

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: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/24/2017 8:03 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date:	Time:
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by HOLY FAMILY MEDICAL CENTER (14-2011) 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	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	192,419	27,582	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	192,419	27,582	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-2011		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 8:03 am						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 100 NORTH RIVER ROAD, SECOND FLOOR		PO Box:						1.00			
2.00	City: DES PLAINES		State: IL		Zip Code: 60016		County: COOK		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		HOLY FAMILY MEDICAL CENTER	142011	16974	2	03/01/2006	N	P	P	3.00	
4.00	Subprovider - IPF										4.00	
5.00	Subprovider - IRF										5.00	
6.00	Subprovider - (Other)										6.00	
7.00	Swing Beds - SNF										7.00	
8.00	Swing Beds - NF										8.00	
9.00	Hospital-Based SNF										9.00	
10.00	Hospital-Based NF										10.00	
11.00	Hospital-Based OLTC										11.00	
12.00	Hospital-Based HHA										12.00	
13.00	Separately Certified ASC										13.00	
14.00	Hospital-Based Hospice										14.00	
15.00	Hospital-Based Health Clinic - RHC										15.00	
16.00	Hospital-Based Health Clinic - FQHC										16.00	
17.00	Hospital-Based (CMHC) I										17.00	
18.00	Renal Dialysis										18.00	
19.00	Other										19.00	
						From:	To:					
						1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2016	12/31/2016		20.00			
21.00	Type of Control (see instructions)					1			21.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	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.						0		23.00			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					0	0	0	0	0	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 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: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 8:03 am			
		Urban/Rural	St	Date of Geogra			
		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		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		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		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		Teaching Hospitals that Claim Residents in Nonprovider Settings		0.00		62.01
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)				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	2.00	3.00
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				Y	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V 1.00	XIX 2.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N			109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
				1.00	2.00
				3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
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.	2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	964,923	118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.06	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-2011		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 8:03 am	
		1.00	2.00				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H082				140.00
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: PRESENCE HEALTH	Contractor's Name: NGS		Contractor's Number: 00131			141.00
142.00	Street: 200 S. WACKER DRIVE	PO Box:					142.00
143.00	City: CHI CAGO	State: IL		Zip Code: 60606			143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y				144.00
		1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y					145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		155.00
156.00	Subprovider - IPF	N	N	N	N		156.00
157.00	Subprovider - IRF	N	N	N	N		157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N		159.00
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00
161.00	CMHC	N	N	N	N		161.00
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N				165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		N				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	169.00
		Beginning	Ending				
		1.00	2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 8:03 am
			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: 14-2011		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 8:03 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)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/19/2017			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/28/2017	Y	04/28/2017		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 8:03 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				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICK		GILLI LAND	41.00
42.00	Enter the employer/company name of the cost report preparer	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	8478133718		PATRICK.GILLI LAND@PRESENCEHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 8:03 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.	REGIONAL DIRECTOR OF REIMBURSEMENT		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

HFS Supplemental Information		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part IX Date/Time Prepared: 5/24/2017 8:03 am
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-2011

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 8:03 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	120	43,920	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)		120	43,920	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,928	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						13.00
14.00 Total (see instructions)		128	46,848	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		128			0	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: 14-2011

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 8:03 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)	12,769	1,535	29,190			1.00
2.00 HMO and other (see instructions)	0	0				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)	12,769	1,535	29,190			7.00
8.00 INTENSIVE CARE UNIT	663	132	2,070			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)	13,432	1,667	31,260	0.07	226.90	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.07	226.90	27.00
28.00 Observation Bed Days		0	0			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-2011

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 8:03 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	458	45	1,461	1.00
2.00 HMO and other (see instructions)			0	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	458	45	1,461	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-2011

