

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: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/25/2017 8:33 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/25/2017 Time: 8:33 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter
 (3) Settled with Audit 9. Final Report for this Provider CCN 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 GOOD SHEPHERD HOSPITAL (14-0291) 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	779,935	409,044	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	779,935	409,044	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 8:31 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 450 W. HIGHWAY 22			PO Box:						1.00
2.00	City: BARRINGTON			State: IL		Zip Code: 60010-		County: LAKE		2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	GOOD SHEPHERD HOSPITAL	140291	29404	1	10/17/1979	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2016		12/31/2016		20.00
21.00	Type of Control (see instructions)					1				21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					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)					N		N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,291	39	41	0	1,714	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.	0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 8:31 am		
		Urban/Rural S		Date of Geogr				
		1.00		2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1					26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1					27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0					35.00	
		Beginning:		Ending:				
		1.00		2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0					37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)						37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00	
		Y/N		Y/N				
		1.00		2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N			40.00	
		V		XVII		XIX		
		1.00		2.00		3.00		
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N		Y		N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N		N		46.00
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N		N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		N		48.00
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N						56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N						58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N						59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y						60.00
		Y/N		IME		Direct GME		
		1.00		2.00		3.00		
						IME		
						Direct GME		
						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		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
				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)			N	0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		N	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	
						1.00	
						2.00	
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	260,088		115,000		38,907	
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.05		122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 8:31 am	
		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		14H036		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 06101		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box: SUITE 600				142.00	
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		N		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						
161.10	CORF			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 8:31 am
		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2016	12/31/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0291		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 8:31 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/10/2017			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					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.				Y		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/12/2017	Y	04/12/2017		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: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 8:31 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		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.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y		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.	SCOTT		MI TCHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6309295761		SCOTT.MI TCHELL@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 8:31 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 8:31 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	138	50,508	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)		138	50,508	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,588	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		156	57,096	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		156				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 8:31 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,250	1,067	34,994			1.00
2.00 HMO and other (see instructions)	1,981	1,714				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	17,250	1,067	34,994			7.00
8.00 INTENSIVE CARE UNIT	2,435	133	4,413			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		139	2,577			13.00
14.00 Total (see instructions)	19,685	1,339	41,984	0.00	1,017.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,017.00	27.00
28.00 Observation Bed Days		173	5,857			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	32	317			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: 14-0291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 8:31 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,201	304	9,812	1.00
2.00	HMO and other (see instructions)			406	474		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,201	304	9,812	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					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: 14-0291

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2017 8:31 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	74,264,074	0	74,264,074	2,115,360.00	35.11
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		215,309	255,244	470,553	19,060.00	24.69
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		342,146	0	342,146	7,712.00	44.37
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		976,407	0	976,407	7,303.80	133.68
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		8,794,204	0	8,794,204	137,560.00	63.93
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		20,052,488	0	20,052,488		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		52,109	0	52,109		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		1,983,538	0	1,983,538		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,501,733	0	1,501,733	6,240.00	240.66
27.00	Administrative & General	5.00	9,149,561	-255,244	8,894,317	226,380.00	39.29

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0291

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2017 8:31 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	794,011	0	794,011	3,615.00	219.64	28.00
29.00	Maintenance & Repairs	1,339,529	0	1,339,529	41,600.00	32.20	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	66,227	0	66,227	4,160.00	15.92	31.00
32.00	Housekeeping	1,386,128	0	1,386,128	89,440.00	15.50	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,538,310	0	1,538,310	83,200.00	18.49	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	1,546,819	0	1,546,819	31,200.00	49.58	38.00
39.00	Central Services and Supply	502,111	0	502,111	29,120.00	17.24	39.00
40.00	Pharmacy	3,638,782	0	3,638,782	72,800.00	49.98	40.00
41.00	Medical Records & Medical Records Library	169,762	0	169,762	4,160.00	40.81	41.00
42.00	Social Service	462,083	0	462,083	12,480.00	37.03	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0291

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2017 8:31 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	75,058,085	0	75,058,085	2,118,975.00	35.42	1.00
2.00	Excluded area salaries (see instructions)	215,309	255,244	470,553	19,060.00	24.69	2.00
3.00	Subtotal salaries (line 1 minus line 2)	74,842,776	-255,244	74,587,532	2,099,915.00	35.52	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,112,757	0	10,112,757	152,575.80	66.28	4.00
5.00	Subtotal wage-related costs (see inst.)	22,036,026	0	22,036,026	0.00	29.54	5.00
6.00	Total (sum of lines 3 thru 5)	106,991,559	-255,244	106,736,315	2,252,490.80	47.39	6.00
7.00	Total overhead cost (see instructions)	22,095,056	-255,244	21,839,812	604,395.00	36.13	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2017 8:31 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,742,261 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)			1,632,855 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)			6,565,599 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			0 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			1,511,178 9.00
10.00	Dental, Hearing and Vision Plan			273,862 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			69,700 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)			457,288 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,820,400 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			5,281,729 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			98,135 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			363,144 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			288,446 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			20,104,597 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: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/25/2017 8:31 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		342,146	20,104,597
2.00	Hospital		342,146	20,104,597
3.00	Subprovider - IPF		0	0
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			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC		0	0
16.00	Hospital-Based-CMHC			
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis			
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/25/2017 8:31 am
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			1.00			
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.259776	1.00		
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		3,663,036	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		16,561,478	6.00		
7.00	Medicaid cost (line 1 times line 6)		4,302,275	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)		639,239	8.00		
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP		0	9.00		
10.00	Stand-alone CHIP charges		0	10.00		
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00		
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00		
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00		
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00		
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00		
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00		
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		639,239	19.00		
			Uninsured patients	Insured patients		
			1.00	2.00		
20.00	Charity care charges for the entire facility (see instructions)		4,151,806	1,925,194	6,077,000	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)		1,078,540	500,119	1,578,659	21.00
22.00	Partial payment by patients approved for charity care		239,072	265,810	504,882	22.00
23.00	Cost of charity care (line 21 minus line 22)		839,468	234,309	1,073,777	23.00
			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?					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)				11,294,000	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				680,213	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				10,613,787	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				2,757,207	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				3,830,984	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				4,470,223	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A
Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	11,948,138	11,948,138	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	8,123,884	8,123,884	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				-1,362,348	14,629,375	4.00
5.01	00540	NONPATIENT TELEPHONES	1,501,733	14,489,990	15,991,723	822,109	823,605	5.01
5.02	00550	DATA PROCESSING	183,456	638,653	822,109	1,496	823,605	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	2,356,070	2,356,070	-377,741	1,978,329	5.03
5.04	00570	ADMINISTRATIVE	463,270	1,092,098	1,555,368	4,441	1,559,809	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	869,760	91,451	961,211	-4,923	956,288	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	421,400	19,264,982	19,686,382	-5,039	19,681,343	5.06
6.00	00600	MAINTENANCE & REPAIRS	7,211,675	47,443,800	54,655,475	-9,546,713	45,108,762	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,339,529	7,327,710	8,667,239	-1,175,233	7,492,006	8.00
9.00	00900	HOUSEKEEPING	66,227	726,975	793,202	350	793,552	9.00
10.00	01000	DIETARY	1,386,128	934,365	2,320,493	-13,599	2,306,894	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	1,538,310	1,186,174	2,724,484	-18,376	2,706,108	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,546,819	260,264	1,807,083	21,452	1,828,535	14.00
15.00	01500	PHARMACY	502,111	1,947,157	2,449,268	-1,172,124	1,277,144	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,638,782	16,066,240	19,705,022	-14,073,256	5,631,766	16.00
17.00	01700	SOCIAL SERVICE	169,762	242,859	412,621	-7,373	405,248	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	462,083	57,848	519,931	1,841	521,772	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-PASTORAL CARE	0	0	0	384,770	384,770	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,568,317	3,218,631	19,786,948	173,587	19,960,535	30.00
31.00	03100	INTENSIVE CARE UNIT	4,509,799	1,506,567	6,016,366	-2,007,726	4,008,640	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,085,588	175,420	1,261,008	-78,763	1,182,245	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,854,603	22,749,347	29,603,950	-20,184,100	9,419,850	50.00
51.00	05100	RECOVERY ROOM	1,028,173	229,962	1,258,135	-139,262	1,118,873	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,798,793	1,162,149	2,960,942	-302,653	2,658,289	52.00
53.00	05300	ANESTHESIOLOGY	137,773	412,232	550,005	-363,925	186,080	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,501,158	5,727,229	10,228,387	-3,880,439	6,347,948	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	367,840	837,055	1,204,895	-807,614	397,281	56.00
56.01	03630	ULTRA SOUND	820,921	152,626	973,547	-88,486	885,061	56.01
57.00	05700	CT SCAN	854,102	1,025,767	1,879,869	-918,942	960,927	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	463,748	469,901	933,649	-416,963	516,686	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,097,397	4,317,938	5,415,335	-4,244,081	1,171,254	59.00
60.00	06000	LABORATORY	0	7,122,452	7,122,452	-651,006	6,471,446	60.00
60.01	06001	BLOOD LABORATORY	0	626,481	626,481	-56,437	570,044	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	1,655,026	463,075	2,118,101	-263,071	1,855,030	65.00
66.00	06600	PHYSICAL THERAPY	2,133,527	315,495	2,449,022	-113,924	2,335,098	66.00
67.00	06700	OCCUPATIONAL THERAPY	261,892	23,882	285,774	-2,060	283,714	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,089,664	978,086	2,067,750	-117,151	1,950,599	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	74,240	17,512	91,752	-10,354	81,398	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,808,905	17,808,905	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,277,736	12,277,736	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,907,448	13,907,448	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	465,456	79,029	544,485	-35,255	509,230	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,791,583	2,187,036	4,978,619	-1,476,741	3,501,878	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	4,188,120	1,864,013	6,052,133	-739,312	5,312,821	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0291		Period: From 01/01/2016 To 12/31/2016		Worksheet A Date/Time Prepared: 5/25/2017 8:31 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	74,048,765	169,788,521	243,837,286	-942	243,836,344	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	812	4,086	4,898	136	5,034	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	214,497	193,991	408,488	806	409,294	194.00
200.00		TOTAL (SUM OF LINES 118-199)	74,264,074	169,986,598	244,250,672	0	244,250,672	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A
Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,569,309	13,517,447	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,346,624	9,470,508	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,248,072	17,877,447	4.00
5.01	00540	NONPATIENT TELEPHONES	-75	823,530	5.01
5.02	00550	DATA PROCESSING	3,718,263	5,696,592	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-207,050	1,352,759	5.03
5.04	00570	ADMINISTRATIVE	0	956,288	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-6,208,713	13,472,630	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	-23,295,545	21,813,217	5.06
6.00	00600	MAINTENANCE & REPAIRS	-14,831	7,477,175	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	793,552	8.00
9.00	00900	HOUSEKEEPING	-200	2,306,694	9.00
10.00	01000	DIETARY	-599,407	2,106,701	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-9,275	1,819,260	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,277,144	14.00
15.00	01500	PHARMACY	-9,143	5,622,623	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,015	403,233	16.00
17.00	01700	SOCIAL SERVICE	-83	521,689	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	-5,175	379,595	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-64,832	19,895,703	30.00
31.00	03100	INTENSIVE CARE UNIT	-576	4,008,064	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-8	1,182,237	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-834,050	8,585,800	50.00
51.00	05100	RECOVERY ROOM	0	1,118,873	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-653,565	2,004,724	52.00
53.00	05300	ANESTHESIOLOGY	0	186,080	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-9,888	6,338,060	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	397,281	56.00
56.01	03630	ULTRA SOUND	-33	885,028	56.01
57.00	05700	CT SCAN	0	960,927	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-1,008	515,678	58.00
59.00	05900	CARDIAC CATHETERIZATION	-88	1,171,166	59.00
60.00	06000	LABORATORY	-199,920	6,271,526	60.00
60.01	06001	BLOOD LABORATORY	0	570,044	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	-390	1,854,640	65.00
66.00	06600	PHYSICAL THERAPY	-71	2,335,027	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	283,714	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-635,742	1,314,857	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	81,398	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,808,905	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	12,277,736	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,907,448	73.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-622	508,608	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-221,531	3,280,347	90.00
90.01	09001	WOMENS HEALTH	0	0	90.01
90.02	09002	SPINE CENTER	0	0	90.02
91.00	09100	EMERGENCY	-281,166	5,031,655	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/25/2017 8:31 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
118.00		6.00	7.00	
	SUBTOTALS (SUM OF LINES 1-117)	-23,372,734	220,463,610	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,034	190.00
194.00	07951 NONREIMBURSABLE COST CENTERS	-22,988	386,306	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-23,395,722	220,854,950	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	11,948,138	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,123,884	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
TOTALS			0	20,072,022	
C - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,907,448	1.00
TOTALS			0	13,907,448	
D - OXYGEN					
1.00	RESPIRATORY THERAPY	65.00	0	33,619	1.00
TOTALS			0	33,619	
F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	30,086,641	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
7.00		0.00	0	0	7.00
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
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

