	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.350012	236,660	0	0	82,834	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.368442	4,592,351	0	0	1,692,015	90.00
91.00	09100	EMERGENCY	0.247955	6,453,575	0	0	1,600,196	91.00
92.00	09200	OBSERVATION BEDS	0.812993	1,110,611	0	0	902,919	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		140,272,772	34,702	40,320	30,512,398	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		140,272,772	34,702	40,320	30,512,398	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/13/2017 6:47 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.01
54.02 03630 ULTRA SOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	15	0		60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 03140 CARDIOLOGY	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	17,564	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	11,680		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03340 GASTROINTESTINAL SERVICES	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
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	17,579	11,680		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	17,579	11,680		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/13/2017 6:47 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,997,027	92,049,815	0.021695	0	0	50.00
51.00	05100	RECOVERY ROOM	488,978	10,510,399	0.046523	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	252,072	6,299,968	0.040012	0	0	52.00
53.00	05300	ANESTHESIOLOGY	106,590	12,912,374	0.008255	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	949,184	28,262,728	0.033584	18,641	626	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	101,903	4,293,292	0.023735	0	0	54.01
54.02	03630	ULTRA SOUND	49,061	6,904,288	0.007106	1,693	12	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,199,387	49,167,526	0.024394	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	181,672	59,153,042	0.003071	36,286	111	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	137,472	6,980,788	0.019693	12,118	239	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,636,043	76,601,150	0.021358	0	0	59.00
60.00	06000	LABORATORY	407,202	51,404,042	0.007922	158,687	1,257	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	85,517	4,214,955	0.020289	1,338	27	63.00
64.00	06400	INTRAVENOUS THERAPY	652,661	21,444,036	0.030436	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	93,153	15,380,068	0.006057	110,436	669	65.00
65.01	03560	PULMONARY FUNCTION TESTING	70,182	8,669,529	0.008095	50,698	410	65.01
66.00	06600	PHYSICAL THERAPY	175,196	12,830,330	0.013655	659,783	9,009	66.00
67.00	06700	OCCUPATIONAL THERAPY	25,988	5,503,237	0.004722	753,454	3,558	67.00
68.00	06800	SPEECH PATHOLOGY	15,661	1,583,049	0.009893	207,608	2,054	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03140	CARDIOLOGY	288,785	16,210,507	0.017815	4,182	75	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	55,757	7,258,478	0.007682	2,903	22	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	253,811	45,724,021	0.005551	69,990	389	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	598,183	61,742,472	0.009688	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	503,932	105,197,939	0.004790	216,796	1,038	73.00
74.00	07400	RENAL DIALYSIS	82,821	2,172,868	0.038116	70,018	2,669	74.00
76.00	03340	GASTROINTESTINAL SERVICES	224,367	13,253,901	0.016928	2,269	38	76.00
76.97	07697	CARDIAC REHABILITATION	157,283	2,664,549	0.059028	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	7,513	352,045	0.021341	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	370,986	17,688,907	0.020973	2,567	54	90.00
91.00	09100	EMERGENCY	1,338,072	54,129,517	0.024720	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	4,900,675	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	12,506,459	805,460,495		2,379,467	22,257	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03340 GASTROINTESTINAL SERVICES	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 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	92,049,815	0.000000	0.000000	0 50.00
51.00 05100 RECOVERY ROOM	0	10,510,399	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6,299,968	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	12,912,374	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	28,262,728	0.000000	0.000000	18,641 54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	4,293,292	0.000000	0.000000	0 54.01
54.02 03630 ULTRA SOUND	0	6,904,288	0.000000	0.000000	1,693 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	49,167,526	0.000000	0.000000	0 55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	59,153,042	0.000000	0.000000	36,286 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,980,788	0.000000	0.000000	12,118 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	76,601,150	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	51,404,042	0.000000	0.000000	158,687 60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0 62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	4,214,955	0.000000	0.000000	1,338 63.00
64.00 06400 INTRAVENOUS THERAPY	0	21,444,036	0.000000	0.000000	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	15,380,068	0.000000	0.000000	110,436 65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	8,669,529	0.000000	0.000000	50,698 65.01
66.00 06600 PHYSICAL THERAPY	0	12,830,330	0.000000	0.000000	659,783 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,503,237	0.000000	0.000000	753,454 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,583,049	0.000000	0.000000	207,608 68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0 69.00
69.01 03140 RADIOLOGY	0	16,210,507	0.000000	0.000000	4,182 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	7,258,478	0.000000	0.000000	2,903 70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	45,724,021	0.000000	0.000000	69,990 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	61,742,472	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	105,197,939	0.000000	0.000000	216,796 73.00
74.00 07400 RENAL DIALYSIS	0	2,172,868	0.000000	0.000000	70,018 74.00
76.00 03340 GASTROINTESTINAL SERVICES	0	13,253,901	0.000000	0.000000	2,269 76.00
76.97 07697 CARDIAC REHABILITATION	0	2,664,549	0.000000	0.000000	0 76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	352,045	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	17,688,907	0.000000	0.000000	2,567 90.00
91.00 09100 EMERGENCY	0	54,129,517	0.000000	0.000000	0 91.00
92.00 09200 OBSERVATION BEDS	0	4,900,675	0.000000	0.000000	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0				
200.00 Total (lines 50-199)	0	805,460,495			2,379,467 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	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 03340 GASTRO INTESTINAL SERVICES	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 CARDIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03340 GASTROINTESTINAL SERVICES	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 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	92,049,815	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	10,510,399	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6,299,968	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	12,912,374	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	28,262,728	0.000000	0.000000	37,309	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	4,293,292	0.000000	0.000000	4,762	54.01
54.02 03630 ULTRA SOUND	0	6,904,288	0.000000	0.000000	5,698	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	49,167,526	0.000000	0.000000	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	59,153,042	0.000000	0.000000	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,980,788	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	76,601,150	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	51,404,042	0.000000	0.000000	259,322	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	4,214,955	0.000000	0.000000	12,009	63.00
64.00 06400 INTRAVENOUS THERAPY	0	21,444,036	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	15,380,068	0.000000	0.000000	447,591	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	8,669,529	0.000000	0.000000	235,079	65.01
66.00 06600 PHYSICAL THERAPY	0	12,830,330	0.000000	0.000000	1,003,440	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,503,237	0.000000	0.000000	1,051,119	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,583,049	0.000000	0.000000	15,187	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01 03140 RADIOLOGY	0	16,210,507	0.000000	0.000000	13,164	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	7,258,478	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	45,724,021	0.000000	0.000000	403,363	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	61,742,472	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	105,197,939	0.000000	0.000000	359,794	73.00
74.00 07400 RENAL DIALYSIS	0	2,172,868	0.000000	0.000000	0	74.00
76.00 03340 GASTRO INTESTINAL SERVICES	0	13,253,901	0.000000	0.000000	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	2,664,549	0.000000	0.000000	145	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	352,045	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	17,688,907	0.000000	0.000000	902	90.00
91.00 09100 EMERGENCY	0	54,129,517	0.000000	0.000000	0	91.00
92.00 09200 OBSERVATION BEDS	0	4,900,675	0.000000	0.000000	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0				95.00
200.00 Total (lines 50-199)	0	805,460,495			3,848,884	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.01