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

Worksheet A
Date/Time Prepared:
5/24/2017 8:03 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		1,811,137	1,811,137	-147,071	1,664,066	1.00
2.00	00200		0	0	5,151,695	5,151,695	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	-30,941	154,727	123,786	0	123,786	4.00
5.01	00540	0	218,569	218,569	0	218,569	5.01
5.02	00550	0	0	0	0	0	5.02
5.03	00560	0	151	151	0	151	5.03
5.04	00570	0	0	0	0	0	5.04
5.05	00580	138,185	82,294	220,479	-5,530	214,949	5.05
5.06	00590	4,478,942	17,415,971	21,894,913	-2,352,381	19,542,532	5.06
6.00	00600	410,211	353,796	764,007	-12,815	751,192	6.00
7.00	00700	398,466	2,773,027	3,171,493	-111,670	3,059,823	7.00
8.00	00800	73,112	250,608	323,720	-108	323,612	8.00
9.00	00900	920,739	638,801	1,559,540	-11,256	1,548,284	9.00
10.00	01000	595,131	1,267,397	1,862,528	-681,976	1,180,552	10.00
11.00	01100	0	0	0	665,718	665,718	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	584,902	675,990	1,260,892	-160,692	1,100,200	13.00
14.00	01400	70,177	204,041	274,218	-498,150	-223,932	14.00
15.00	01500	1,031,917	3,222,568	4,254,485	-2,985,087	1,269,398	15.00
16.00	01600	48,408	123,652	172,060	-5,760	166,300	16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	0	0	0	354,311	354,311	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	10,675,640	4,618,639	15,294,279	-2,056,287	13,237,992	30.00
31.00	03100	1,625,409	531,892	2,157,301	-150,231	2,007,070	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,063,538	1,212,208	2,275,746	-801,242	1,474,504	50.00
53.00	05300	0	358,606	358,606	-20,764	337,842	53.00
54.00	05400	470,093	351,330	821,423	-239,026	582,397	54.00
56.00	05600	40,959	26,918	67,877	-18,626	49,251	56.00
57.00	05700	136,346	45,468	181,814	-18,555	163,259	57.00
57.01	03630	162,872	51,440	214,312	-14,048	200,264	57.01
58.00	05800	34,207	17,073	51,280	-3,892	47,388	58.00
60.00	06000	0	2,364,962	2,364,962	-219,661	2,145,301	60.00
65.00	06500	2,510,848	941,374	3,452,222	-280,066	3,172,156	65.00
66.00	06600	2,208,866	616,385	2,825,251	-41,365	2,783,886	66.00
69.00	06900	67,786	27,381	95,167	-11,300	83,867	69.00
70.00	07000	235,647	98,752	334,399	-19,512	314,887	70.00
71.00	07100	0	0	0	2,342,456	2,342,456	71.00
72.00	07200	0	0	0	566,547	566,547	72.00
73.00	07300	0	0	0	3,197,950	3,197,950	73.00
74.00	07400	503,043	265,189	768,232	-62,730	705,502	74.00
76.00	03950	202,570	39,333	241,903	762,522	1,004,425	76.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	657,979	805,524	1,463,503	-565,084	898,419	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	65,555	69,835	135,390	-6,226	129,164	90.00
90.02	09001	108,818	67,031	175,849	-32,109	143,740	90.02
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		1,507,979	1,507,979	-1,507,979	0	113.00
118.00		29,489,425	43,210,048	72,699,473	0	72,699,473	118.00
NONREIMBURSABLE COST CENTERS							
200.00		29,489,425	43,210,048	72,699,473	0	72,699,473	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-2011

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

Worksheet A
Date/Time Prepared:
5/24/2017 8:03 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	214,713	1,878,779	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-38,456	5,113,239	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,654	131,440	4.00
5.01	00540	NONPATIENT TELEPHONES	0	218,569	5.01
5.02	00550	DATA PROCESSING	357,221	357,221	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	368,828	368,979	5.03
5.04	00570	ADMINITTING	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	116,299	331,248	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	-3,481,865	16,060,667	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	751,192	6.00
7.00	00700	OPERATION OF PLANT	0	3,059,823	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	323,612	8.00
9.00	00900	HOUSEKEEPING	0	1,548,284	9.00
10.00	01000	DIETARY	-20,678	1,159,874	10.00
11.00	01100	CAFETERIA	-249,955	415,763	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,100,200	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-223,932	14.00
15.00	01500	PHARMACY	978	1,270,376	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	343,104	509,404	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	354,311	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-10	13,237,982	30.00
31.00	03100	INTENSIVE CARE UNIT	173,435	2,180,505	31.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,474,504	50.00
53.00	05300	ANESTHESIOLOGY	-560,479	-222,637	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	582,397	54.00
56.00	05600	RADIOISOTOPE	0	49,251	56.00
57.00	05700	CT SCAN	0	163,259	57.00
57.01	03630	ULTRA SOUND	0	200,264	57.01
58.00	05800	MRI	0	47,388	58.00
60.00	06000	LABORATORY	-23,849	2,121,452	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,172,156	65.00
66.00	06600	PHYSICAL THERAPY	256	2,784,142	66.00
69.00	06900	ELECTROCARDIOLOGY	0	83,867	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	314,887	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,342,456	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	566,547	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,197,950	73.00
74.00	07400	RENAL DIALYSIS	0	705,502	74.00
76.00	03950	SUBSTANCE ABUSE	0	1,004,425	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	898,419	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	129,164	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	143,740	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-2,792,804	69,906,669	118.00
NONREIMBURSABLE COST CENTERS					
200.00		TOTAL (SUM OF LINES 118-199)	-2,792,804	69,906,669	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet Non-CMS Wo Date/Time Prepared: 5/24/2017 8:03 am
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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAP REL COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01 NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.01
5.02 DATA PROCESSING	00550	DATA PROCESSING	5.02
5.03 PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04 ADMIN TTING	00570	ADMIN TTING	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06 ADMINISTRATIVE & GENERAL	00590		5.06
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
12.00 MAINTENANCE OF PERSONNEL	01200		12.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00 RADIOISOTOPE	05600		56.00
57.00 CT SCAN	05700		57.00
57.01 ULTRA SOUND	03630	ULTRA SOUND	57.01
58.00 MRI	05800		58.00
60.00 LABORATORY	06000		60.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
76.00 SUBSTANCE ABUSE	03950		76.00
76.97 CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98 HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99 LI THOTRI PSY	07699	LI THOTRI PSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	09000		90.00
90.02 WOMENS DIAGNOSTIC CENTER	09001		90.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
SPECIAL PURPOSE COST CENTERS			
113.00 INTEREST EXPENSE	11300		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
200.00 TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-2011