RECLASSIFICATIONS

Provider CCN: 14-0291

Period:
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						Increases				
Cost Center		Line #	Salary	Other						
2.00		3.00	4.00	5.00						
29.00		0.00	0	0		29.00				
30.00		0.00	0	0		30.00				
31.00		0.00	0	0		31.00				
32.00		0.00	0	0		32.00				
33.00		0.00	0	0		33.00				
34.00		0.00	0	0		34.00				
35.00		0.00	0	0		35.00				
36.00		0.00	0	0		36.00				
37.00		0.00	0	0		37.00				
38.00		0.00	0	0		38.00				
39.00		0.00	0	0		39.00				
TOTALS							0	30,086,641		
G - IMPLANTS										
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	12,277,736		1.00				
TOTALS							0	12,277,736		
H - PARAMED ED PASTORAL CARE										
1.00	PARAMED ED PRGM-PASTORAL CARE	23.00	255,244	113,717		1.00				
TOTALS							255,244	113,717		
J - UNIVERSAL BEDS										
1.00	ADULTS & PEDIATRICS	30.00	1,144,770	356,431		1.00				
TOTALS							1,144,770	356,431		
K - ASSOCIATE BONUS										
1.00	NONPATIENT TELEPHONES	5.01	0	1,943		1.00				
2.00	PURCHASING RECEIVING AND STORES	5.03	0	3,461		2.00				
3.00	ADMINISTRATIVE	5.04	0	3,964		3.00				
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,050		4.00				
5.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	28,574		5.00				
6.00	MAINTENANCE & REPAIRS	6.00	0	5,133		6.00				
7.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	1,166		7.00				
8.00	LAUNDRY & LINEN SERVICE	8.00	0	350		8.00				
9.00	HOUSEKEEPING	9.00	0	11,937		9.00				
10.00	DIETARY	10.00	0	13,100		10.00				
11.00	NURSING ADMINISTRATION	13.00	0	3,266		11.00				
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,888		12.00				
13.00	PHARMACY	15.00	0	11,117		13.00				
14.00	SOCIAL SERVICE	17.00	0	2,138		14.00				
15.00	ADULTS & PEDIATRICS	30.00	0	82,048		15.00				
16.00	INTENSIVE CARE UNIT	31.00	0	16,754		16.00				
17.00	NURSERY	43.00	0	4,081		17.00				
18.00	OPERATING ROOM	50.00	0	29,269		18.00				
19.00	RECOVERY ROOM	51.00	0	4,197		19.00				
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	9,639		20.00				
21.00	ANESTHESIOLOGY	53.00	0	1,011		21.00				
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,976		22.00				
23.00	ULTRASOUND	56.01	0	1,944		23.00				
24.00	CT SCAN	57.00	0	3,226		24.00				
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,438		25.00				
26.00	CARDIAC CATHETERIZATION	59.00	0	4,005		26.00				
27.00	RESPIRATORY THERAPY	65.00	0	7,037		27.00				
28.00	PHYSICAL THERAPY	66.00	0	8,085		28.00				
29.00	OCCUPATIONAL THERAPY	67.00	0	1,321		29.00				
30.00	ELECTROCARDIOLOGY	69.00	0	4,354		30.00				
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	350		31.00				
32.00	CARDIAC REHABILITATION	76.97	0	2,099		32.00				
33.00	CLINIC	90.00	0	13,837		33.00				
34.00	EMERGENCY	91.00	0	17,452		34.00				
35.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	311		35.00				
36.00	NONREIMBURSABLE COST CENTERS	194.00	0	894		36.00				
37.00	PARAMED ED PRGM-PASTORAL CARE	23.00	0	2,137		37.00				
TOTALS							0	322,552		
L - INCENTIVE COMP										
1.00	PURCHASING RECEIVING AND STORES	5.03	0	6,397		1.00				
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	25,516		2.00				

RECLASSIFICATIONS

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
3.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	672,744	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	6,047	4.00
5.00	NURSING ADMINISTRATION	13.00	0	32,036	5.00
6.00	PHARMACY	15.00	0	20,541	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	72,622	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	7,372	8.00
9.00	OPERATING ROOM	50.00	0	2,263	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	7,372	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,173	11.00
12.00	RESPIRATORY THERAPY	65.00	0	7,342	12.00
13.00	PHYSICAL THERAPY	66.00	0	7,630	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	14,238	14.00
15.00	CLINIC	90.00	0	6,397	15.00
16.00	EMERGENCY	91.00	0	21,044	16.00
17.00	PARAMED ED PRGM-PASTORAL CARE	23.00	0	13,672	17.00
	TOTALS		0	950,406	
500.00	Grand Total: Increases		1,400,014	78,120,572	500.00

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
B - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	89,390	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	296	9		2.00
3.00	DATA PROCESSING	5.02	0	377,741	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	3,107	9		4.00
5.00	ADMINISTRATIVE	5.04	0	8,661	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	31,528	9		6.00
7.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	9,879,070	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	1,094,974	9		8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	1,575	9		9.00
10.00	HOUSEKEEPING	9.00	0	11,530	9		10.00
11.00	DIETARY	10.00	0	30,077	9		11.00
12.00	NURSING ADMINISTRATION	13.00	0	13,321	9		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	150,542	9		13.00
14.00	PHARMACY	15.00	0	79,381	9		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,373	9		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	481,395	9		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	90,763	9		17.00
18.00	NURSERY	43.00	0	33,791	9		18.00
19.00	OPERATING ROOM	50.00	0	1,663,342	9		19.00
20.00	RECOVERY ROOM	51.00	0	104,937	9		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	60,579	9		21.00
22.00	ANESTHESIOLOGY	53.00	0	4,510	9		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,441,902	9		23.00
24.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	6,910	9		24.00
25.00	ULTRA SOUND	56.01	0	76,824	9		25.00
26.00	CT SCAN	57.00	0	646,435	9		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	320,576	9		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	718,521	9		28.00
29.00	LABORATORY	60.00	0	10,305	9		29.00
30.00	RESPIRATORY THERAPY	65.00	0	57,779	9		30.00
31.00	PHYSICAL THERAPY	66.00	0	101,208	9		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	121,368	9		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,310	9		33.00
34.00	CARDIAC REHABILITATION	76.97	0	26,710	9		34.00
35.00	CLINIC	90.00	0	1,151,782	9		35.00
36.00	EMERGENCY	91.00	0	166,098	9		36.00
37.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	114	9		37.00
38.00	SOCIAL SERVICE	17.00	0	297	9		38.00
	TOTALS		0	20,072,022			
C - DRUGS							
1.00	PHARMACY	15.00	0	13,907,448	0		1.00
	TOTALS		0	13,907,448			
D - OXYGEN							
1.00	MAINTENANCE & REPAIRS	6.00	0	33,619	0		1.00
	TOTALS		0	33,619			
F - MEDICAL SUPPLIES							
1.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	61	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	151	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	2,310	0		3.00
4.00	ADMINISTRATIVE	5.04	0	226	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	77	0		5.00
7.00	MAINTENANCE & REPAIRS	6.00	0	57,820	0		7.00
9.00	HOUSEKEEPING	9.00	0	14,006	0		9.00
10.00	DIETARY	10.00	0	1,399	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	529	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,025,470	0		12.00
13.00	PHARMACY	15.00	0	118,085	0		13.00
16.00	ADULTS & PEDIATRICS	30.00	0	1,000,889	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	439,888	0		17.00
18.00	NURSERY	43.00	0	49,053	0		18.00
19.00	OPERATING ROOM	50.00	0	18,552,290	0		19.00
20.00	RECOVERY ROOM	51.00	0	38,522	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	259,085	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	360,426	0		22.00

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,481,686	0		23.00
24.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	801,870	0		24.00
25.00	ULTRA SOUND	56.01	0	13,606	0		25.00
26.00	CT SCAN	57.00	0	275,733	0		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	97,825	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	3,529,565	0		28.00
29.00	LABORATORY	60.00	0	640,701	0		29.00
30.00	BLOOD LABORATORY	60.01	0	56,437	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	253,290	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	28,431	0		32.00
33.00	OCCUPATIONAL THERAPY	67.00	0	1,806	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	14,375	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,394	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	10,644	0		36.00
37.00	CLINIC	90.00	0	345,193	0		37.00
38.00	EMERGENCY	91.00	0	611,710	0		38.00
39.00	NONREIMBURSABLE COST CENTERS	194.00	0	88	0		39.00
	TOTALS		0	30,086,641			
G - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,277,736	0		1.00
	TOTALS		0	12,277,736			
H - PARAMEDICAL PASTORAL CARE							
1.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	255,244	113,717	0		1.00
	TOTALS		255,244	113,717			
J - UNIVERSAL BEDS							
1.00	INTENSIVE CARE UNIT	31.00	1,144,770	356,431	0		1.00
	TOTALS		1,144,770	356,431			
K - ASSOCIATE BONUS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	322,552	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
	TOTALS		0	322,552			
L - INCENTIVE COMP							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	950,406	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:
5/25/2017 8:31 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
4.00		0.00	0	0	0	0		4.00
5.00		0.00	0	0	0	0		5.00
6.00		0.00	0	0	0	0		6.00
7.00		0.00	0	0	0	0		7.00
8.00		0.00	0	0	0	0		8.00
9.00		0.00	0	0	0	0		9.00
10.00		0.00	0	0	0	0		10.00
11.00		0.00	0	0	0	0		11.00
12.00		0.00	0	0	0	0		12.00
13.00		0.00	0	0	0	0		13.00
14.00		0.00	0	0	0	0		14.00
15.00		0.00	0	0	0	0		15.00
16.00		0.00	0	0	0	0		16.00
17.00		0.00	0	0	0	0		17.00
	TOTALS		0	950,406				
500.00	Grand Total: Decreases		1,400,014	78,120,572				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0291

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

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2017 8:31 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,676,896	0	0	0	1.00
2.00	Land Improvements	8,561,302	5,864,402	0	5,864,402	2.00
3.00	Buildings and Fixtures	148,943,439	113,248,534	0	113,248,534	3.00
4.00	Building Improvements	5,438,093	0	0	382,684	4.00
5.00	Fixed Equipment	79,893,800	25,298,388	0	25,298,388	5.00
6.00	Movable Equipment	382,972	37,060	0	37,060	6.00
7.00	HIT designated Assets	454,996	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	249,351,498	144,448,384	0	144,448,384	8.00
9.00	Reconciling Items	-144,961,506	90,866,796	0	90,866,796	9.00
10.00	Total (line 8 minus line 9)	394,313,004	53,581,588	0	53,581,588	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,676,896	0			1.00
2.00	Land Improvements	14,425,704	3,963,987			2.00
3.00	Buildings and Fixtures	262,191,973	37,653,246			3.00
4.00	Building Improvements	5,055,409	1,662,989			4.00
5.00	Fixed Equipment	102,529,021	45,326,057			5.00
6.00	Movable Equipment	420,032	309,241			6.00
7.00	HIT designated Assets	454,996	0			7.00
8.00	Subtotal (sum of lines 1-7)	390,754,031	88,915,520			8.00
9.00	Reconciling Items	-54,094,710	0			9.00
10.00	Total (line 8 minus line 9)	444,848,741	88,915,520			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0291

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

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW 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	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW 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: 14-0291