54.02	03630 ULTRA SOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140 CARDIOLOGY	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	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	03340 GASTRO INTESTINAL SERVICES	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/13/2017 6:47 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,592,618	0	2,592,618	48,079	53.92	30.00
31.00	INTENSIVE CARE UNIT	564,679		564,679	4,705	120.02	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	144,203		144,203	1,170	123.25	31.01
32.00	CORONARY CARE UNIT	370,086		370,086	7,201	51.39	32.00
41.00	SUBPROVIDER - IRF	274,921	0	274,921	3,271	84.05	41.00
43.00	NURSERY	148,534		148,534	2,807	52.92	43.00
44.00	SKILLED NURSING FACILITY	303,270		303,270	5,972	50.78	44.00
200.00	Total (Lines 30-199)	4,398,311		4,398,311	73,205		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	5,395	290,898				
31.00	INTENSIVE CARE UNIT	138	16,563				
31.01	NEONATAL INTENSIVE CARE UNIT	184	22,678				
32.00	CORONARY CARE UNIT	367	18,860				
41.00	SUBPROVIDER - IRF	279	23,450				
43.00	NURSERY	319	16,881				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (Lines 30-199)	6,682	389,330				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/13/2017 6:47 pm
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Cost Center Description		Title XIX			Hospital	PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1,997,027	92,049,815	0.021695	0	0 50.00
51.00	05100 RECOVERY ROOM	488,978	10,510,399	0.046523	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	252,072	6,299,968	0.040012	0	0 52.00
53.00	05300 ANESTHESIOLOGY	106,590	12,912,374	0.008255	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	949,184	28,262,728	0.033584	0	0 54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	101,903	4,293,292	0.023735	0	0 54.01
54.02	03630 ULTRA SOUND	49,061	6,904,288	0.007106	0	0 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,199,387	49,167,526	0.024394	0	0 55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	181,672	59,153,042	0.003071	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	137,472	6,980,788	0.019693	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	1,636,043	76,601,150	0.021358	0	0 59.00
60.00	06000 LABORATORY	407,202	51,404,042	0.007922	0	0 60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	85,517	4,214,955	0.020289	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	652,661	21,444,036	0.030436	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	93,153	15,380,068	0.006057	0	0 65.00
65.01	03560 PULMONARY FUNCTION TESTING	70,182	8,669,529	0.008095	0	0 65.01
66.00	06600 PHYSICAL THERAPY	175,196	12,830,330	0.013655	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	25,988	5,503,237	0.004722	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	15,661	1,583,049	0.009893	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0 69.00
69.01	03140 RADIOLOGY	288,785	16,210,507	0.017815	0	0 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	55,757	7,258,478	0.007682	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	253,811	45,724,021	0.005551	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	598,183	61,742,472	0.009688	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	503,932	105,197,939	0.004790	0	0 73.00
74.00	07400 RENAL DIALYSIS	82,821	2,172,868	0.038116	0	0 74.00
76.00	03340 GASTROINTESTINAL SERVICES	224,367	13,253,901	0.016928	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	157,283	2,664,549	0.059028	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	7,513	352,045	0.021341	0	0 76.98
76.99	07699 LI THOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	370,986	17,688,907	0.020973	0	0 90.00
91.00	09100 EMERGENCY	1,338,072	54,129,517	0.024720	0	0 91.00
92.00	09200 OBSERVATION BEDS	262,504	4,900,675	0.053565	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	12,768,963	805,460,495		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/13/2017 6:47 pm
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Cost Center Description			Title XIX			Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
			6.00	7.00	8.00	9.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	48,079	0.00	5,395	0			30.00
31.00	03100	INTENSIVE CARE UNIT	4,705	0.00	138	0			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,170	0.00	184	0			31.01
32.00	03200	CORONARY CARE UNIT	7,201	0.00	367	0			32.00
41.00	04100	SUBPROVIDER - IRF	3,271	0.00	279	0			41.00
43.00	04300	NURSERY	2,807	0.00	319	0			43.00
44.00	04400	SKILLED NURSING FACILITY	5,972	0.00	0	0			44.00
200.00		Total (lines 30-199)	73,205		6,682	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
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Cost Center Description	Title XIX			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	92,049,815	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	10,510,399	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6,299,968	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	12,912,374	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	28,262,728	0.000000	0.000000	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	4,293,292	0.000000	0.000000	0	54.01
54.02 03630 ULTRA SOUND	0	6,904,288	0.000000	0.000000	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	49,167,526	0.000000	0.000000	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	59,153,042	0.000000	0.000000	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,980,788	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	76,601,150	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	51,404,042	0.000000	0.000000	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	4,214,955	0.000000	0.000000	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	21,444,036	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	15,380,068	0.000000	0.000000	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	8,669,529	0.000000	0.000000	0	65.01
66.00 06600 PHYSICAL THERAPY	0	12,830,330	0.000000	0.000000	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,503,237	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,583,049	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01 03140 RADIOLOGY	0	16,210,507	0.000000	0.000000	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	7,258,478	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	45,724,021	0.000000	0.000000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	61,742,472	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	105,197,939	0.000000	0.000000	0	73.00
74.00 07400 RENAL DIALYSIS	0	2,172,868	0.000000	0.000000	0	74.00
76.00 03340 GASTROINTESTINAL SERVICES	0	13,253,901	0.000000	0.000000	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	2,664,549	0.000000	0.000000	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	352,045	0.000000	0.000000	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	17,688,907	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	54,129,517	0.000000	0.000000	0	91.00
92.00 09200 OBSERVATION BEDS	0	4,900,675	0.000000	0.000000	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	805,460,495			0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
Title XIX		Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	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 03340 GASTROINTESTINAL SERVICES	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/13/2017 6:47 pm	
Title XIX				Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,997,027	92,049,815	0.021695	0	0 50.00
51.00	05100	RECOVERY ROOM	488,978	10,510,399	0.046523	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	252,072	6,299,968	0.040012	0	0 52.00
53.00	05300	ANESTHESIOLOGY	106,590	12,912,374	0.008255	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	949,184	28,262,728	0.033584	0	0 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	101,903	4,293,292	0.023735	0	0 54.01
54.02	03630	ULTRA SOUND	49,061	6,904,288	0.007106	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,199,387	49,167,526	0.024394	0	0 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	181,672	59,153,042	0.003071	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	137,472	6,980,788	0.019693	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,636,043	76,601,150	0.021358	0	0 59.00
60.00	06000	LABORATORY	407,202	51,404,042	0.007922	0	0 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	85,517	4,214,955	0.020289	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	652,661	21,444,036	0.030436	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	93,153	15,380,068	0.006057	0	0 65.00
65.01	03560	PULMONARY FUNCTION TESTING	70,182	8,669,529	0.008095	0	0 65.01
66.00	06600	PHYSICAL THERAPY	175,196	12,830,330	0.013655	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	25,988	5,503,237	0.004722	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	15,661	1,583,049	0.009893	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0 69.00
69.01	03140	CARDIOLOGY	288,785	16,210,507	0.017815	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	55,757	7,258,478	0.007682	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	253,811	45,724,021	0.005551	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	598,183	61,742,472	0.009688	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	503,932	105,197,939	0.004790	0	0 73.00
74.00	07400	RENAL DIALYSIS	82,821	2,172,868	0.038116	0	0 74.00
76.00	03340	GASTROINTESTINAL SERVICES	224,367	13,253,901	0.016928	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	157,283	2,664,549	0.059028	0	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	7,513	352,045	0.021341	0	0 76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	370,986	17,688,907	0.020973	0	0 90.00
91.00	09100	EMERGENCY	1,338,072	54,129,517	0.024720	0	0 91.00