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INTEREST					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,507,979	1.00
	TOTALS		0	1,507,979	
B - CAPITAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,664,066	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,805,347	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
	TOTALS		0	4,469,413	
C - RECLASS DIETARY COSTS					
1.00	CAFETERIA	11.00	212,716	453,002	1.00
	TOTALS		212,716	453,002	
D - RECLASS SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,342,456	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	566,547	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
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
	TOTALS		0	2,909,003	
E - RECLASS DRUG COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,197,950	1.00
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

RECLASSIFICATIONS

Provider CCN: 14-2011

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	3,197,950	
F - RECLASS RESIDENCY COSTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	297,994	56,317	1.00
	TOTALS		297,994	56,317	
G - RECLASS RENTAL COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	838,369	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
	TOTALS		0	838,369	
H - RECLASS SUBSTANCE ABUSE					
1.00	SUBSTANCE ABUSE	76.00	572,833	189,689	1.00
	TOTALS		572,833	189,689	
500.00	Grand Total: Increases		1,083,543	13,621,722	500.00

RECLASSIFICATIONS

Provider CCN: 14-2011

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

Worksheet A-6
Date/Time Prepared:
5/24/2017 8:03 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
A - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	1,507,979	9	1.00
	TOTALS		0	1,507,979		
B - CAPITAL COSTS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,811,137	11	1.00
2.00	ADMINISTRATIVE & GENERAL	5.06	0	1,964,768	9	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	12,446	0	3.00
4.00	OPERATION OF PLANT	7.00	0	107,731	0	4.00
5.00	HOUSEKEEPING	9.00	0	6,031	0	5.00
6.00	DIETARY	10.00	0	10,895	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	159,085	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	64,943	0	8.00
9.00	PHARMACY	15.00	0	307	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	61,238	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	2,719	0	11.00
12.00	OPERATING ROOM	50.00	0	59,355	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	86,520	0	13.00
14.00	ULTRA SOUND	57.01	0	10,491	0	14.00
15.00	MRI	58.00	0	1,128	0	15.00
16.00	LABORATORY	60.00	0	36,879	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	16,435	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	13,395	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	5,445	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,543	0	20.00
21.00	RENAL DIALYSIS	74.00	0	525	0	21.00
22.00	HYPERBARIC OXYGEN THERAPY	76.98	0	250	0	22.00
23.00	CLINIC	90.00	0	1,625	0	23.00
24.00	WOMENS DIAGNOSTIC CENTER	90.02	0	24,522	0	24.00
	TOTALS		0	4,469,413		
C - RECLASS DIETARY COSTS						
1.00	DIETARY	10.00	212,716	453,002	0	1.00
	TOTALS		212,716	453,002		
D - RECLASS SUPPLY COSTS						
1.00	PHARMACY	15.00	0	2,028	0	1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	2,221	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.06	0	1,191	0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	63	0	4.00
5.00	HOUSEKEEPING	9.00	0	4,767	0	5.00
7.00	NURSING ADMINISTRATION	13.00	0	800	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	32,058	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,081,383	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	132,150	0	10.00
11.00	OPERATING ROOM	50.00	0	712,726	0	11.00
12.00	ANESTHESIOLOGY	53.00	0	18,549	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	130,115	0	13.00
14.00	RADIOISOTOPE	56.00	0	15,973	0	14.00
15.00	CT SCAN	57.00	0	11,110	0	15.00
16.00	ULTRA SOUND	57.01	0	3,557	0	16.00
17.00	MRI	58.00	0	73	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	248,010	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	16,119	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	478	0	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,981	0	21.00
22.00	RENAL DIALYSIS	74.00	0	59,226	0	22.00
23.00	HYPERBARIC OXYGEN THERAPY	76.98	0	247,649	0	23.00
24.00	CLINIC	90.00	0	1,311	0	24.00
25.00	WOMENS DIAGNOSTIC CENTER	90.02	0	5,222	0	25.00
26.00	OPERATION OF PLANT	7.00	0	193	0	26.00
27.00	LABORATORY	60.00	0	176,050	0	27.00
	TOTALS		0	2,909,003		
E - RECLASS DRUG COSTS						
1.00	PHARMACY	0.00	0	0	0	1.00
3.00	ADULTS & PEDIATRICS	15.00	0	2,980,131	0	3.00
4.00	INTENSIVE CARE UNIT	30.00	0	130,269	0	4.00
5.00	OPERATING ROOM	31.00	0	14,819	0	5.00
6.00	ANESTHESIOLOGY	50.00	0	18,947	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	53.00	0	2,215	0	7.00
8.00	RADIOISOTOPE	54.00	0	18,254	0	8.00
9.00	CT SCAN	56.00	0	89	0	9.00
10.00	MRI	57.00	0	7,417	0	10.00
11.00	LABORATORY	58.00	0	2,691	0	11.00
12.00	RESPIRATORY THERAPY	60.00	0	625	0	12.00
13.00		65.00	0	1,521	0	13.00