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

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2017 8:31 am

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	NEW CAP REL COSTS-BLDG & FIXT	2	0	2	0.666667	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1	0	1	0.333333	0	2.00
3.00	Total (sum of lines 1-2)	3	0	3	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	13,517,447	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	9,470,508	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,987,955	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	13,517,447	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,470,508	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	22,987,955	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW 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	-2,469,986			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	-6,666,268			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-1,955	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	1,070,250	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-118,259	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist			ONONPHYSICIAN 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		OOCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 INTERCOMPANY INTEREST	A	-4,653,066	OTHER ADMIN STRATIVES AND GENERAL		5.06	0 33.00
34.00 MEDICAID PROVIDER TAX	A	-6,208,713	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 34.00
35.00		0			0.00	0 35.00
36.00 ELIMINATE AHA/IHS/MCHC LOBBYING	A	-32,834	OTHER ADMIN STRATIVES AND GENERAL		5.06	0 36.00
37.00 ELIMINATE CENTER 1090/1093/1099/1120	A	-136,080	OTHER ADMIN STRATIVES AND GENERAL		5.06	0 37.00
37.50 PASTORAL CARE TUITION	B	-5,175	PARAMED ED PRGM-PASTORAL CARE		23.00	0 37.50
38.00		0			0.00	0 38.00
39.00 PATIENT TRANSPORT	A	-10,359	OTHER ADMIN STRATIVES AND GENERAL		5.06	0 39.00
39.02		0			0.00	0 39.02
39.03 MI SC INCOME	B	-207,050	PURCHASING RECEIVING AND STORES		5.03	0 39.03
40.00 MI SC INCOME	B	-101,105	OTHER ADMIN STRATIVES AND GENERAL		5.06	0 40.00
41.00 MI SC INCOME	B	-18,850	CLINIC		90.00	0 41.00
42.00 MI SC INCOME	B	-598,329	DIETARY		10.00	0 42.00
43.00		0			0.00	0 43.00
45.00 MI SC INCOME	B	-9,143	PHARMACY		15.00	0 45.00
45.01		0			0.00	0 45.01
45.02 MI SC INCOME	B	-5,763	ADULTS & PEDIATRICS		30.00	0 45.02
45.03		0			0.00	0 45.03
45.04 MI SC INCOME	B	-6,939	RADIOLOGY-DIAGNOSTIC		54.00	0 45.04
45.05 MI SC INCOME	B	-199,920	LABORATORY		60.00	0 45.05
45.06 MI SC INCOME	B	-390	RESPIRATORY THERAPY		65.00	0 45.06
45.07 NONALLOWABLE	A	-2,614	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 45.07
45.08		0			0.00	0 45.08
45.09 NONALLOWABLE	A	-14,831	MAINTENANCE & REPAIRS		6.00	0 45.09
45.10 NONALLOWABLE	A	-200	HOUSEKEEPING		9.00	0 45.10
45.11 NONALLOWABLE	A	-1,078	DIETARY		10.00	0 45.11
45.12 NONALLOWABLE	A	-1,150	NURSING ADMIN STRATION		13.00	0 45.12
45.13 NONALLOWABLE	A	-8	NURSERY		43.00	0 45.13
45.14 NONALLOWABLE	A	-83	SOCIAL SERVICE		17.00	0 45.14
45.15 NONALLOWABLE	A	-60	MEDICAL RECORDS & LIBRARY		16.00	0 45.15
45.16 NONALLOWABLE	A	-2,581,101	OTHER ADMIN STRATIVES AND GENERAL		5.06	0 45.16
45.17 NONALLOWABLE	A	-75	NONPATIENT TELEPHONES		5.01	0 45.17
45.18 NONALLOWABLE	A	-9,697	ADULTS & PEDIATRICS		30.00	0 45.18
45.19 NONALLOWABLE	A	-576	INTENSIVE CARE UNIT		31.00	0 45.19
45.20 NONALLOWABLE	A	-850	OPERATING ROOM		50.00	0 45.20
45.21		0			0.00	0 45.21
45.22 NONALLOWABLE	A	-2,949	RADIOLOGY-DIAGNOSTIC		54.00	0 45.22
45.23 NONALLOWABLE	A	-33	ULTRA SOUND		56.01	0 45.23
45.24 NONALLOWABLE	A	-1,008	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0 45.24
45.25 NONALLOWABLE	A	-88	CARDIAC CATHETERIZATION		59.00	0 45.25
45.26		0			0.00	0 45.26
45.27 NONALLOWABLE	A	-71	PHYSICAL THERAPY		66.00	0 45.27
45.28 NONALLOWABLE	A	-2,389	ELECTROCARDIOLOGY		69.00	0 45.28
45.29 NONALLOWABLE	A	-622	CARDIAC REHABILITATION		76.97	0 45.29
45.30 NONALLOWABLE	A	-179,706	CLINIC		90.00	0 45.30
45.31 NONALLOWABLE	A	-3,645	EMERGENCY		91.00	0 45.31
45.32 NONALLOWABLE	A	-18,388	NONREIMBURSABLE COST CENTERS		194.00	0 45.32
45.48 HBP	A	-8,125	NURSING ADMIN STRATION		13.00	0 45.48
45.49 HBP	A	-181,841	OTHER ADMIN STRATIVES AND GENERAL		5.06	0 45.49
45.50 HBP	A	-4,600	NONREIMBURSABLE COST CENTERS		194.00	0 45.50
45.51		0			0.00	0 45.51
45.52		0			0.00	0 45.52
45.53		0			0.00	0 45.53
45.54		0			0.00	0 45.54
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,395,722				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

- (2) Basis for adjustment (see instructions).
 - A. Costs - if cost, including applicable overhead, can be determined.
 - B. Amount Received - if cost cannot be determined.
 - (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0291

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2017 8:31 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPL BENEFITS	3,250,686	0 1.00
2.00	5.02	DATA PROCESSING	DATA PROCESSING	3,718,263	0 2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW BLDG	499,059	0 3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW EQUIP	1,464,883	0 4.00
4.01	5.06	OTHER ADMINISTRATIVES AND GE	A&G	3,621,028	19,220,187 4.01
4.02	0.00			0	0 4.02
4.03	0.00			0	0 4.03
5.00	0			12,553,919	19,220,187 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	GOOD SHEPHERD	100.00	ADVOCATE HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 14-0291

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2017 8:31 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	3,250,686	0		1.00
2.00	3,718,263	0		2.00
3.00	499,059	9		3.00
4.00	1,464,883	9		4.00
4.01	-15,599,159	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-6,666,268			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00			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: 14-0291

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2017 8:31 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	49,372	49,372	0	194,500	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	833,200	833,200	0	204,100	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	653,565	653,565	0	194,500	0	4.00
5.00	91.00	EMERGENCY	277,521	277,521	0	171,400	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	633,353	633,353	0	171,400	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	90.00	CLINIC	22,975	22,975	0	171,400	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,469,986	2,469,986	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	49,372	1.00
2.00	0.00		0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	833,200	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	653,565	4.00
5.00	91.00	EMERGENCY	0	0	0	277,521	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	633,353	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	22,975	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	2,469,986	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	13,517,447	13,517,447				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	9,470,508		9,470,508			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	17,877,447	13,259	9,290	17,899,996		4.00
5.01 00540 NONPATIENT TELEPHONES	823,530	122,668	85,943	45,131	1,077,272	5.01
5.02 00550 DATA PROCESSING	5,696,592	79,720	55,853	0	0	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	1,352,759	143,645	100,640	113,967	6,876	5.03
5.04 00570 ADMINITTING	956,288	51,465	36,057	213,966	12,910	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	13,472,630	4,466	3,129	103,667	6,255	5.05
5.06 00590 OTHER ADMINISTRATIVES AND GENERAL	21,813,217	752,132	526,954	1,711,324	103,254	5.06
6.00 00600 MAINTENANCE & REPAIRS	7,477,175	3,911,746	2,740,622	329,532	19,883	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	793,552	35,450	24,836	16,292	983	8.00
9.00 00900 HOUSEKEEPING	2,306,694	319,570	223,895	340,996	20,574	9.00
10.00 01000 DIETARY	2,106,701	288,062	201,820	378,433	22,833	10.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,819,260	22,108	15,489	380,527	22,959	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,277,144	177,110	124,086	123,522	7,453	14.00
15.00 01500 PHARMACY	5,622,623	83,249	58,325	895,162	54,010	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	403,233	101,607	71,188	41,762	2,520	16.00
17.00 01700 SOCIAL SERVICE	521,689	3,721	2,607	113,675	6,859	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL CARE	379,595	72,084	50,503	62,792	3,789	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	19,895,703	2,587,349	1,812,732	4,357,552	262,900	30.00
31.00 03100 INTENSIVE CARE UNIT	4,008,064	249,360	174,705	827,817	49,947	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,182,237	84,627	59,291	267,061	16,113	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	8,585,800	1,421,318	995,795	1,686,273	101,743	50.00
51.00 05100 RECOVERY ROOM	1,118,873	170,577	119,509	252,937	15,261	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,004,724	33,713	23,620	442,514	26,699	52.00
53.00 05300 ANESTHESIOLOGY	186,080	61,885	43,358	33,893	2,045	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,338,060	365,191	255,858	1,107,312	66,811	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	397,281	47,937	33,585	90,491	5,460	56.00
56.01 03630 ULTRA SOUND	885,028	171,928	120,455	201,951	12,185	56.01
57.00 05700 CT SCAN	960,927	87,411	61,241	210,114	12,677	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	515,678	59,873	41,948	114,085	6,883	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,171,166	365,742	256,244	269,966	16,289	59.00
60.00 06000 LABORATORY	6,271,526	225,984	158,328	0	0	60.00
60.01 06001 BLOOD LABORATORY	570,044	10,420	7,300	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	1,854,640	3,363	2,356	407,146	24,566	65.00
66.00 06600 PHYSICAL THERAPY	2,335,027	175,814	123,178	524,860	31,668	66.00
67.00 06700 OCCUPATIONAL THERAPY	283,714	8,490	5,948	64,427	3,887	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,314,857	141,054	98,824	268,064	16,174	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	81,398	0	0	18,263	1,102	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,808,905	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	12,277,736	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	13,907,448	0	0	0	0	73.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	508,608	30,267	21,206	114,505	6,909	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	3,280,347	480,885	336,914	686,746	41,435	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	5,031,655	456,020	319,494	1,030,303	62,164	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
101.00 10100 HOME HEALTH AGENCY	0	1.00	2.00	4.00	5.01	0
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0
118.00 SUBTOTALS (SUM OF LINES 1-117)	220,463,610	13,421,270	9,403,126	17,847,028	1,074,076	0
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,034	50,252	35,207	200	12	0
194.00 07951 NONREIMBURSABLE COST CENTERS	386,306	45,925	32,175	52,768	3,184	0
200.00 Cross Foot Adjustments						0
201.00 Negative Cost Centers		0	0	0	0	0
202.00 TOTAL (sum lines 118-201)	220,854,950	13,517,447	9,470,508	17,899,996	1,077,272	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B Part I Date/Time Prepared: 5/25/2017 8:31 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	5,832,165					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,717,887				5.03
5.04	00570	ADMINING	0	561	1,271,247			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	157	0	13,590,304		5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	0	36,860	0	0	24,943,741	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	23,102	0	0	14,502,060	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	871,113	8.00
9.00	00900	HOUSEKEEPING	0	12,829	0	0	3,224,558	9.00
10.00	01000	DIETARY	0	34,563	0	0	3,032,412	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,122	0	0	2,261,465	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	71,174	0	0	1,780,489	14.00
15.00	01500	PHARMACY	0	9,684	0	0	6,723,053	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	353	0	0	620,663	16.00
17.00	01700	SOCIAL SERVICE	0	32	0	0	648,583	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	0	2,560	0	0	571,323	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	465,342	64,363	224,904	1,084,396	30,755,241	30.00
31.00	03100	INTENSIVE CARE UNIT	89,775	25,915	43,368	209,206	5,678,157	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	47,185	2,973	22,794	109,957	1,792,238	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	863,519	965,370	145,521	2,011,761	16,777,100	50.00
51.00	05100	RECOVERY ROOM	110,961	2,210	17,436	258,575	2,066,339	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	85,749	14,285	39,047	199,824	2,870,175	52.00
53.00	05300	ANESTHESIOLOGY	151,178	18,728	24,685	352,292	874,144	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	489,241	79,209	35,203	1,140,088	9,876,973	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	64,185	40,511	5,430	149,573	834,453	56.00
56.01	03630	ULTRA SOUND	102,907	831	8,544	239,806	1,743,635	56.01
57.00	05700	CT SCAN	380,473	14,292	47,594	886,625	2,661,354	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	133,829	5,084	14,129	311,864	1,203,373	58.00
59.00	05900	CARDIAC CATHETERIZATION	187,119	179,680	40,324	436,047	2,922,577	59.00
60.00	06000	LABORATORY	447,532	32,359	108,362	1,042,892	8,286,983	60.00
60.01	06001	BLOOD LABORATORY	32,163	2,850	11,474	74,949	709,200	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	140,449	13,448	61,456	327,291	2,834,715	65.00
66.00	06600	PHYSICAL THERAPY	73,888	1,925	18,080	172,183	3,456,623	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,158	141	3,726	23,671	404,162	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	130,085	1,950	21,725	303,140	2,295,873	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,039	220	358	11,743	118,123	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	193,089	0	50,240	449,961	18,502,195	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	242,473	0	72,617	565,041	13,157,867	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	846,127	0	207,849	1,971,747	16,933,171	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	12,736	684	176	29,679	724,770	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	151,388	21,867	447	352,783	5,352,812	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	375,575	35,486	45,758	875,210	8,231,665	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
111.00	11100	0	0	0	0	0	111.00
118.00		5,832,165	1,717,378	1,271,247	13,590,304	220,243,378	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	3	0	0	90,708	190.00
194.00	07951	0	506	0	0	520,864	194.00
200.00						0	200.00
201.00		0	0	0	0	0	201.00
202.00		5,832,165	1,717,887	1,271,247	13,590,304	220,854,950	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	24,943,741				5.06
6.00	00600	MAINTENANCE & REPAIRS	1,846,431	16,348,491			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	110,912	68,680	1,050,705		8.00
9.00	00900	HOUSEKEEPING	410,557	619,136	0	4,254,251	9.00
10.00	01000	DIETARY	386,093	558,093	0	151,607	4,128,205
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	287,934	42,832	0	11,635	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	226,695	343,134	0	93,213	14.00
15.00	01500	PHARMACY	855,993	161,286	0	43,814	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	79,024	196,855	0	53,476	16.00
17.00	01700	SOCIAL SERVICE	82,579	7,210	0	1,959	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	72,742	139,657	0	37,938	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,915,755	5,012,741	875,771	1,361,721	3,440,892
31.00	03100	INTENSIVE CARE UNIT	722,954	483,111	110,441	131,238	433,922
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	228,191	163,956	64,493	44,539	253,391
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,136,094	2,753,668	0	748,039	0
51.00	05100	RECOVERY ROOM	263,090	330,476	0	89,775	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	365,436	65,316	0	17,743	0
53.00	05300	ANESTHESIOLOGY	111,298	119,897	0	32,570	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,257,556	707,523	0	192,200	0
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	106,244	92,873	0	25,229	0
56.01	03630	ULTRA SOUND	222,003	333,093	0	90,485	0
57.00	05700	CT SCAN	338,849	169,350	0	46,004	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	153,216	115,998	0	31,511	0
59.00	05900	CARDIAC CATHETERIZATION	372,108	708,591	0	192,490	0
60.00	06000	LABORATORY	1,055,115	437,823	0	118,935	0
60.01	06001	BLOOD LABORATORY	90,297	20,187	0	5,484	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	360,922	6,516	0	1,770	0
66.00	06600	PHYSICAL THERAPY	440,104	340,624	0	92,531	0
67.00	06700	OCCUPATIONAL THERAPY	51,459	16,449	0	4,468	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	292,315	273,279	0	74,237	0
70.00	07000	ELECTROENCEPHALOGRAPHY	15,040	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,355,736	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,675,286	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,155,965	0	0	0	0
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	92,279	58,640	0	15,930	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	681,531	931,668	0	253,089	0
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPI NE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	1,048,072	883,496	0	240,003	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
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Cost Center Description		OTHER ADMINISTRATIVE S AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
111.00	11100	0	0	0	0	0	111.00
118.00		24,865,875	16,162,158	1,050,705	4,203,633	4,128,205	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	11,549	97,359	0	26,448	0	190.00
194.00	07951	66,317	88,974	0	24,170	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		24,943,741	16,348,491	1,050,705	4,254,251	4,128,205	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B Part I Date/Time Prepared: 5/25/2017 8:31 am