92.00	09200	OBSERVATION BEDS	0	4,900,675	0.000000	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	12,506,459	805,460,495		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
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	Title XIX	Subprovider - IRF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03340 GASTROINTESTINAL SERVICES	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 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
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	Title XIX	Subprovider - IRF	PPS
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Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	92,049,815	0.000000	0.000000	0 50.00
51.00 05100 RECOVERY ROOM	0	10,510,399	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6,299,968	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	12,912,374	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	28,262,728	0.000000	0.000000	0 54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	4,293,292	0.000000	0.000000	0 54.01
54.02 03630 ULTRA SOUND	0	6,904,288	0.000000	0.000000	0 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	49,167,526	0.000000	0.000000	0 55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	59,153,042	0.000000	0.000000	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,980,788	0.000000	0.000000	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	76,601,150	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	51,404,042	0.000000	0.000000	0 60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0 62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	4,214,955	0.000000	0.000000	0 63.00
64.00 06400 INTRAVENOUS THERAPY	0	21,444,036	0.000000	0.000000	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	15,380,068	0.000000	0.000000	0 65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	8,669,529	0.000000	0.000000	0 65.01
66.00 06600 PHYSICAL THERAPY	0	12,830,330	0.000000	0.000000	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,503,237	0.000000	0.000000	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,583,049	0.000000	0.000000	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0 69.00
69.01 03140 RADIOLOGY	0	16,210,507	0.000000	0.000000	0 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	7,258,478	0.000000	0.000000	0 70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	45,724,021	0.000000	0.000000	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	61,742,472	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	105,197,939	0.000000	0.000000	0 73.00
74.00 07400 RENAL DIALYSIS	0	2,172,868	0.000000	0.000000	0 74.00
76.00 03340 GASTRO INTESTINAL SERVICES	0	13,253,901	0.000000	0.000000	0 76.00
76.97 07697 CARDIAC REHABILITATION	0	2,664,549	0.000000	0.000000	0 76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	352,045	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	17,688,907	0.000000	0.000000	0 90.00
91.00 09100 EMERGENCY	0	54,129,517	0.000000	0.000000	0 91.00
92.00 09200 OBSERVATION BEDS	0	4,900,675	0.000000	0.000000	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	805,460,495		0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.01
54.02	03630 ULTRA SOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140 CARDIOLOGY	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	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	03340 GASTRO INTESTINAL SERVICES	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
Title XIX		Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140 CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	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 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
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Title XIX		Skilled Nursing Facility	PPS
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Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	92,049,815	0.000000	0.000000	0 50.00
51.00 05100 RECOVERY ROOM	0	10,510,399	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6,299,968	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	12,912,374	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	28,262,728	0.000000	0.000000	0 54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	4,293,292	0.000000	0.000000	0 54.01
54.02 03630 ULTRA SOUND	0	6,904,288	0.000000	0.000000	0 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	49,167,526	0.000000	0.000000	0 55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	59,153,042	0.000000	0.000000	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,980,788	0.000000	0.000000	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	76,601,150	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	51,404,042	0.000000	0.000000	0 60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0 62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	4,214,955	0.000000	0.000000	0 63.00
64.00 06400 INTRAVENOUS THERAPY	0	21,444,036	0.000000	0.000000	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	15,380,068	0.000000	0.000000	0 65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	8,669,529	0.000000	0.000000	0 65.01
66.00 06600 PHYSICAL THERAPY	0	12,830,330	0.000000	0.000000	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,503,237	0.000000	0.000000	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,583,049	0.000000	0.000000	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0 69.00
69.01 03140 RADIOLOGY	0	16,210,507	0.000000	0.000000	0 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	7,258,478	0.000000	0.000000	0 70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	45,724,021	0.000000	0.000000	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	61,742,472	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	105,197,939	0.000000	0.000000	0 73.00
74.00 07400 RENAL DIALYSIS	0	2,172,868	0.000000	0.000000	0 74.00
76.00 03340 GASTRO INTESTINAL SERVICES	0	13,253,901	0.000000	0.000000	0 76.00
76.97 07697 CARDIAC REHABILITATION	0	2,664,549	0.000000	0.000000	0 76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	352,045	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	17,688,907	0.000000	0.000000	0 90.00
91.00 09100 EMERGENCY	0	54,129,517	0.000000	0.000000	0 91.00
92.00 09200 OBSERVATION BEDS	0	4,900,675	0.000000	0.000000	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0				95.00
200.00 Total (lines 50-199)	0	805,460,495			0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/13/2017 6:47 pm
Title XIX		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.01
54.02	03630 ULTRA SOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140 RADIOLOGY	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	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	03340 GASTRO INTESTINAL SERVICES	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/13/2017 6:47 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,079	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,079	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)		43,211	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)		13,300	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)		39,350,310	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)		39,350,310	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)		39,350,310	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)		818.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,885,385	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)		10,885,385	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,465,130	4,705	1,586.64	1,861	2,952,737	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	1,801,001	1,170	1,539.32	0	0	43.01
44.00	CORONARY CARE UNIT	6,362,210	7,201	883.52	3,263	2,882,926	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,223,482	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					47,944,530	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,108,179	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,499,221	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,607,400	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,337,130	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,868	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					818.45	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,984,215	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/13/2017 6:47 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	2,592,618	39,350,310	0.065886	3,984,215	262,504	90.00
91.00	Nursing School cost	0	39,350,310	0.000000	3,984,215	0	91.00
92.00	Allied health cost	0	39,350,310	0.000000	3,984,215	0	92.00
93.00	All other Medical Education	0	39,350,310	0.000000	3,984,215	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/13/2017 6:47 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,271	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,271	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,271	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)		1,387	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)		2,737,133	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)		2,737,133	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)		2,737,133	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)		836.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,160,628	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,160,628	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/13/2017 6:47 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					660,335	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,820,963	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)					116,577	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					22,257	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					138,834	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,682,129	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/13/2017 6:47 pm	