RECLASSIFICATIONS

Provider CCN: 14-2011

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

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
14.00	PHYSICAL THERAPY	66.00	0	306	0	14.00	
15.00	ELECTROCARDIOLOGY	69.00	0	806	0	15.00	
16.00	RENAL DIALYSIS	74.00	0	2,950	0	16.00	
17.00	HYPERBARIC OXYGEN THERAPY	76.98	0	15,349	0	17.00	
18.00	CLINIC	90.00	0	978	0	18.00	
19.00	WOMENS DIAGNOSTIC CENTER	90.02	0	583	0	19.00	
	TOTALS		0	3,197,950			
F - RECLASS RESIDENCY COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.06	297,994	56,317	0	1.00	
	TOTALS		297,994	56,317			
G - RECLASS RENTAL COSTS							
1.00		0.00	0	0	10	1.00	
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	3,309	0	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.06	0	32,111	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	306	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	3,746	0	5.00	
6.00	LAUNDRY & LINEN SERVICE	8.00	0	108	0	6.00	
7.00	HOUSEKEEPING	9.00	0	458	0	7.00	
8.00	DIETARY	10.00	0	5,363	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	0	807	0	9.00	
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	401,149	0	10.00	
11.00	PHARMACY	15.00	0	2,621	0	11.00	
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,760	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	20,875	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	543	0	14.00	
15.00	OPERATING ROOM	50.00	0	10,214	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,137	0	16.00	
17.00	RADIOISOTOPE	56.00	0	2,564	0	17.00	
18.00	CT SCAN	57.00	0	28	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	14,100	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	11,545	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00	0	4,571	0	21.00	
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,988	0	22.00	
23.00	RENAL DIALYSIS	74.00	0	29	0	23.00	
24.00	HYPERBARIC OXYGEN THERAPY	76.98	0	301,836	0	24.00	
25.00	CLINIC	90.00	0	2,312	0	25.00	
26.00	WOMENS DIAGNOSTIC CENTER	90.02	0	1,782	0	26.00	
27.00	LABORATORY	60.00	0	6,107	0	27.00	
	TOTALS		0	838,369			
H - RECLASS SUBSTANCE ABUSE							
1.00	ADULTS & PEDIATRICS	30.00	572,833	189,689	0	1.00	
	TOTALS		572,833	189,689			
500.00	Grand Total: Decreases		1,083,543	13,621,722		500.00	