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		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	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
12.00	01200	0					12.00
13.00	01300	0	2,603,866				13.00
14.00	01400	0	0	2,443,531			14.00
15.00	01500	0	0	9,615	7,793,761		15.00
16.00	01600	0	0	0	0	950,018	16.00
17.00	01700	0	18,936	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	1,232,399	81,496	66,109	75,822	30.00
31.00	03100	0	283,098	35,817	21,150	14,628	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	69,631	3,994	1,280	7,688	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	373,364	1,510,591	102,929	140,438	50.00
51.00	05100	0	60,801	3,137	2,983	18,080	51.00
52.00	05200	0	136,103	21,096	10,185	13,972	52.00
53.00	05300	0	12,779	29,347	13,468	24,632	53.00
54.00	05400	0	39,684	120,645	90,365	79,716	54.00
56.00	03450	0	0	65,291	5,253	10,458	56.00
56.01	03630	0	0	1,108	8	16,767	56.01
57.00	05700	0	0	22,451	11,438	61,993	57.00
58.00	05800	0	84	7,965	2,263	21,806	58.00
59.00	05900	0	9,159	287,391	9,560	30,489	59.00
60.00	06000	0	0	52,168	0	72,920	60.00
60.01	06001	0	0	4,595	0	5,241	60.01
62.00	06200	0	0	0	0	0	62.00
62.01	06201	0	0	0	0	0	62.01
65.00	06500	0	0	20,624	46	22,884	65.00
66.00	06600	0	1,578	2,315	27	12,039	66.00
67.00	06700	0	0	147	0	1,655	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	32,257	1,170	813	21,196	69.00
70.00	07000	0	0	276	0	821	70.00
71.00	07100	0	0	83,498	792	31,462	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	0	0	0	39,508	72.00
73.00	07300	0	0	0	7,342,268	137,866	73.00
76.00	03160	0	0	0	0	0	76.00
76.97	07697	0	10,500	867	0	2,075	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	48,701	28,107	10,990	24,667	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	0	274,791	49,808	101,834	61,195	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
111.00	11100	0	0	0	0	0	111.00
118.00		0	2,603,865	2,443,519	7,793,761	950,018	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	5	0	0	190.00
194.00	07951	0	1	7	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		0	2,603,866	2,443,531	7,793,761	950,018	202.00
TOTAL (sum lines 118-201)							

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

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Part I
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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	759,267					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL CARE	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	632,855	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	79,808	0	0	0	0	31.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	46,604	0	0	0	0	43.00
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
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
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
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B
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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
				17.00	19.00		20.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	759,267	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07951	NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	759,267	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/25/2017 8:31 am		
Cost Center Description			PARAMED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	821,660				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	684,860	48,135,662	0	48,135,662	30.00
31.00	03100	INTENSIVE CARE UNIT	86,366	8,080,690	0	8,080,690	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	50,434	2,726,439	0	2,726,439	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	24,542,223	0	24,542,223	50.00
51.00	05100	RECOVERY ROOM	0	2,834,681	0	2,834,681	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,500,026	0	3,500,026	52.00
53.00	05300	ANESTHESIOLOGY	0	1,218,135	0	1,218,135	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,364,662	0	12,364,662	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,139,801	0	1,139,801	56.00
56.01	03630	ULTRA SOUND	0	2,407,099	0	2,407,099	56.01
57.00	05700	CT SCAN	0	3,311,439	0	3,311,439	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,536,216	0	1,536,216	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,532,365	0	4,532,365	59.00
60.00	06000	LABORATORY	0	10,023,944	0	10,023,944	60.00
60.01	06001	BLOOD LABORATORY	0	835,004	0	835,004	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	3,247,477	0	3,247,477	65.00
66.00	06600	PHYSICAL THERAPY	0	4,345,841	0	4,345,841	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	478,340	0	478,340	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,991,140	0	2,991,140	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	134,260	0	134,260	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,973,683	0	20,973,683	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,872,661	0	14,872,661	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,569,270	0	26,569,270	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	905,061	0	905,061	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	7,331,565	0	7,331,565	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	10,890,864	0	10,890,864	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description		PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	821,660	219,928,548	0	219,928,548
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	226,069	0	226,069
194.00	07951	NONREIMBURSABLE COST CENTERS	0	700,333	0	700,333
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)	821,660	220,854,950	0	220,854,950