		Title XVIII		Subprovider - IRF		PPS	
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	274,921	2,737,133	0.100441	0	0	90.00
91.00	Nursing School cost	0	2,737,133	0.000000	0	0	91.00
92.00	Allied health cost	0	2,737,133	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,737,133	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/13/2017 6:47 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,972	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,972	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)		5,972	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)		3,193	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)		3,450,257	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,450,257	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)		3,450,257	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/13/2017 6:47 pm
				Title XVIII	Skilled Nursing Facility	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)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					43.00
43.01	NEONATAL INTENSIVE CARE UNIT					43.01
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					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)					50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					54.00
55.00	Target amount per discharge					55.00
56.00	Target amount (line 54 x line 55)					56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00	Bonus payment (see instructions)					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					59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					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)					61.00
62.00	Relief payment (see instructions)					62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					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)					64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					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)					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)					68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					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)					3,450,257 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					577.74 71.00
72.00	Program routine service cost (line 9 x line 71)					1,844,724 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					1,844,724 74.00
75.00	Capital -related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0 75.00
76.00	Per diem capital -related costs (line 75 ÷ line 2)					0.00 76.00
77.00	Program capital -related costs (line 9 x line 76)					0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0 80.00
81.00	Inpatient routine service cost per diem limitation					0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)					1,844,724 83.00
84.00	Program inpatient ancillary services (see instructions)					1,002,532 84.00
85.00	Utilization review - physician compensation (see instructions)					0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					2,847,256 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-5564		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/13/2017 6:47 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/13/2017 6:47 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,079	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,079	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)		43,211	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)		5,395	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,807	15.00
16.00	Nursery days (title V or XIX only)		319	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)		39,350,310	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)		39,350,310	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)		39,350,310	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)		818.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,415,538	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)		4,415,538	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XIX		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)	1,771,451	2,807	631.08	319	201,315	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,465,130	4,705	1,586.64	138	218,956	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	1,801,001	1,170	1,539.32	184	283,235	43.01
44.00	CORONARY CARE UNIT	6,362,210	7,201	883.52	367	324,252	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,443,296	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)					365,880	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)					365,880	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,077,416	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,868	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					818.45	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,984,215	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/13/2017 6:47 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	2,592,618	39,350,310	0.065886	3,984,215	262,504	90.00
91.00	Nursing School cost	0	39,350,310	0.000000	3,984,215	0	91.00
92.00	Allied health cost	0	39,350,310	0.000000	3,984,215	0	92.00
93.00	All other Medical Education	0	39,350,310	0.000000	3,984,215	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/13/2017 6:47 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,271	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,271	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,271	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)		279	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,807	15.00
16.00	Nursery days (title V or XIX only)		319	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)		2,737,133	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)		2,737,133	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)		2,737,133	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)		836.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		233,464	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)		233,464	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1		
				Component CCN: 14-T280	Date/Time Prepared: 5/13/2017 6:47 pm			
				Title XIX	Subprovider - IRF	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						233,464		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)						23,450		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)						23,450		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						210,014		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)						0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						0		71.00
72.00 Program routine service cost (line 9 x line 71)						0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						0		76.00
77.00 Program capital-related costs (line 9 x line 76)						0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0		80.00
81.00 Inpatient routine service cost per diem limitation						0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)						0		83.00
84.00 Program inpatient ancillary services (see instructions)						0		84.00
85.00 Utilization review - physician compensation (see instructions)						0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/13/2017 6:47 pm	
		Title XIX		Subprovider - IRF		PPS	
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	274,921	2,737,133	0.100441	0	0	90.00
91.00	Nursing School cost	0	2,737,133	0.000000	0	0	91.00
92.00	Allied health cost	0	2,737,133	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,737,133	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/13/2017 6:47 pm
		Title XIX	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,972	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,972	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)		5,972	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,807	15.00
16.00	Nursery days (title V or XIX only)		319	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)		3,450,257	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,450,257	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)		3,450,257	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/13/2017 6:47 pm
				Title XIX	Skilled Nursing Facility	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)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					43.00
43.01	NEONATAL INTENSIVE CARE UNIT					43.01
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					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)					50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					54.00
55.00	Target amount per discharge					55.00
56.00	Target amount (line 54 x line 55)					56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00	Bonus payment (see instructions)					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					59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					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)					61.00
62.00	Relief payment (see instructions)					62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					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)					64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					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)					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)					68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					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)					3,450,257 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					577.74 71.00
72.00	Program routine service cost (line 9 x line 71)					0 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					0 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					303,270 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					50.78 76.00