RECLASSIFICATIONS

Provider CCN: 14-2011

Period:
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To 12/31/2016

Worksheet A-6
Non-CMS Worksheet
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Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - INTEREST									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,507,979	INTEREST EXPENSE	113.00	0	1,507,979	1.00
	TOTALS		0	1,507,979	TOTALS		0	1,507,979	
B - CAPITAL COSTS									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,664,066	CAP REL COSTS-BLDG & FIXT	1.00	0	1,811,137	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,805,347	ADMINISTRATIVE & GENERAL	5.06	0	1,964,768	2.00
3.00		0.00	0		MAINTENANCE & REPAIRS	6.00	0	12,446	3.00
4.00		0.00	0		OPERATION OF PLANT	7.00	0	107,731	4.00
5.00		0.00	0		HOUSEKEEPING	9.00	0	6,031	5.00
6.00		0.00	0		DIETARY	10.00	0	10,895	6.00
7.00		0.00	0		NURSING ADMINISTRATION	13.00	0	159,085	7.00
8.00		0.00	0		CENTRAL SERVICES & SUPPLY	14.00	0	64,943	8.00
9.00		0.00	0		PHARMACY	15.00	0	307	9.00
10.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	61,238	10.00
11.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	2,719	11.00
12.00		0.00	0		OPERATING ROOM	50.00	0	59,355	12.00
13.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	86,520	13.00
14.00		0.00	0		ULTRA SOUND	57.01	0	10,491	14.00
15.00		0.00	0		MRI	58.00	0	1,128	15.00
16.00		0.00	0		LABORATORY	60.00	0	36,879	16.00
17.00		0.00	0		RESPIRATORY THERAPY	65.00	0	16,435	17.00
18.00		0.00	0		PHYSICAL THERAPY	66.00	0	13,395	18.00
19.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	5,445	19.00
20.00		0.00	0		ELECTROENCEPHALOGRAPHY	70.00	0	11,543	20.00
21.00		0.00	0		RENAL DIALYSIS	74.00	0	525	21.00
22.00		0.00	0		HYPERBARIC OXYGEN THERAPY	76.98	0	250	22.00
23.00		0.00	0		CLINIC	90.00	0	1,625	23.00
24.00		0.00	0		WOMENS DIAGNOSTIC CENTER	90.02	0	24,522	24.00
	TOTALS		0	4,469,413	TOTALS		0	4,469,413	
C - RECLASS DIETARY COSTS									
1.00	CAFETERIA	11.00	212,716	453,002	DIETARY	10.00	212,716	453,002	1.00
	TOTALS		212,716	453,002	TOTALS		212,716	453,002	
D - RECLASS SUPPLY COSTS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,342,456	PHARMACY	15.00	0	2,028	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	566,547	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	2,221	2.00
3.00		0.00	0		ADMINISTRATIVE & GENERAL	5.06	0	1,191	3.00
4.00		0.00	0		MAINTENANCE & REPAIRS	6.00	0	63	4.00
5.00		0.00	0		HOUSEKEEPING	9.00	0	4,767	5.00
7.00		0.00	0		NURSING ADMINISTRATION	13.00	0	800	7.00
8.00		0.00	0		CENTRAL SERVICES & SUPPLY	14.00	0	32,058	8.00
9.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	1,081,383	9.00
10.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	132,150	10.00
11.00		0.00	0		OPERATING ROOM	50.00	0	712,726	11.00
12.00		0.00	0		ANESTHESIOLOGY	53.00	0	18,549	12.00
13.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	130,115	13.00
14.00		0.00	0		RADIOISOTOPE	56.00	0	15,973	14.00
15.00		0.00	0		CT SCAN	57.00	0	11,110	15.00
16.00		0.00	0		ULTRA SOUND	57.01	0	3,557	16.00
17.00		0.00	0		MRI	58.00	0	73	17.00
18.00		0.00	0		RESPIRATORY THERAPY	65.00	0	248,010	18.00
19.00		0.00	0		PHYSICAL THERAPY	66.00	0	16,119	19.00
20.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	478	20.00
21.00		0.00	0		ELECTROENCEPHALOGRAPHY	70.00	0	5,981	21.00
22.00		0.00	0		RENAL DIALYSIS	74.00	0	59,226	22.00
23.00		0.00	0		HYPERBARIC OXYGEN THERAPY	76.98	0	247,649	23.00
24.00		0.00	0		CLINIC	90.00	0	1,311	24.00
25.00		0.00	0		WOMENS DIAGNOSTIC CENTER	90.02	0	5,222	25.00
26.00		0.00	0		OPERATION OF PLANT	7.00	0	193	26.00
27.00		0.00	0		LABORATORY	60.00	0	176,050	27.00
	TOTALS		0	2,909,003	TOTALS		0	2,909,003	