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	13,259	9,290	22,549	4.00
5.01 00540	NONPATIENT TELEPHONES	0	122,668	85,943	208,611	5.01
5.02 00550	DATA PROCESSING	0	79,720	55,853	135,573	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	143,645	100,640	244,285	5.03
5.04 00570	ADMITTING	0	51,465	36,057	87,522	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	4,466	3,129	7,595	5.05
5.06 00590	OTHER ADMINISTRATIVES AND GENERAL	0	752,132	526,954	1,279,086	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	3,911,746	2,740,622	6,652,368	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	35,450	24,836	60,286	8.00
9.00 00900	HOUSEKEEPING	0	319,570	223,895	543,465	9.00
10.00 01000	DIETARY	0	288,062	201,820	489,882	10.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	22,108	15,489	37,597	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	177,110	124,086	301,196	14.00
15.00 01500	PHARMACY	0	83,249	58,325	141,574	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	101,607	71,188	172,795	16.00
17.00 01700	SOCIAL SERVICE	0	3,721	2,607	6,328	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-PASTORAL CARE	0	72,084	50,503	122,587	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,587,349	1,812,732	4,400,081	30.00
31.00 03100	INTENSIVE CARE UNIT	0	249,360	174,705	424,065	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	84,627	59,291	143,918	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,421,318	995,795	2,417,113	50.00
51.00 05100	RECOVERY ROOM	0	170,577	119,509	290,086	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	33,713	23,620	57,333	52.00
53.00 05300	ANESTHESIOLOGY	0	61,885	43,358	105,243	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	365,191	255,858	621,049	54.00
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	47,937	33,585	81,522	56.00
56.01 03630	ULTRA SOUND	0	171,928	120,455	292,383	56.01
57.00 05700	CT SCAN	0	87,411	61,241	148,652	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	59,873	41,948	101,821	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	365,742	256,244	621,986	59.00
60.00 06000	LABORATORY	0	225,984	158,328	384,312	60.00
60.01 06001	BLOOD LABORATORY	0	10,420	7,300	17,720	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01 06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00 06500	RESPIRATORY THERAPY	0	3,363	2,356	5,719	65.00
66.00 06600	PHYSICAL THERAPY	0	175,814	123,178	298,992	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	8,490	5,948	14,438	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	141,054	98,824	239,878	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
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
76.00 03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	30,267	21,206	51,473	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	480,885	336,914	817,799	90.00
90.01 09001	WOMENS HEALTH	0	0	0	0	90.01
90.02 09002	SPINE CENTER	0	0	0	0	90.02
91.00 09100	EMERGENCY	0	456,020	319,494	775,514	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	13,421,270	9,403,126	22,824,396
					22,483	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	50,252	35,207	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	45,925	32,175	194.00
200.00		Cross Foot Adjustments			0	200.00
201.00		Negative Cost Centers		0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	13,517,447	9,470,508	22,987,955
					22,549	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0291		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 8:31 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	208,668					5.01
5.02	00550	DATA PROCESSING	0	135,573				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,332	0	245,761			5.03
5.04	00570	ADMINISTRATIVE	2,501	0	80	90,373		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,212	0	22	0	8,960	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	20,000	0	5,273	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,851	0	3,305	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	190	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,985	0	1,835	0	0	9.00
10.00	01000	DIETARY	4,423	0	4,944	0	0	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,447	0	160	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,444	0	10,182	0	0	14.00
15.00	01500	PHARMACY	10,461	0	1,385	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	488	0	50	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,328	0	5	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	734	0	366	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,928	10,813	9,207	16,123	734	30.00
31.00	03100	INTENSIVE CARE UNIT	9,674	2,086	3,707	3,078	142	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,121	1,096	425	1,618	74	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,707	20,122	138,115	10,326	1,120	50.00
51.00	05100	RECOVERY ROOM	2,956	2,578	316	1,237	175	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,172	1,992	2,044	2,771	135	52.00
53.00	05300	ANESTHESIOLOGY	396	3,513	2,679	1,752	239	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,941	11,368	11,331	2,498	772	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,058	1,491	5,795	385	101	56.00
56.01	03630	ULTRA SOUND	2,360	2,391	119	606	162	56.01
57.00	05700	CT SCAN	2,456	8,841	2,044	3,377	600	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,333	3,110	727	1,003	211	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,155	4,348	25,704	2,861	295	59.00
60.00	06000	LABORATORY	0	10,399	4,629	7,690	706	60.00
60.01	06001	BLOOD LABORATORY	0	747	408	814	51	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	4,758	3,263	1,924	4,361	222	65.00
66.00	06600	PHYSICAL THERAPY	6,134	1,717	275	1,283	117	66.00
67.00	06700	OCCUPATIONAL THERAPY	753	236	20	264	16	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,133	3,023	279	1,542	205	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	213	117	32	25	8	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,487	0	3,565	305	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,634	0	5,153	383	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,660	0	14,749	1,335	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,338	296	98	13	20	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	8,026	3,518	3,128	32	239	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	12,041	8,727	5,076	3,247	593	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
111.00	11100	0	0	0	0	0	111.00
118.00		208,049	135,573	245,689	90,373	8,960	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	2	0	0	0	0	190.00
194.00	07951	617	0	72	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		208,668	135,573	245,761	90,373	8,960	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0291		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 8:31 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	1,306,515					5.06
6.00	00600	MAINTENANCE & REPAIRS	96,714	6,756,653				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,809	28,385	94,691			8.00
9.00	00900	HOUSEKEEPING	21,505	255,882	0	827,102		9.00
10.00	01000	DIETARY	20,223	230,654	0	29,475	780,078	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	15,082	17,702	0	2,262	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,874	141,813	0	18,122	0	14.00
15.00	01500	PHARMACY	44,836	66,658	0	8,518	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,139	81,358	0	10,397	0	16.00
17.00	01700	SOCIAL SERVICE	4,325	2,980	0	381	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	3,810	57,719	0	7,376	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	205,091	2,071,713	78,926	264,743	650,201	30.00
31.00	03100	INTENSIVE CARE UNIT	37,868	199,664	9,953	25,515	81,995	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	11,952	67,761	5,812	8,659	47,882	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	111,886	1,138,061	0	145,432	0	50.00
51.00	05100	RECOVERY ROOM	13,780	136,582	0	17,454	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,141	26,994	0	3,450	0	52.00
53.00	05300	ANESTHESIOLOGY	5,830	49,552	0	6,332	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,870	292,412	0	37,367	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	5,565	38,383	0	4,905	0	56.00
56.01	03630	ULTRA SOUND	11,628	137,664	0	17,592	0	56.01
57.00	05700	CT SCAN	17,749	69,991	0	8,944	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,025	47,941	0	6,126	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,491	292,853	0	37,423	0	59.00
60.00	06000	LABORATORY	55,266	180,947	0	23,123	0	60.00
60.01	06001	BLOOD LABORATORY	4,730	8,343	0	1,066	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	18,905	2,693	0	344	0	65.00
66.00	06600	PHYSICAL THERAPY	23,052	140,776	0	17,990	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,695	6,798	0	869	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,311	112,943	0	14,433	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	788	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	123,391	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	87,750	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	112,927	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,833	24,235	0	3,097	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	35,698	385,048	0	49,205	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	54,897	365,139	0	46,661	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0291			Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 8:31 am	
Cost Center Description			OTHER ADMINISTRATIVE S AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
			5.06	6.00	8.00	9.00	10.00		
111.00	11100	ASSET ACQUISITION	0	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,302,436	6,679,644	94,691	817,261	780,078		118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	605	40,237	0	5,142	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	3,474	36,772	0	4,699	0	0	194.00
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,306,515	6,756,653	94,691	827,102	780,078		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0291		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 8:31 am	
Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	77,730				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	484,787			14.00
15.00	01500	PHARMACY	0	0	1,908	276,468		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	269,280	16.00
17.00	01700	SOCIAL SERVICE	0	565	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	36,789	16,168	2,345	21,492	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,451	7,106	750	4,146	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	2,079	792	45	2,179	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,146	299,699	3,651	39,805	50.00
51.00	05100	RECOVERY ROOM	0	1,815	622	106	5,125	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,063	4,185	361	3,960	52.00
53.00	05300	ANESTHESIOLOGY	0	381	5,822	478	6,982	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,185	23,935	3,206	22,595	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	12,953	186	2,964	56.00
56.01	03630	ULTRA SOUND	0	0	220	0	4,753	56.01
57.00	05700	CT SCAN	0	0	4,454	406	17,572	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3	1,580	80	6,181	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	273	57,017	339	8,642	59.00
60.00	06000	LABORATORY	0	0	10,350	0	20,669	60.00
60.01	06001	BLOOD LABORATORY	0	0	912	0	1,485	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	4,092	2	6,487	65.00
66.00	06600	PHYSICAL THERAPY	0	47	459	1	3,412	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	29	0	469	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	963	232	29	6,008	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	55	0	233	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	16,565	28	8,918	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	11,199	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	260,453	39,078	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	313	172	0	588	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,454	5,576	390	6,992	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	8,203	9,882	3,612	17,346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B
Part II
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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
111.00	11100	0	0	0	0	0	111.00
118.00		0	77,730	484,785	276,468	269,280	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	1	0	0	190.00
194.00	07951	0	0	1	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		0	77,730	484,787	276,468	269,280	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 8:31 am
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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	16,055					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL CARE	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	13,382					30.00
31.00 03100 INTENSIVE CARE UNIT	1,688					31.00
40.00 04000 SUBPROVIDER - I PF	0					40.00
41.00 04100 SUBPROVIDER - I RF	0					41.00
42.00 04200 SUBPROVIDER	0					42.00
43.00 04300 NURSERY	985					43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0					50.00
51.00 05100 RECOVERY ROOM	0					51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0					52.00
53.00 05300 ANESTHESIOLOGY	0					53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0					54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0					56.00
56.01 03630 ULTRA SOUND	0					56.01
57.00 05700 CT SCAN	0					57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00 05900 CARDIAC CATHETERIZATION	0					59.00
60.00 06000 LABORATORY	0					60.00
60.01 06001 BLOOD LABORATORY	0					60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0					62.01
65.00 06500 RESPIRATORY THERAPY	0					65.00
66.00 06600 PHYSICAL THERAPY	0					66.00
67.00 06700 OCCUPATIONAL THERAPY	0					67.00
68.00 06800 SPEECH PATHOLOGY	0					68.00
69.00 06900 ELECTROCARDIOLOGY	0					69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0					70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0					71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0					72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0					73.00
76.00 03160 CARDIOPULMONARY	0					76.00
76.97 07697 CARDIAC REHABILITATION	0					76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0					89.00
90.00 09000 CLINIC	0					90.00
90.01 09001 WOMENS HEALTH	0					90.01
90.02 09002 SPINE CENTER	0					90.02
91.00 09100 EMERGENCY	0					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0					99.10
101.00 10100 HOME HEALTH AGENCY	0					101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0					109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B
Part II
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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				17.00	19.00	
110.00 11000 INTESTINAL ACQUISITION	0					110.00
111.00 11100 ISLET ACQUISITION	0					111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	16,055	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
194.00 07951 NONREIMBURSABLE COST CENTERS	0					194.00
200.00 Cross Foot Adjustments		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)	16,055	0	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 8:31 am		
Cost Center Description			PARAMED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	192,671				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		7,854,219	0	7,854,219	30.00
31.00	03100	INTENSIVE CARE UNIT		820,931	0	820,931	31.00
40.00	04000	SUBPROVIDER - IPF		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		298,735	0	298,735	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		4,358,308	0	4,358,308	50.00
51.00	05100	RECOVERY ROOM		473,151	0	473,151	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		132,159	0	132,159	52.00
53.00	05300	ANESTHESIOLOGY		189,242	0	189,242	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,107,924	0	1,107,924	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC		155,422	0	155,422	56.00
56.01	03630	ULTRA SOUND		470,132	0	470,132	56.01
57.00	05700	CT SCAN		285,351	0	285,351	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		178,285	0	178,285	58.00
59.00	05900	CARDIAC CATHETERIZATION		1,074,727	0	1,074,727	59.00
60.00	06000	LABORATORY		698,091	0	698,091	60.00
60.01	06001	BLOOD LABORATORY		36,276	0	36,276	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST		0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY		53,283	0	53,283	65.00
66.00	06600	PHYSICAL THERAPY		494,916	0	494,916	66.00
67.00	06700	OCCUPATIONAL THERAPY		26,668	0	26,668	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		398,317	0	398,317	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1,494	0	1,494	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		157,259	0	157,259	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT		0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		110,119	0	110,119	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		448,202	0	448,202	73.00
76.00	03160	CARDIOPULMONARY		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		86,620	0	86,620	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		1,317,970	0	1,317,970	90.00
90.01	09001	WOMENS HEALTH		0	0	0	90.01
90.02	09002	SPINE CENTER		0	0	0	90.02
91.00	09100	EMERGENCY		1,312,236	0	1,312,236	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0291		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 8:31 am	
Cost Center Description			PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION		0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0		110.00
111.00	11100	ISLET ACQUISITION		0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	22,540,037	0	22,540,037		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		131,446	0	131,446		190.00
194.00	07951	NONREIMBURSABLE COST CENTERS		123,801	0	123,801		194.00
200.00		Cross Foot Adjustments	192,671	192,671	0	192,671		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	192,671	22,987,955	0	22,987,955		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
		NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	490,371				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		490,371			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	481	481	72,762,341		4.00
5.01	00540	NONPATIENT TELEPHONES	4,450	4,450	183,456	72,578,885	5.01
5.02	00550	DATA PROCESSING	2,892	2,892	0	0	836,462,735
5.03	00560	PURCHASING RECEIVING AND STORES	5,211	5,211	463,270	463,270	0
5.04	00570	ADMINISTRATIVE	1,867	1,867	869,760	869,760	0
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	162	162	421,400	421,400	0
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	27,285	27,285	6,956,431	6,956,431	0
6.00	00600	MAINTENANCE & REPAIRS	141,906	141,906	1,339,529	1,339,529	0
8.00	00800	LAUNDRY & LINEN SERVICE	1,286	1,286	66,227	66,227	0
9.00	00900	HOUSEKEEPING	11,593	11,593	1,386,128	1,386,128	0
10.00	01000	DIETARY	10,450	10,450	1,538,310	1,538,310	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	802	802	1,546,819	1,546,819	0
14.00	01400	CENTRAL SERVICES & SUPPLY	6,425	6,425	502,111	502,111	0
15.00	01500	PHARMACY	3,020	3,020	3,638,782	3,638,782	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,686	3,686	169,762	169,762	0
17.00	01700	SOCIAL SERVICE	135	135	462,083	462,083	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMEDICAL PRGM-PASTORAL CARE	2,615	2,615	255,244	255,244	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	93,861	93,861	17,713,087	17,713,087	66,744,385
31.00	03100	INTENSIVE CARE UNIT	9,046	9,046	3,365,029	3,365,029	12,876,577
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	3,070	3,070	1,085,588	1,085,588	6,767,849
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	51,561	51,561	6,854,603	6,854,603	123,805,397
51.00	05100	RECOVERY ROOM	6,188	6,188	1,028,173	1,028,173	15,915,246
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,223	1,223	1,798,793	1,798,793	12,299,110
53.00	05300	ANESTHESIOLOGY	2,245	2,245	137,773	137,773	21,683,522
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,248	13,248	4,501,158	4,501,158	70,172,234
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,739	1,739	367,840	367,840	9,206,173
56.01	03630	ULTRA SOUND	6,237	6,237	820,921	820,921	14,760,012
57.00	05700	CT SCAN	3,171	3,171	854,102	854,102	54,571,593
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,172	2,172	463,748	463,748	19,195,199
59.00	05900	CARDIAC CATHETERIZATION	13,268	13,268	1,097,397	1,097,397	26,838,590
60.00	06000	LABORATORY	8,198	8,198	0	0	64,189,840
60.01	06001	BLOOD LABORATORY	378	378	0	0	4,613,125
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	122	122	1,655,026	1,655,026	20,144,700
66.00	06600	PHYSICAL THERAPY	6,378	6,378	2,133,527	2,133,527	10,597,805
67.00	06700	OCCUPATIONAL THERAPY	308	308	261,892	261,892	1,456,950
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	5,117	5,117	1,089,664	1,089,664	18,658,226
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	74,240	74,240	722,809
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	27,694,994
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	34,778,145
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	121,360,708
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	1,098	1,098	465,456	465,456	1,826,752
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	17,445	17,445	2,791,583	2,791,583	21,713,746
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	16,543	16,543	4,188,120	4,188,120	53,869,048
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
	1.00	2.00	4.00	5.01	5.02	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	486,882	486,882	72,547,032	72,363,576	836,462,735	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,823	1,823	812	812	0	190.00
194.00 07951 NONREIMBURSABLE COST CENTERS	1,666	1,666	214,497	214,497	0	194.00
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)	13,517,447	9,470,508	17,899,996	1,077,272	5,832,165	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	27.565755	19.312945	0.246006	0.014843	0.006972	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			22,549	208,668	135,573	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000310	0.002875	0.000162	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	34,013,358					5.03
5.04	00570	ADMITTING	11,108	377,416,430				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,106	0	836,462,735			5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	729,816	0	0	-24,943,741	195,911,209	5.06
6.00	00600	MAINTENANCE & REPAIRS	457,411	0	0	0	14,502,060	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	871,113	8.00
9.00	00900	HOUSEKEEPING	254,003	0	0	0	3,224,558	9.00
10.00	01000	DIETARY	684,325	0	0	0	3,032,412	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	22,207	0	0	0	2,261,465	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,409,217	0	0	0	1,780,489	14.00
15.00	01500	PHARMACY	191,748	0	0	0	6,723,053	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,986	0	0	0	620,663	16.00
17.00	01700	SOCIAL SERVICE	631	0	0	0	648,583	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	50,681	0	0	0	571,323	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,274,360	66,744,385	66,744,385	0	30,755,241	30.00
31.00	03100	INTENSIVE CARE UNIT	513,106	12,876,577	12,876,577	0	5,678,157	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	58,861	6,767,849	6,767,849	0	1,792,238	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,113,833	43,207,036	123,805,397	0	16,777,100	50.00
51.00	05100	RECOVERY ROOM	43,759	5,176,987	15,915,246	0	2,066,339	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	282,846	11,593,405	12,299,110	0	2,870,175	52.00
53.00	05300	ANESTHESIOLOGY	370,808	7,329,341	21,683,522	0	874,144	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,568,299	10,452,250	70,172,234	0	9,876,973	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	802,105	1,612,282	9,206,173	0	834,453	56.00
56.01	03630	ULTRA SOUND	16,463	2,536,965	14,760,012	0	1,743,635	56.01
57.00	05700	CT SCAN	282,971	14,131,327	54,571,593	0	2,661,354	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	100,652	4,195,190	19,195,199	0	1,203,373	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,557,598	11,972,551	26,838,590	0	2,922,577	59.00
60.00	06000	LABORATORY	640,701	32,173,968	64,189,840	0	8,286,983	60.00
60.01	06001	BLOOD LABORATORY	56,437	3,406,808	4,613,125	0	709,200	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	266,263	18,247,000	20,144,700	0	2,834,715	65.00
66.00	06600	PHYSICAL THERAPY	38,111	5,368,108	10,597,805	0	3,456,623	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,782	1,106,281	1,456,950	0	404,162	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	38,600	6,450,438	18,658,226	0	2,295,873	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,364	106,247	722,809	0	118,123	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,916,785	27,694,994	0	18,502,195	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	21,560,737	34,778,145	0	13,157,867	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	61,712,826	121,360,708	0	16,933,171	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	13,546	52,404	1,826,752	0	724,770	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	432,965	132,596	21,713,746	0	5,352,812	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	702,604	13,586,087	53,869,048	0	8,231,665	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMINISTRATIVE (IP REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,003,273	377,416,430	836,462,735	-24,943,741	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	61	0	0	90,708	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	10,024	0	0	520,864	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,717,887	1,271,247	13,590,304	24,943,741	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.050506	0.003368	0.016247	0.127322	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	245,761	90,373	8,960	1,306,515	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.007225	0.000239	0.000011	0.006669	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		6.00	8.00	9.00	10.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	306,117				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,286	41,984			8.00
9.00	00900	HOUSEKEEPING	11,593	0	293,238		9.00
10.00	01000	DIETARY	10,450	0	10,450	41,984	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	802	0	802	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,425	0	6,425	0	14.00
15.00	01500	PHARMACY	3,020	0	3,020	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,686	0	3,686	0	16.00
17.00	01700	SOCIAL SERVICE	135	0	135	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-PASTORAL CARE	2,615	0	2,615	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	93,861	34,994	93,861	34,994	30.00
31.00	03100	INTENSIVE CARE UNIT	9,046	4,413	9,046	4,413	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,070	2,577	3,070	2,577	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	51,561	0	51,561	0	50.00
51.00	05100	RECOVERY ROOM	6,188	0	6,188	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,223	0	1,223	0	52.00
53.00	05300	ANESTHESIOLOGY	2,245	0	2,245	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,248	0	13,248	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,739	0	1,739	0	56.00
56.01	03630	ULTRA SOUND	6,237	0	6,237	0	56.01
57.00	05700	CT SCAN	3,171	0	3,171	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,172	0	2,172	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,268	0	13,268	0	59.00
60.00	06000	LABORATORY	8,198	0	8,198	0	60.00
60.01	06001	BLOOD LABORATORY	378	0	378	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	122	0	122	0	65.00
66.00	06600	PHYSICAL THERAPY	6,378	0	6,378	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	308	0	308	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,117	0	5,117	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
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
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,098	0	1,098	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	17,445	0	17,445	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	16,543	0	16,543	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		6.00	8.00	9.00	10.00	12.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		302,628	41,984	289,749	41,984	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,823	0	1,823	0	0	190.00
194.00	07951	1,666	0	1,666	0	0	194.00
200.00							200.00
201.00							201.00
202.00		16,348,491	1,050,705	4,254,251	4,128,205	0	202.00
203.00		53.406021	25.026320	14.507843	98.328054	0.000000	203.00
204.00		6,756,653	94,691	827,102	780,078	0	204.00
205.00		22.072126	2.255407	2.820583	18.580364	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1
Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description			NURSING ADMINISTRATION (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	1,889,643					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	30,010,123				14.00
15.00	01500	PHARMACY	0	118,085	14,843,386			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	836,462,735		16.00
17.00	01700	SOCIAL SERVICE	13,742	0	0	0	41,984	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	894,358	1,000,889	125,907	66,744,385	34,994	30.00
31.00	03100	INTENSIVE CARE UNIT	205,446	439,888	40,281	12,876,577	4,413	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	50,532	49,053	2,438	6,767,849	2,577	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	270,953	18,552,290	196,031	123,805,397	0	50.00
51.00	05100	RECOVERY ROOM	44,124	38,522	5,681	15,915,246	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	98,771	259,085	19,397	12,299,110	0	52.00
53.00	05300	ANESTHESIOLOGY	9,274	360,426	25,651	21,683,522	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,799	1,481,686	172,103	70,172,234	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	801,870	10,005	9,206,173	0	56.00
56.01	03630	ULTRA SOUND	0	13,606	15	14,760,012	0	56.01
57.00	05700	CT SCAN	0	275,733	21,784	54,571,593	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	61	97,825	4,310	19,195,199	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,647	3,529,565	18,207	26,838,590	0	59.00
60.00	06000	LABORATORY	0	640,701	0	64,189,840	0	60.00
60.01	06001	BLOOD LABORATORY	0	56,437	0	4,613,125	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	253,290	88	20,144,700	0	65.00
66.00	06600	PHYSICAL THERAPY	1,145	28,431	51	10,597,805	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,806	0	1,456,950	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23,409	14,375	1,549	18,658,226	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,394	0	722,809	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,025,470	1,508	27,694,994	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	34,778,145	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	13,983,505	121,360,708	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	7,620	10,644	0	1,826,752	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	35,343	345,193	20,930	21,713,746	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	199,418	611,710	193,945	53,869,048	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description		NURSING ADMINISTRATION (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,889,642	30,009,974	14,843,386	836,462,735	41,984
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	61	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	1	88	0	0	194.00
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)	2,603,866	2,443,531	7,793,761	950,018	759,267
203.00		Unit cost multiplier (Wkst. B, Part I)	1.377967	0.081424	0.525066	0.001136	18.084675
204.00		Cost to be allocated (per Wkst. B, Part II)	77,730	484,787	276,468	269,280	16,055
205.00		Unit cost multiplier (Wkst. B, Part II)	0.041135	0.016154	0.018626	0.000322	0.382408