77.00	Program capital-related costs (line 9 x line 76)					0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0 80.00
81.00	Inpatient routine service cost per diem limitation					0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)					0 83.00
84.00	Program inpatient ancillary services (see instructions)					0 84.00
85.00	Utilization review - physician compensation (see instructions)					0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-5564		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/13/2017 6:47 pm	
		Title XIX		Skilled Nursing Facility		PPS	
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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/13/2017 6:47 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		13,222,077	30.00
31.00	03100	INTENSIVE CARE UNIT		4,270,106	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		5,222,723	32.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180620	14,663,867	50.00
51.00	05100	RECOVERY ROOM	0.478719	1,324,397	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.566427	6,450	52.00
53.00	05300	ANESTHESIOLOGY	0.060048	1,538,606	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.202843	2,413,045	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.142317	337,734	54.01
54.02	03630	ULTRA SOUND	0.119291	408,385	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.100429	206,258	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.036348	6,113,625	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.196056	1,872,481	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097589	6,903,066	59.00
60.00	06000	LABORATORY	0.284128	9,980,287	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.595421	1,456,295	63.00
64.00	06400	INTRAVENOUS THERAPY	0.334716	1,880,136	64.00
65.00	06500	RESPIRATORY THERAPY	0.143699	5,766,976	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.175979	2,553,982	65.01
66.00	06600	PHYSICAL THERAPY	0.311230	1,965,298	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247042	616,440	67.00
68.00	06800	SPEECH PATHOLOGY	0.288325	232,988	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0.150614	3,288,044	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228548	780,896	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.307729	9,589,836	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.506890	16,262,928	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289688	18,173,578	73.00
74.00	07400	RENAL DIALYSIS	0.622614	1,199,765	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.206820	871,749	76.00
76.97	07697	CARDIAC REHABILITATION	0.485617	162,622	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.350012	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.368532	490,168	90.00
91.00	09100	EMERGENCY	0.250148	3,666,008	91.00
92.00	09200	OBSERVATION BEDS	0.812993	364,831	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		115,090,741	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)		115,090,741	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/13/2017 6:47 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		1,786,456	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180620	0	50.00
51.00	05100	RECOVERY ROOM	0.478719	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.566427	0	52.00
53.00	05300	ANESTHESIOLOGY	0.060048	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.202843	18,641	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.142317	0	54.01
54.02	03630	ULTRA SOUND	0.119291	1,693	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.100429	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.036348	36,286	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.196056	12,118	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097589	0	59.00
60.00	06000	LABORATORY	0.284128	158,687	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.595421	1,338	63.00
64.00	06400	INTRAVENOUS THERAPY	0.334716	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.143699	110,436	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.175979	50,698	65.01
66.00	06600	PHYSICAL THERAPY	0.311230	659,783	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247042	753,454	67.00
68.00	06800	SPEECH PATHOLOGY	0.288325	207,608	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0.150614	4,182	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228548	2,903	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.307729	69,990	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.506890	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289688	216,796	73.00
74.00	07400	RENAL DIALYSIS	0.622614	70,018	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0.206820	2,269	76.00
76.97	07697	CARDIAC REHABILITATION	0.485617	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.350012	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.368532	2,567	90.00
91.00	09100	EMERGENCY	0.250148	0	91.00
92.00	09200	OBSERVATION BEDS	0.812993	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,379,467	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)		2,379,467	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/13/2017 6:47 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180620	0	50.00
51.00	05100	RECOVERY ROOM	0.478719	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.566427	0	52.00
53.00	05300	ANESTHESIOLOGY	0.060048	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.202843	37,309	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.142317	4,762	54.01
54.02	03630	ULTRA SOUND	0.119291	5,698	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.100429	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.036348	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.196056	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096444	0	59.00
60.00	06000	LABORATORY	0.284128	259,322	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.595421	12,009	63.00
64.00	06400	INTRAVENOUS THERAPY	0.334716	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.143699	447,591	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.175979	235,079	65.01
66.00	06600	PHYSICAL THERAPY	0.311230	1,003,440	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247042	1,051,119	67.00
68.00	06800	SPEECH PATHOLOGY	0.288325	15,187	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0.150459	13,164	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.227887	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.307729	403,363	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.506890	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289688	359,794	73.00
74.00	07400	RENAL DIALYSIS	0.622614	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0.206820	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.485617	145	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.350012	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.368442	902	90.00
91.00	09100	EMERGENCY	0.247955	0	91.00
92.00	09200	OBSERVATION BEDS	0.812993	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		3,848,884	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)		3,848,884	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/13/2017 6:47 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)		29,088,885	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,377,094	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)		562,010	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)		287.70	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)		5.51	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.84	31.00
32.00	Sum of lines 30 and 31		30.35	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.25	33.00
34.00	Disproportionate share adjustment (see instructions)		1,370,351	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/13/2017 6:47 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)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,609,460	2,275,632 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,953,530	573,584 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,527,114	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)		42,925,454	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)		42,925,454	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,285,412	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		4,143	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		46,215,009	59.00
60.00	Primary payer payments		42,970	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		46,172,039	61.00
62.00	Deductibles billed to program beneficiaries		3,950,601	62.00
63.00	Coinurance billed to program beneficiaries		99,820	63.00
64.00	Allowable bad debts (see instructions)		751,575	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		488,524	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		468,942	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		42,610,142	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)		-104,693	70.93
70.94	HRR adjustment amount (see instructions)		-134,913	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/13/2017 6:47 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	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	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)			42,370,536	71.00
71.01	Sequestration adjustment (see instructions)			847,411	71.01
72.00	Interim payments			41,163,484	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)			359,641	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,192,761	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: 14-0280