RECLASSIFICATIONS

Provider CCN: 14-2011

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

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Non-CMS Worksheet
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Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
E - RECLASS DRUG COSTS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,197,950		0.00	0	0	1.00
3.00		0.00	0	0	PHARMACY	15.00	0	2,980,131	3.00
4.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	130,269	4.00
5.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	14,819	5.00
6.00		0.00	0	0	OPERATING ROOM	50.00	0	18,947	6.00
7.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	2,215	7.00
8.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	18,254	8.00
9.00		0.00	0	0	RADIOISOTOPE	56.00	0	89	9.00
10.00		0.00	0	0	CT SCAN	57.00	0	7,417	10.00
11.00		0.00	0	0	MRI	58.00	0	2,691	11.00
12.00		0.00	0	0	LABORATORY	60.00	0	625	12.00
13.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	1,521	13.00
14.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	306	14.00
15.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	806	15.00
16.00		0.00	0	0	RENAL DIALYSIS	74.00	0	2,950	16.00
17.00		0.00	0	0	HYPERBARIC OXYGEN THERAPY	76.98	0	15,349	17.00
18.00		0.00	0	0	CLINIC	90.00	0	978	18.00
19.00		0.00	0	0	WOMENS DIAGNOSTIC CENTER	90.02	0	583	19.00
	TOTALS		0	3,197,950	TOTALS		0	3,197,950	
F - RECLASS RESIDENCY COSTS									
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	297,994	56,317	ADMINISTRATIVE & GENERAL	5.06	297,994	56,317	1.00
	TOTALS		297,994	56,317	TOTALS		297,994	56,317	
G - RECLASS RENTAL COSTS									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	838,369		0.00	0	0	1.00
2.00		0.00	0	0	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	3,309	2.00
3.00		0.00	0	0	ADMINISTRATIVE & GENERAL	5.06	0	32,111	3.00
4.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	306	4.00
5.00		0.00	0	0	OPERATION OF PLANT	7.00	0	3,746	5.00
6.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	108	6.00
7.00		0.00	0	0	HOUSEKEEPING	9.00	0	458	7.00
8.00		0.00	0	0	DIETARY	10.00	0	5,363	8.00
9.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	807	9.00
10.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	401,149	10.00
11.00		0.00	0	0	PHARMACY	15.00	0	2,621	11.00
12.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	5,760	12.00
13.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	20,875	13.00
14.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	543	14.00
15.00		0.00	0	0	OPERATING ROOM	50.00	0	10,214	15.00
16.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	4,137	16.00
17.00		0.00	0	0	RADIOISOTOPE	56.00	0	2,564	17.00
18.00		0.00	0	0	CT SCAN	57.00	0	28	18.00
19.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	14,100	19.00
20.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	11,545	20.00
21.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	4,571	21.00
22.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	1,988	22.00
23.00		0.00	0	0	RENAL DIALYSIS	74.00	0	29	23.00
24.00		0.00	0	0	HYPERBARIC OXYGEN THERAPY	76.98	0	301,836	24.00
25.00		0.00	0	0	CLINIC	90.00	0	2,312	25.00
26.00		0.00	0	0	WOMENS DIAGNOSTIC CENTER	90.02	0	1,782	26.00
27.00		0.00	0	0	LABORATORY	60.00	0	6,107	27.00
	TOTALS		0	838,369	TOTALS		0	838,369	
H - RECLASS SUBSTANCE ABUSE									
1.00	SUBSTANCE ABUSE	76.00	572,833	189,689	ADULTS & PEDIATRICS	30.00	572,833	189,689	1.00
	TOTALS		572,833	189,689	TOTALS		572,833	189,689	
500.00	Grand Total: Increases		1,083,543	13,621,722	Grand Total: Decreases		1,083,543	13,621,722	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-2011

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

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	342,000	0	342,000	0	1.00
2.00	Land Improvements	2,600,461	386,567	0	386,567	2,600,461	2.00
3.00	Buildings and Fixtures	109,169,123	278,399	0	278,399	17,522,255	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	4,477,688	15,242,454	0	15,242,454	0	5.00
6.00	Movable Equipment	7,914,835	4,258,131	0	4,258,131	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	124,162,107	20,507,551	0	20,507,551	20,122,716	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	124,162,107	20,507,551	0	20,507,551	20,122,716	10.00
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	342,000	0				1.00
2.00	Land Improvements	386,567	0				2.00
3.00	Buildings and Fixtures	91,925,267	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	19,720,142	0				5.00
6.00	Movable Equipment	12,172,966	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	124,546,942	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	124,546,942	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-2011

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	1,811,137	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,811,137	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	1,811,137				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	1,811,137				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-2011

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	116,247,272	0	116,247,272	0.936254	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,914,835	0	7,914,835	0.063746	0	2.00
3.00	Total (sum of lines 1-2)	124,162,107	0	124,162,107	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,025,850	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,274,870	838,369	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,300,720	838,369	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-147,071	0	0	0	1,878,779	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,113,239	2.00
3.00	Total (sum of lines 1-2)	-147,071	0	0	0	6,992,018	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-2011