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM-PASTORAL CARE (PATIENT DAYS)
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
			19.00	20.00	
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000 NURSING SCHOOL		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				0	22.00
23.00 02300 PARAMED PRGM-PASTORAL CARE					41,984
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	34,994
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	4,413
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	0	0	0	0	2,577
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	0	0
51.00 05100 RECOVERY ROOM	0	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0
56.01 03630 ULTRA SOUND	0	0	0	0	0
57.00 05700 CT SCAN	0	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000 LABORATORY	0	0	0	0	0
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	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
76.00 03160 CARDIOPULMONARY	0	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000 CLINIC	0	0	0	0	0
90.01 09001 WOMENS HEALTH	0	0	0	0	0
90.02 09002 SPINE CENTER	0	0	0	0	0
91.00 09100 EMERGENCY	0	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	0
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM-PASTORAL CARE (PATIENT DAYS) 23.00		
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			19.00	20.00			21.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	41,984	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
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	821,660	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	19.570789	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	192,671	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	4.589153	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	Hospital		
					RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	48,135,662		48,135,662	0	48,135,662	30.00
31.00	03100 INTENSIVE CARE UNIT	8,080,690		8,080,690	0	8,080,690	31.00
40.00	04000 SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,726,439		2,726,439	0	2,726,439	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	24,542,223		24,542,223	0	24,542,223	50.00
51.00	05100 RECOVERY ROOM	2,834,681		2,834,681	0	2,834,681	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,500,026		3,500,026	0	3,500,026	52.00
53.00	05300 ANESTHESIOLOGY	1,218,135		1,218,135	0	1,218,135	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,364,662		12,364,662	0	12,364,662	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,139,801		1,139,801	0	1,139,801	56.00
56.01	03630 ULTRA SOUND	2,407,099		2,407,099	0	2,407,099	56.01
57.00	05700 CT SCAN	3,311,439		3,311,439	0	3,311,439	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,536,216		1,536,216	0	1,536,216	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,532,365		4,532,365	0	4,532,365	59.00
60.00	06000 LABORATORY	10,023,944		10,023,944	0	10,023,944	60.00
60.01	06001 BLOOD LABORATORY	835,004		835,004	0	835,004	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST	0		0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	3,247,477	0	3,247,477	0	3,247,477	65.00
66.00	06600 PHYSICAL THERAPY	4,345,841	0	4,345,841	0	4,345,841	66.00
67.00	06700 OCCUPATIONAL THERAPY	478,340	0	478,340	0	478,340	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,991,140		2,991,140	0	2,991,140	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	134,260		134,260	0	134,260	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	20,973,683		20,973,683	0	20,973,683	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	14,872,661		14,872,661	0	14,872,661	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,569,270		26,569,270	0	26,569,270	73.00
76.00	03160 CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	905,061		905,061	0	905,061	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	7,331,565		7,331,565	0	7,331,565	90.00
90.01	09001 WOMENS HEALTH	0		0	0	0	90.01
90.02	09002 SPINE CENTER	0		0	0	0	90.02
91.00	09100 EMERGENCY	10,890,864		10,890,864	0	10,890,864	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,901,420		6,901,420	0	6,901,420	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
200.00	Subtotal (see instructions)	226,829,968	0	226,829,968	0	226,829,968	200.00
201.00	Less Observation Beds	6,901,420		6,901,420	0	6,901,420	201.00
202.00	Total (see instructions)	219,928,548	0	219,928,548	0	219,928,548	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2017 8:31 am

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	66,744,385		66,744,385		30.00
31.00	03100	INTENSIVE CARE UNIT	12,876,577		12,876,577		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	6,767,849		6,767,849		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,207,036	80,598,361	123,805,397	0.198232	50.00
51.00	05100	RECOVERY ROOM	5,176,987	10,738,259	15,915,246	0.178111	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,593,405	705,705	12,299,110	0.284576	52.00
53.00	05300	ANESTHESIOLOGY	7,329,341	14,354,181	21,683,522	0.056178	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,452,250	59,719,984	70,172,234	0.176204	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,612,282	7,593,891	9,206,173	0.123808	56.00
56.01	03630	ULTRA SOUND	2,536,965	12,223,047	14,760,012	0.163082	56.01
57.00	05700	CT SCAN	14,131,327	40,440,266	54,571,593	0.060681	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,195,190	15,000,009	19,195,199	0.080031	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,972,551	14,866,039	26,838,590	0.168875	59.00
60.00	06000	LABORATORY	32,173,968	32,015,872	64,189,840	0.156161	60.00
60.01	06001	BLOOD LABORATORY	3,406,808	1,206,317	4,613,125	0.181006	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	18,247,000	1,897,700	20,144,700	0.161208	65.00
66.00	06600	PHYSICAL THERAPY	5,368,108	5,229,697	10,597,805	0.410070	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,106,281	350,669	1,456,950	0.328316	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,450,438	12,207,788	18,658,226	0.160312	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	106,247	616,562	722,809	0.185748	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,916,785	12,778,209	27,694,994	0.757310	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,560,737	13,217,408	34,778,145	0.427644	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,712,826	59,647,882	121,360,708	0.218928	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	52,404	1,774,348	1,826,752	0.495448	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	132,596	21,581,150	21,713,746	0.337646	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	90.01
90.02	09002	SPI NE CENTER	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	13,586,087	40,282,961	53,869,048	0.202173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,847,983	7,297,884	10,145,867	0.680220	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	380,264,413	466,344,189	846,608,602		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	380,264,413	466,344,189	846,608,602		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 8:31 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.198232		50.00
51.00	05100	RECOVERY ROOM	0.178111		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.284576		52.00
53.00	05300	ANESTHESIOLOGY	0.056178		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176204		54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.123808		56.00
56.01	03630	ULTRA SOUND	0.163082		56.01
57.00	05700	CT SCAN	0.060681		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080031		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.168875		59.00
60.00	06000	LABORATORY	0.156161		60.00
60.01	06001	BLOOD LABORATORY	0.181006		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0.000000		62.01
65.00	06500	RESPIRATORY THERAPY	0.161208		65.00
66.00	06600	PHYSICAL THERAPY	0.410070		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.328316		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.160312		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185748		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.757310		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.427644		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.218928		73.00
76.00	03160	CARDIOPULMONARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.495448		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.337646		90.00
90.01	09001	WOMENS HEALTH	0.000000		90.01
90.02	09002	SPINE CENTER	0.000000		90.02
91.00	09100	EMERGENCY	0.202173		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.680220		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-0291