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/13/2017 6:47 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	29,088,885	0	29,088,885		29,088,885	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,377,094	0		9,377,094	9,377,094	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	562,010	0	410,376	151,634	562,010	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	0.1425	0.1425	0.1425	0.1425		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,370,351	0	1,036,292	334,059	1,370,351	11.00
11.01	Uncompensated care payments	36.00	2,527,114	0	2,527,114	0	2,527,114	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	42,925,454	0	33,062,667	9,862,787	42,925,454	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	42,925,454	0	33,062,667	9,862,787	42,925,454	15.00
16.00	Payment for inpatient program capital	50.00	3,285,412	0	2,479,730	805,682	3,285,412	16.00
17.00	Special add-on payments for new technologies	54.00	4,143	0	3,107	1,036	4,143	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: 14-0280

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/13/2017 6:47 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	35,545,504	10,669,505	46,215,009	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	3,084,753	0	2,328,601	756,152	3,084,753	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	5,086	0	3,496	1,590	5,086	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	0.0634	0.0634	0.0634	0.0634		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	195,573	0	147,633	47,940	195,573	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,285,412	0	2,479,730	805,682	3,285,412	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: 14-0280		Period: From 01/01/2016 To 12/31/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/13/2017 6:47 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 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	29,088,885	29,088,885		29,088,885	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,377,094		9,377,094	9,377,094	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	562,010	410,376	151,634	562,010	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	0.1425	0.1425	0.1425		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,370,351	1,036,292	334,059	1,370,351	11.00
11.01	Uncompensated care payments	36.00	2,527,114	1,953,530	573,584	2,527,114	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	42,925,454	32,489,083	10,436,371	42,925,454	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	42,925,454	32,489,083	10,436,371	42,925,454	15.00
16.00	Payment for inpatient program capital	50.00	3,285,412	2,479,730	805,682	3,285,412	16.00
17.00	Special add-on payments for new technologies	54.00	4,143	3,107	1,036	4,143	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			34,971,920	11,243,089	46,215,009	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0280