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

Worksheet A-8

Date/Time Prepared:
5/24/2017 8:03 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-914,884	0			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	-708,291	0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-249,955	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-2,403	0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-20,678	0	DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 OFFSET SUBSTANCE ABUSE REVENUE	B	-10	0	ADULTS & PEDIATRICS	30.00	0	33.00
33.01 MISC ADMIN INCOME	B	-120,672	0	ADMINISTRATIVE & GENERAL	5.06	0	33.01
33.02 OFFSET INCOME TAX	A	-4,183	0	ADMINISTRATIVE & GENERAL	5.06	9	33.02
34.00			0		0.00	0	34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-2011

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

Worksheet A-8

Date/Time Prepared:
5/24/2017 8:03 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
35.00		0			0.00	0	35.00
36.00	OFFSET PATIENT TRANSPORT INCOME	B	-11,480	ADMINISTRATIVE & GENERAL	5.06	0	36.00
37.00	OFFSET PT INCOME	B	256	PHYSICAL THERAPY	66.00	0	37.00
38.00	OFFSET CHILDCARE INCOME	B	-628,837	ADMINISTRATIVE & GENERAL	5.06	0	38.00
39.00	CY PORTION OF 1995 LOSS	A	10,120	CAP REL COSTS-MVBLE EQUIP	2.00	9	39.00
39.01	CURRENT YEAR PORTION OF 1996 LO	A	4,680	CAP REL COSTS-MVBLE EQUIP	2.00	9	39.01
39.02	1977 & 1983 EXCESS INTEREST	A	43,296	CAP REL COSTS-MVBLE EQUIP	2.00	9	39.02
39.03	DEMOLITION ADD BACK	A	32,256	CAP REL COSTS-MVBLE EQUIP	2.00	9	39.03
39.04	OFFSET PHARMACY INCOME	B	978	PHARMACY	15.00	0	39.04
39.05	ANESTHESIOLOGY INCOME	B	-222,997	ANESTHESIOLOGY	53.00	0	39.05
39.06			0		0.00	0	39.06
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,792,804				50.00

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

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 14-2011
 Period: From 01/01/2016 To 12/31/2016
 Worksheet A-8-1
 Date/Time Prepared: 5/24/2017 8:03 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	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE CAPITAL	214,713	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE CAPITAL	-128,808	0
3.00	5.06	ADMINISTRATIVE & GENERAL	ADMIN & GENERAL	6,599,765	8,793,716
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	EH&W	7,654	0
3.02	5.02	DATA PROCESSING	DATA PROCESSING	357,221	0
3.03	5.03	PURCHASING RECEIVING AND STO	PURCHASING	368,828	0
3.04	5.05	CASHIERING/ACCOUNTS RECEIVAB	PATIENT ACCTS	116,299	0
3.05	31.00	INTENSIVE CARE UNIT	ELECTRONIC ICU	174,095	0
3.06	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	345,507	0
3.07	60.00	LABORATORY	ALVERNO LAB	2,110,857	2,080,706
3.08	0.00			0	0
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			10,166,131	10,874,422

* 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	RESURRECTION HEALTH CARE	100.00	0.00	6.00
7.00	C	ALVERNO LAB	66.00	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: 14-2011

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2017 8:03 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	214,713	9		1.00
2.00	-128,808	9		2.00
3.00	-2,193,951	0		3.00
3.01	7,654	0		3.01
3.02	357,221	0		3.02
3.03	368,828	0		3.03
3.04	116,299	0		3.04
3.05	174,095	0		3.05
3.06	345,507	0		3.06
3.07	30,151	0		3.07
3.08	0	0		3.08
4.00	0	0		4.00
5.00	-708,291			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
	6.00		

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00			6.00
7.00			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: 14-2011

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2017 8:03 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	53.00	ANESTHESIOLOGY	337,482	337,482	0	0	0	1.00
2.00	60.00	LABORATORY	54,000	54,000	0	0	0	2.00
3.00	5.06	ADMINISTRATIVE & GENERAL	320,829	320,829	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	660	660	0	0	0	4.00
5.00	5.06	ADMINISTRATIVE & GENERAL	648,208	0	648,208	179,000	5,186	5.00
6.00	0.00		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	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,361,179	712,971	648,208		5,186	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	53.00	ANESTHESIOLOGY	0	0	0	0	0	1.00
2.00	60.00	LABORATORY	0	0	0	0	0	2.00
3.00	5.06	ADMINISTRATIVE & GENERAL	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	5.06	ADMINISTRATIVE & GENERAL	446,295	22,315	0	0	0	5.00
6.00	0.00		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	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			446,295	22,315	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	53.00	ANESTHESIOLOGY	0	0	0	337,482	1.00
2.00	60.00	LABORATORY	0	0	0	54,000	2.00
3.00	5.06	ADMINISTRATIVE & GENERAL	0	0	0	320,829	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	660	4.00
5.00	5.06	ADMINISTRATIVE & GENERAL	0	446,295	201,913	201,913	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
200.00			0	446,295	201,913	914,884	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-2011