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

Worksheet C
Part I
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		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		48,135,662		0	48,135,662	30.00
31.00	03100 INTENSIVE CARE UNIT		8,080,690		0	8,080,690	31.00
40.00	04000 SUBPROVIDER - I/PF		0		0	0	40.00
41.00	04100 SUBPROVIDER - I/RF		0		0	0	41.00
42.00	04200 SUBPROVIDER		0		0	0	42.00
43.00	04300 NURSERY		2,726,439		0	2,726,439	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		24,542,223		0	24,542,223	50.00
51.00	05100 RECOVERY ROOM		2,834,681		0	2,834,681	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,500,026		0	3,500,026	52.00
53.00	05300 ANESTHESIOLOGY		1,218,135		0	1,218,135	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		12,364,662		0	12,364,662	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC		1,139,801		0	1,139,801	56.00
56.01	03630 ULTRA SOUND		2,407,099		0	2,407,099	56.01
57.00	05700 CT SCAN		3,311,439		0	3,311,439	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,536,216		0	1,536,216	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,532,365		0	4,532,365	59.00
60.00	06000 LABORATORY		10,023,944		0	10,023,944	60.00
60.01	06001 BLOOD LABORATORY		835,004		0	835,004	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0		0	0	62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST		0		0	0	62.01
65.00	06500 RESPIRATORY THERAPY	0	3,247,477	0	0	3,247,477	65.00
66.00	06600 PHYSICAL THERAPY	0	4,345,841	0	0	4,345,841	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	478,340	0	0	478,340	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		2,991,140		0	2,991,140	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		134,260		0	134,260	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		20,973,683		0	20,973,683	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT		0		0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		14,872,661		0	14,872,661	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		26,569,270		0	26,569,270	73.00
76.00	03160 CARDIOPULMONARY		0		0	0	76.00
76.97	07697 CARDIAC REHABILITATION		905,061		0	905,061	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0		0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89.00
90.00	09000 CLINIC		7,331,565		0	7,331,565	90.00
90.01	09001 WOMENS HEALTH		0		0	0	90.01
90.02	09002 SPINE CENTER		0		0	0	90.02
91.00	09100 EMERGENCY		10,890,864		0	10,890,864	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,901,420		0	6,901,420	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF		0		0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0		0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION		0		0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0		0	0	110.00
111.00	11100 ISLET ACQUISITION		0		0	0	111.00
200.00	Subtotal (see instructions)	0	226,829,968	0	0	226,829,968	200.00
201.00	Less Observation Beds		6,901,420		0	6,901,420	201.00
202.00	Total (see instructions)	0	219,928,548	0	0	219,928,548	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	66,744,385		66,744,385		30.00
31.00	03100	INTENSIVE CARE UNIT	12,876,577		12,876,577		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	6,767,849		6,767,849		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,207,036	80,598,361	123,805,397	0.198232	50.00
51.00	05100	RECOVERY ROOM	5,176,987	10,738,259	15,915,246	0.178111	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,593,405	705,705	12,299,110	0.284576	52.00
53.00	05300	ANESTHESIOLOGY	7,329,341	14,354,181	21,683,522	0.056178	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,452,250	59,719,984	70,172,234	0.176204	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,612,282	7,593,891	9,206,173	0.123808	56.00
56.01	03630	ULTRA SOUND	2,536,965	12,223,047	14,760,012	0.163082	56.01
57.00	05700	CT SCAN	14,131,327	40,440,266	54,571,593	0.060681	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,195,190	15,000,009	19,195,199	0.080031	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,972,551	14,866,039	26,838,590	0.168875	59.00
60.00	06000	LABORATORY	32,173,968	32,015,872	64,189,840	0.156161	60.00
60.01	06001	BLOOD LABORATORY	3,406,808	1,206,317	4,613,125	0.181006	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	18,247,000	1,897,700	20,144,700	0.161208	65.00
66.00	06600	PHYSICAL THERAPY	5,368,108	5,229,697	10,597,805	0.410070	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,106,281	350,669	1,456,950	0.328316	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,450,438	12,207,788	18,658,226	0.160312	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	106,247	616,562	722,809	0.185748	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,916,785	12,778,209	27,694,994	0.757310	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,560,737	13,217,408	34,778,145	0.427644	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,712,826	59,647,882	121,360,708	0.218928	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	52,404	1,774,348	1,826,752	0.495448	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	132,596	21,581,150	21,713,746	0.337646	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	90.01
90.02	09002	SPI NE CENTER	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	13,586,087	40,282,961	53,869,048	0.202173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,847,983	7,297,884	10,145,867	0.680220	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	380,264,413	466,344,189	846,608,602		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	380,264,413	466,344,189	846,608,602		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 8:31 am
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.00
56.01	03630	ULTRA SOUND	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0.000000		62.01
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03160	CARDIOPULMONARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOMENS HEALTH	0.000000		90.01
90.02	09002	SPINE CENTER	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/25/2017 8:31 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	7,854,219	0	7,854,219	40,851	192.27	30.00
31.00	INTENSIVE CARE UNIT	820,931		820,931	4,413	186.03	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	298,735		298,735	2,577	115.92	43.00
200.00	Total (Lines 30-199)	8,973,885		8,973,885	47,841		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	17,250	3,316,658				30.00
31.00	INTENSIVE CARE UNIT	2,435	452,983				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	19,685	3,769,641				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0291

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

Worksheet D
Part II
Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,358,308	123,805,397	0.035203	19,117,221	672,984	50.00
51.00	05100	RECOVERY ROOM	473,151	15,915,246	0.029729	2,111,049	62,759	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	132,159	12,299,110	0.010745	6,724	72	52.00
53.00	05300	ANESTHESIOLOGY	189,242	21,683,522	0.008727	2,968,624	25,907	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,107,924	70,172,234	0.015789	5,723,712	90,372	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	155,422	9,206,173	0.016882	876,526	14,798	56.00
56.01	03630	ULTRA SOUND	470,132	14,760,012	0.031852	1,306,447	41,613	56.01
57.00	05700	CT SCAN	285,351	54,571,593	0.005229	7,194,766	37,621	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	178,285	19,195,199	0.009288	2,003,950	18,613	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,074,727	26,838,590	0.040044	5,305,172	212,440	59.00
60.00	06000	LABORATORY	698,091	64,189,840	0.010875	15,306,697	166,460	60.00
60.01	06001	BLOOD LABORATORY	36,276	4,613,125	0.007864	1,407,450	11,068	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	53,283	20,144,700	0.002645	10,573,655	27,967	65.00
66.00	06600	PHYSICAL THERAPY	494,916	10,597,805	0.046700	3,274,088	152,900	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,668	1,456,950	0.018304	650,207	11,901	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	398,317	18,658,226	0.021348	3,625,852	77,405	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,494	722,809	0.002067	49,985	103	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	157,259	27,694,994	0.005678	6,814,844	38,695	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	110,119	34,778,145	0.003166	10,276,626	32,536	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	448,202	121,360,708	0.003693	28,872,420	106,626	73.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	86,620	1,826,752	0.047417	26,520	1,257	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	1,317,970	21,713,746	0.060697	87,981	5,340	90.00
90.01	09001	WOMENS HEALTH	0	0	0.000000	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0.000000	0	0	90.02
91.00	09100	EMERGENCY	1,312,236	53,869,048	0.024360	6,849,981	166,866	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,126,091	10,145,867	0.110990	1,471,549	163,327	92.00
200.00		Total (lines 50-199)	14,692,243	760,219,791		135,902,046	2,139,630	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/25/2017 8:31 am
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Title XVIII			Hospital		PPS		
Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	684,860	0	684,860	30.00
31.00	03100	INTENSIVE CARE UNIT	0	86,366	0	86,366	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	50,434	0	50,434	43.00
200.00		Total (lines 30-199)	0	821,660	0	821,660	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	40,851	16.76	17,250	289,110	30.00
31.00	03100	INTENSIVE CARE UNIT	4,413	19.57	2,435	47,653	31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	2,577	19.57	0	0	43.00
200.00		Total (lines 30-199)	47,841		19,685	336,763	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 8:31 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
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
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	98,193	0	98,193
200.00		Total (lines 50-199)	0	0	98,193	0	98,193

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 8:31 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient 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	123,805,397	0.000000	0.000000	19,117,221	50.00
51.00	05100	RECOVERY ROOM	0	15,915,246	0.000000	0.000000	2,111,049	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,299,110	0.000000	0.000000	6,724	52.00
53.00	05300	ANESTHESIOLOGY	0	21,683,522	0.000000	0.000000	2,968,624	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	70,172,234	0.000000	0.000000	5,723,712	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	9,206,173	0.000000	0.000000	876,526	56.00
56.01	03630	ULTRA SOUND	0	14,760,012	0.000000	0.000000	1,306,447	56.01
57.00	05700	CT SCAN	0	54,571,593	0.000000	0.000000	7,194,766	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,195,199	0.000000	0.000000	2,003,950	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	26,838,590	0.000000	0.000000	5,305,172	59.00
60.00	06000	LABORATORY	0	64,189,840	0.000000	0.000000	15,306,697	60.00
60.01	06001	BLOOD LABORATORY	0	4,613,125	0.000000	0.000000	1,407,450	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	20,144,700	0.000000	0.000000	10,573,655	65.00
66.00	06600	PHYSICAL THERAPY	0	10,597,805	0.000000	0.000000	3,274,088	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,456,950	0.000000	0.000000	650,207	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,658,226	0.000000	0.000000	3,625,852	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	722,809	0.000000	0.000000	49,985	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,694,994	0.000000	0.000000	6,814,844	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	34,778,145	0.000000	0.000000	10,276,626	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	121,360,708	0.000000	0.000000	28,872,420	73.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,826,752	0.000000	0.000000	26,520	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	21,713,746	0.000000	0.000000	87,981	90.00
90.01	09001	WOMENS HEALTH	0	0	0.000000	0.000000	0	90.01
90.02	09002	SPI NE CENTER	0	0	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	0	53,869,048	0.000000	0.000000	6,849,981	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	98,193	10,145,867	0.009678	0.009678	1,471,549	92.00
200.00		Total (lines 50-199)	98,193	760,219,791			135,902,046	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0291

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2017 8:31 am

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	22,606,625	0	50.00
51.00	05100 RECOVERY ROOM	0	2,202,894	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,175	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,893,062	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	18,408,313	0	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	3,398,876	0	56.00
56.01	03630 ULTRA SOUND	0	2,722,440	0	56.01
57.00	05700 CT SCAN	0	12,857,133	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,015,905	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,941,996	0	59.00
60.00	06000 LABORATORY	0	7,504,030	0	60.00
60.01	06001 BLOOD LABORATORY	0	418,321	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	0	761,689	0	65.00
66.00	06600 PHYSICAL THERAPY	0	196,217	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	49,098	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,197,158	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	116,042	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,802,773	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,873,597	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	19,135,263	0	73.00
76.00	03160 CARDIOPULMONARY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	934,312	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	4,780,980	0	90.00
90.01	09001 WOMENS HEALTH	0	0	0	90.01
90.02	09002 SPINE CENTER	0	0	0	90.02
91.00	09100 EMERGENCY	0	8,339,583	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,242	2,630,881	25,462	92.00
200.00	Total (lines 50-199)	14,242	134,788,363	25,462	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 8:31 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.198232	22,606,625	0	0	4,481,356	50.00
51.00	05100	RECOVERY ROOM	0.178111	2,202,894	0	0	392,360	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.284576	1,175	0	0	334	52.00
53.00	05300	ANESTHESIOLOGY	0.056178	3,893,062	0	0	218,704	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176204	18,408,313	0	0	3,243,618	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.123808	3,398,876	0	0	420,808	56.00
56.01	03630	ULTRA SOUND	0.163082	2,722,440	0	0	443,981	56.01
57.00	05700	CT SCAN	0.060681	12,857,133	0	0	780,184	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080031	4,015,905	0	0	321,397	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.168875	6,941,996	0	0	1,172,330	59.00
60.00	06000	LABORATORY	0.156161	7,504,030	0	0	1,171,837	60.00
60.01	06001	BLOOD LABORATORY	0.181006	418,321	0	0	75,719	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.161208	761,689	0	0	122,790	65.00
66.00	06600	PHYSICAL THERAPY	0.410070	196,217	0	0	80,463	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.328316	49,098	0	0	16,120	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.160312	4,197,158	0	0	672,855	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185748	116,042	0	0	21,555	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.757310	3,802,773	0	0	2,879,878	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.427644	4,873,597	0	0	2,084,165	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.218928	19,135,263	0	60,484	4,189,245	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.495448	934,312	0	0	462,903	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.337646	4,780,980	0	0	1,614,279	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.202173	8,339,583	0	0	1,686,039	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.680220	2,630,881	0	0	1,789,578	92.00
200.00		Subtotal (see instructions)		134,788,363	0	60,484	28,342,498	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		134,788,363	0	60,484	28,342,498	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 8:31 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.00
56.01 03630 ULTRA SOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
62.01 06201 BLOOD CLOTTING FACTORS ADMIN COST	0	0		62.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	13,242		73.00
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOMENS HEALTH	0	0		90.01
90.02 09002 SPINE CENTER	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	13,242		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	13,242		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 8:31 am
		Title XIX	Hospital	Cost