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/13/2017 6:47 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	3,084,753	2,328,601	756,152	3,084,753	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	5,086	3,496	1,590	5,086	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	0.0634	0.0634	0.0634		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	195,573	147,633	47,940	195,573	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,285,412	2,479,730	805,682	3,285,412	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	-104,693	-107,243	2,550	-104,693	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	-134,913	-81,458	-53,455	-134,913	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: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/13/2017 6:47 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		29,259	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		30,512,398	2.00
3.00	PPS payments		31,375,640	3.00
4.00	Outlier payment (see instructions)		38,427	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		29,259	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		75,022	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)		75,022	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)		75,022	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		45,763	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)		29,259	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)		31,414,067	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		6,940	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,412,892	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)		26,023,494	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)		26,023,494	30.00
31.00	Primary payer payments		11,493	31.00
32.00	Subtotal (line 30 minus line 31)		26,012,001	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		724,392	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		470,855	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		525,259	36.00
37.00	Subtotal (see instructions)		26,482,856	37.00
38.00	MSP-LCC reconciliation amount from PS&R		1,000	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)		26,481,856	40.00
40.01	Sequestration adjustment (see instructions)		529,637	40.01
41.00	Interim payments		25,770,933	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		181,286	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: 14-0280

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

Worksheet E-1
Part I
Date/Time Prepared:
5/13/2017 6:47 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		41,163,484		25,770,933	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		41,163,484		25,770,933	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		359,641		181,286	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		41,523,125		25,952,219	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0280
Component CCN: 14-T280

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

Worksheet E-1
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,852,975		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,852,975		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		5,556		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,858,531		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0280
Component CCN: 14-5564

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

Worksheet E-1
Part I
Date/Time Prepared:
5/13/2017 6:47 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,315,671		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,315,671		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,269		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,316,940		0	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: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/13/2017 6:47 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		14,044	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		18,424	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		7,709	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		56,287	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		884,122,337	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		3,506,150	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)		533,568	8.00
9.00	Sequestration adjustment amount (see instructions)		10,671	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		522,897	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		554,449	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)		-31,552	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/13/2017 6:47 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,796,163 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0114 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			83,162 3.00
4.00	Outlier Payments			35,021 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			8.937158 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			1,914,346 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,914,346 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,914,346 19.00
20.00	Deductibles			10,304 20.00
21.00	Subtotal (line 19 minus line 20)			1,904,042 21.00
22.00	Coinsurance			8,372 22.00
23.00	Subtotal (line 21 minus line 22)			1,895,670 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,216 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			790 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,896,460 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,896,460 32.00
32.01	Sequestration adjustment (see instructions)			37,929 32.01
33.00	Interim payments			1,852,975 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			5,556 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			224,421 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			35,021 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VI Date/Time Prepared: 5/13/2017 6:47 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,430,589	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,430,589	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		88,067	7.00
8.00	Allowable bad debts (see instructions)		1,990	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		1,294	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,343,816	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		1,343,816	15.00
15.01	Sequestration adjustment (see instructions)		26,876	15.01
16.00	Interim payments		1,315,671	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		1,269	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 14-0280

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

Worksheet G

Date/Time Prepared:
5/13/2017 6:47 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	4,273,010	0	0	0	1.00
2.00	Temporary investments	151,677	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	185,439,975	0	0	0	4.00
5.00	Other receivable	4,086,251	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-135,718,994	0	0	0	6.00
7.00	Inventory	8,415,195	0	0	0	7.00
8.00	Prepaid expenses	1,872,705	0	0	0	8.00
9.00	Other current assets	3,827,875	0	0	0	9.00
10.00	Due from other funds	21,945,293	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	94,292,987	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,916,648	0	0	0	12.00
13.00	Land improvements	9,274,816	0	0	0	13.00
14.00	Accumulated depreciation	-6,244,507	0	0	0	14.00
15.00	Buildings	278,457,248	0	0	0	15.00
16.00	Accumulated depreciation	-147,638,910	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	1,197,085	0	0	0	19.00
20.00	Accumulated depreciation	-566,898	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	99,729,074	0	0	0	23.00
24.00	Accumulated depreciation	-70,802,125	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	1,260,424	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	171,582,855	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	39,548,589	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	159,794,062	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	199,342,651	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	465,218,493	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	21,485,006	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,885,583	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,972,852	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	24,059,082	0	0	0	43.00
44.00	Other current liabilities	10,221,461	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	67,623,984	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	161,438,351	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	161,438,351	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	229,062,335	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	236,156,158				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)	236,156,158	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	465,218,493	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0280

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

Worksheet G-1

Date/Time Prepared:
5/13/2017 6:47 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		238,196,842		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		12,080,119			2.00
3.00	Total (sum of line 1 and line 2)		250,276,961		0	3.00
4.00	OTHER	8,471,881		0		4.00
5.00	16-0104 NET	7,791,711		0		5.00
6.00	14-4649 NET	478,432		0		6.00
7.00	H00186 NET	6,421,369		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		23,163,393		0	10.00
11.00	Subtotal (line 3 plus line 10)		273,440,354		0	11.00
12.00	OTHER	37,284,196		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		37,284,196		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		236,156,158		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	OTHER		0			4.00
5.00	16-0104 NET		0			5.00
6.00	14-4649 NET		0			6.00
7.00	H00186 NET		0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	OTHER		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0280

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/13/2017 6:47 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	49,765,540		49,765,540	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,299,226		4,299,226	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	5,436,970		5,436,970	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)	59,501,736		59,501,736	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,537,971		11,537,971	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	2,124,098		2,124,098	11.01
12.00	CORONARY CARE UNIT	12,083,963		12,083,963	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	25,746,032		25,746,032	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	85,247,768		85,247,768	17.00
18.00	Ancillary services	298,783,647	507,662,332	806,445,979	18.00
19.00	Outpatient services	0	15,894,426	15,894,426	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	PHYSICIANS	0	40,078,735	40,078,735	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	384,031,415	563,635,493	947,666,908	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		323,840,082		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		323,840,082		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0280

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

Worksheet G-3

Date/Time Prepared:
5/13/2017 6:47 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	947,666,908	1.00
2.00	Less contractual allowances and discounts on patients' accounts	621,088,621	2.00
3.00	Net patient revenues (line 1 minus line 2)	326,578,287	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	323,840,082	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,738,205	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,749,800	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	6,623	16.00
17.00	Revenue from sale of drugs to other than patients	57,161	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	21,490	21.00
22.00	Rental of hospital space	180,692	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	7,326,154	24.00
25.00	Total other income (sum of lines 6-24)	9,341,920	25.00
26.00	Total (line 5 plus line 25)	12,080,125	26.00
27.00	ROUNDING	6	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	6	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	12,080,119	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0280	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/13/2017 6:47 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,084,753	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,086	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)		157.01	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)		5.51	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.84	8.00
9.00	Sum of lines 7 and 8		30.35	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.34	10.00
11.00	Disproportionate share adjustment (see instructions)		195,573	11.00
12.00	Total prospective capital payments (see instructions)		3,285,412	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