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	0.198232	0	0	742,432	0	50.00
51.00	05100 RECOVERY ROOM	0.178111	0	0	106,114	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.284576	0	0	57,779	0	52.00
53.00	05300 ANESTHESIOLOGY	0.056178	0	0	153,379	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.176204	0	0	566,906	0	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.123808	0	0	74,564	0	56.00
56.01	03630 ULTRA SOUND	0.163082	0	0	317,296	0	56.01
57.00	05700 CT SCAN	0.060681	0	0	745,637	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.080031	0	0	278,711	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.168875	0	0	35,235	0	59.00
60.00	06000 LABORATORY	0.156161	0	0	805,743	0	60.00
60.01	06001 BLOOD LABORATORY	0.181006	0	0	18,249	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	0.161208	0	0	31,658	0	65.00
66.00	06600 PHYSICAL THERAPY	0.410070	0	0	71,920	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.328316	0	0	12,406	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.160312	0	0	175,305	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.185748	0	0	23,868	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.757310	0	0	67,681	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.427644	0	0	44,604	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.218928	0	0	868,712	0	73.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.495448	0	0	6,134	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.337646	0	0	890,140	0	90.00
90.01	09001 WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002 SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.202173	0	0	1,620,526	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.680220	0	0	240,924	0	92.00
200.00	Subtotal (see instructions)		0	0	7,955,923	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	7,955,923	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 8:31 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	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	147,174		50.00
51.00 05100 RECOVERY ROOM	0	18,900		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	16,443		52.00
53.00 05300 ANESTHESIOLOGY	0	8,617		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	99,891		54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	9,232		56.00
56.01 03630 ULTRA SOUND	0	51,745		56.01
57.00 05700 CT SCAN	0	45,246		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	22,306		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	5,950		59.00
60.00 06000 LABORATORY	0	125,826		60.00
60.01 06001 BLOOD LABORATORY	0	3,303		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0		62.01
65.00 06500 RESPIRATORY THERAPY	0	5,104		65.00
66.00 06600 PHYSICAL THERAPY	0	29,492		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	4,073		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	28,103		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	4,433		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,255		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	19,075		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	190,185		73.00
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	3,039		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	300,552		90.00
90.01 09001 WOMENS HEALTH	0	0		90.01
90.02 09002 SPINE CENTER	0	0		90.02
91.00 09100 EMERGENCY	0	327,627		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	163,881		92.00
200.00 Subtotal (see instructions)	0	1,681,452		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	1,681,452		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 8:31 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,851	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,851	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)		34,994	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)		17,250	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)		48,135,662	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)		48,135,662	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)		48,135,662	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)		1,178.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,326,020	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)		20,326,020	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 8:31 am	
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)	PPS
42.00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units		0	0	0.00	0	0	
43.00	INTENSIVE CARE UNIT	8,080,690	4,413	1,831.11	2,435	4,458,753	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,958,951	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					56,743,724	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,106,404	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,153,872	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,260,276	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					50,483,448	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,857	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,178.32	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,901,420	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 8:31 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,854,219	48,135,662	0.163168	6,901,420	1,126,091	90.00
91.00	Nursing School cost	0	48,135,662	0.000000	6,901,420	0	91.00
92.00	Allied health cost	684,860	48,135,662	0.014228	6,901,420	98,193	92.00
93.00	All other Medical Education	0	48,135,662	0.000000	6,901,420	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 8:31 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,851	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,851	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)		34,994	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)		1,067	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)		2,577	15.00
16.00	Nursery days (title V or XIX only)		139	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)		48,135,662	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)		48,135,662	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)		48,135,662	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)		1,178.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,257,267	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)		1,257,267	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1		
		Title XIX		Hospital		Cost		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	2,726,439	2,577	1,057.99	139	147,061	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	8,080,690	4,413	1,831.11	133	243,538	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,321,027	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,968,893	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						5,857	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,178.32	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						6,901,420	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 8:31 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,854,219	48,135,662	0.163168	6,901,420	1,126,091	90.00
91.00	Nursing School cost	0	48,135,662	0.000000	6,901,420	0	91.00
92.00	Allied health cost	0	48,135,662	0.000000	6,901,420	0	92.00
93.00	All other Medical Education	0	48,135,662	0.000000	6,901,420	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 8:31 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		29,670,089	30.00
31.00	03100	INTENSIVE CARE UNIT		6,993,238	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.198232	19,117,221	50.00
51.00	05100	RECOVERY ROOM	0.178111	2,111,049	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.284576	6,724	52.00
53.00	05300	ANESTHESIOLOGY	0.056178	2,968,624	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176204	5,723,712	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.123808	876,526	56.00
56.01	03630	ULTRA SOUND	0.163082	1,306,447	56.01
57.00	05700	CT SCAN	0.060681	7,194,766	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080031	2,003,950	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.168875	5,305,172	59.00
60.00	06000	LABORATORY	0.156161	15,306,697	60.00
60.01	06001	BLOOD LABORATORY	0.181006	1,407,450	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.161208	10,573,655	65.00
66.00	06600	PHYSICAL THERAPY	0.410070	3,274,088	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.328316	650,207	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.160312	3,625,852	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185748	49,985	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.757310	6,814,844	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.427644	10,276,626	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.218928	28,872,420	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.495448	26,520	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.337646	87,981	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	90.01
90.02	09002	SPI NE CENTER	0.000000	0	90.02
91.00	09100	EMERGENCY	0.202173	6,849,981	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.680220	1,471,549	92.00
200.00		Total (sum of lines 50-94 and 96-98)		135,902,046	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)		135,902,046	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 8:31 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,652,412	30.00
31.00	03100	INTENSIVE CARE UNIT		410,673	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		432,756	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.198232	555,151	110,049 50.00
51.00	05100	RECOVERY ROOM	0.178111	56,186	10,007 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.284576	228,696	65,081 52.00
53.00	05300	ANESTHESIOLOGY	0.056178	97,812	5,495 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176204	408,398	71,961 54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.123808	41,234	5,105 56.00
56.01	03630	ULTRA SOUND	0.163082	62,976	10,270 56.01
57.00	05700	CT SCAN	0.060681	369,577	22,426 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080031	72,025	5,764 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.168875	211,134	35,655 59.00
60.00	06000	LABORATORY	0.156161	885,126	138,222 60.00
60.01	06001	BLOOD LABORATORY	0.181006	90,178	16,323 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0 62.01
65.00	06500	RESPIRATORY THERAPY	0.161208	401,240	64,683 65.00
66.00	06600	PHYSICAL THERAPY	0.410070	66,265	27,173 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.328316	15,894	5,218 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.160312	111,416	17,861 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185748	3,952	734 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.757310	218,380	165,381 71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0 71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.427644	183,410	78,434 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.218928	1,640,762	359,209 73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.495448	1,272	630 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.337646	2,906	981 90.00
90.01	09001	WOMENS HEALTH	0.000000	0	0 90.01
90.02	09002	SPI NE CENTER	0.000000	0	0 90.02
91.00	09100	EMERGENCY	0.202173	328,278	66,369 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.680220	55,858	37,996 92.00
200.00		Total (sum of lines 50-94 and 96-98)		6,108,126	1,321,027 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		6,108,126	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 8:31 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		41,487,681	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,383,450	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		4,214,107	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		140.00	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)		0.80	30.00
31.00	Percentage of Medicaid patient days (see instructions)		7.29	31.00
32.00	Sum of lines 30 and 31		8.09	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 8:31 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)	0.000070382	0.000071400	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	0	0	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)	42,871,131		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)		42,871,131	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,470,209	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		141,837	53.00
54.00	Special add-on payments for new technologies		842	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).		336,763	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		14,242	58.00
59.00	Total (sum of amounts on lines 49 through 58)		46,835,024	59.00
60.00	Primary payer payments		39,985	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		46,795,039	61.00
62.00	Deductibles billed to program beneficiaries		3,951,948	62.00
63.00	Coinurance billed to program beneficiaries		142,646	63.00
64.00	Allowable bad debts (see instructions)		460,846	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		299,550	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		197,456	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		42,999,995	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)		27,724	70.93
70.94	HRR adjustment amount (see instructions)		-1,013	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 8:31 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			43,026,706	71.00
71.01	Sequestration adjustment (see instructions)			860,534	71.01
72.00	Interim payments			41,386,237	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)			779,935	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			6,315	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/25/2017 8:31 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,242	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,317,036	2.00
3.00	PPS payments		26,419,651	3.00
4.00	Outlier payment (see instructions)		61,259	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.820	5.00
6.00	Line 2 times line 5		23,219,970	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		25,462	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		13,242	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		60,484	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)		60,484	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)		60,484	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		47,242	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)		13,242	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)		26,506,372	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5,046,591	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		21,473,023	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)		21,473,023	30.00
31.00	Primary payer payments		2,009	31.00
32.00	Subtotal (line 30 minus line 31)		21,471,014	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)		585,635	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		380,663	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		329,026	36.00
37.00	Subtotal (see instructions)		21,851,677	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		21,851,677	40.00
40.01	Sequestration adjustment (see instructions)		437,034	40.01
41.00	Interim payments		21,005,599	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		409,044	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: 14-0291		Period: From 01/01/2016 To 12/31/2016		Worksheet E-1 Part I Date/Time Prepared: 5/25/2017 8:31 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		41,386,237		21,005,599	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)		41,386,237		21,005,599	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		779,935		409,044	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		42,166,172		21,414,643	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: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/25/2017 8:31 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		9,812	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		19,685	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		1,981	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		39,407	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		846,608,602	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		6,077,000	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00

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

Provider CCN: 14-0291

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

Worksheet G

Date/Time Prepared:
5/25/2017 8:31 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	72,316,000	0	0	0	1.00
2.00	Temporary investments	71,537,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	544,684,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	224,106,000	0	0	0	9.00
10.00	Due from other funds	25,422,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	938,065,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	148,150,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,838,618,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,441,911,000	0	0	0	23.00
24.00	Accumulated depreciation	-2,348,043,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	2,080,636,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,363,740,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	379,088,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,742,828,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	7,761,529,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	325,076,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	370,195,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	57,524,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	421,041,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,173,836,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,517,328,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	897,259,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,414,587,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,588,423,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	4,173,106,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	4,173,106,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	7,761,529,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0291

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

Worksheet G-1

Date/Time Prepared:
5/25/2017 8:31 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		4,116,802,240		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		56,303,760			2.00
3.00	Total (sum of line 1 and line 2)		4,173,106,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		4,173,106,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		4,173,106,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			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: 14-0291

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2017 8:31 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	73,512,234		73,512,234	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	73,512,234		73,512,234	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,876,577		12,876,577	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,876,577		12,876,577	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	86,388,811		86,388,811	17.00
18.00	Ancillary services	282,595,925	445,006,719	727,602,644	18.00
19.00	Outpatient services	132,596	21,581,150	21,713,746	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OBSERVATION	2,847,983	7,297,884	10,145,867	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	371,965,315	473,885,753	845,851,068	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		244,250,672		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)		244,250,672		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0291

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

Worksheet G-3

Date/Time Prepared:
5/25/2017 8:31 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	845,851,068	1.00
2.00	Less contractual allowances and discounts on patients' accounts	546,744,175	2.00
3.00	Net patient revenues (line 1 minus line 2)	299,106,893	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	244,250,672	4.00
5.00	Net income from service to patients (line 3 minus line 4)	54,856,221	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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	1,447,539	24.00
25.00	Total other income (sum of lines 6-24)	1,447,539	25.00
26.00	Total (line 5 plus line 25)	56,303,760	26.00
27.00	NET NON OPERATING EXPENSE	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	56,303,760	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0291	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/25/2017 8:31 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,334,602	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		80,586	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)		108.54	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)		0.80	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		7.29	8.00
9.00	Sum of lines 7 and 8		8.09	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.65	10.00
11.00	Disproportionate share adjustment (see instructions)		55,021	11.00
12.00	Total prospective capital payments (see instructions)		3,470,209	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