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 8:03 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,878,779	1,878,779			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,113,239		5,113,239		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	131,440	0	0	131,440	4.00
5.01 00540	NONPATIENT TELEPHONES	218,569	16,841	45,833	0	281,243 5.01
5.02 00550	DATA PROCESSING	357,221	0	0	0	19,124 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	368,979	46,108	125,485	0	6,375 5.03
5.04 00570	ADMINISTRATIVE	0	0	0	0	0 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	331,248	0	0	615	14,279 5.05
5.06 00590	ADMINISTRATIVE & GENERAL	16,060,667	290,078	789,471	18,618	49,721 5.06
6.00 00600	MAINTENANCE & REPAIRS	751,192	82,744	225,194	1,827	3,825 6.00
7.00 00700	OPERATION OF PLANT	3,059,823	314,457	855,815	1,774	5,355 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	323,612	36,709	99,908	326	0 8.00
9.00 00900	HOUSEKEEPING	1,548,284	25,976	70,696	4,100	2,040 9.00
10.00 01000	DIETARY	1,159,874	106,662	290,290	1,703	1,785 10.00
11.00 01100	CAFETERIA	415,763	0	0	947	2,550 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	1,100,200	0	0	2,605	510 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	-223,932	51,704	140,717	312	2,550 14.00
15.00 01500	PHARMACY	1,270,376	29,836	81,201	4,595	5,610 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	509,404	28,501	77,567	216	18,614 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	354,311	0	0	1,327	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	13,237,982	249,312	678,522	44,974	70,115 30.00
31.00 03100	INTENSIVE CARE UNIT	2,180,505	28,428	77,368	7,238	1,275 31.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,474,504	207,225	563,978	4,736	22,438 50.00
53.00 05300	ANESTHESIOLOGY	-222,637	817	2,224	0	1,785 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	582,397	55,513	151,083	2,093	21,673 54.00
56.00 05600	RADIOISOTOPE	49,251	9,595	26,114	182	0 56.00
57.00 05700	CT SCAN	163,259	3,780	10,287	607	0 57.00
57.01 03630	ULTRA SOUND	200,264	5,217	14,199	725	0 57.01
58.00 05800	MRI	47,388	0	0	152	510 58.00
60.00 06000	LABORATORY	2,121,452	47,618	129,596	0	15,044 60.00
65.00 06500	RESPIRATORY THERAPY	3,172,156	3,882	10,565	11,181	6,120 65.00
66.00 06600	PHYSICAL THERAPY	2,784,142	87,246	237,447	9,836	5,610 66.00
69.00 06900	ELECTROCARDIOLOGY	83,867	10,463	28,477	302	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	314,887	22,328	60,767	1,049	3,060 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,342,456	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	566,547	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,197,950	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	705,502	2,386	6,494	2,240	255 74.00
76.00 03950	SUBSTANCE ABUSE	1,004,425	65,444	178,110	3,453	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	898,419	3,481	9,472	2,930	510 76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	129,164	25,633	69,763	292	0 90.00
90.02 09001	WOMENS DIAGNOSTIC CENTER	143,740	20,795	56,596	485	510 90.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	69,906,669	1,878,779	5,113,239	131,440	281,243 118.00
NONREIMBURSABLE COST CENTERS						
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	69,906,669	1,878,779	5,113,239	131,440	281,243 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-2011

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 8:03 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	376,345					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	7,744	554,691				5.03
5.04	00570	ADMINISTRATIVE	0	0	0			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	34,072	1,349	0	381,563		5.05
5.06	00590	ADMINISTRATIVE & GENERAL	114,606	11,154	0	0	17,334,315	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,646	16,954	0	0	1,086,382	6.00
7.00	00700	OPERATION OF PLANT	1,549	13,276	0	0	4,252,049	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,549	9,426	0	0	471,530	8.00
9.00	00900	HOUSEKEEPING	1,549	14,246	0	0	1,666,891	9.00
10.00	01000	DIETARY	1,549	69,986	0	0	1,631,849	10.00
11.00	01100	CAFETERIA	1,549	0	0	0	420,809	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	321	0	0	1,103,636	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,549	2,687	0	0	-24,413	14.00
15.00	01500	PHARMACY	7,744	2,515	0	0	1,401,877	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,072	280	0	0	668,654	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	355,638	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,682	55,068	0	123,636	14,481,291	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,585	0	11,244	2,312,643	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,134	19,770	0	20,686	2,333,471	50.00
53.00	05300	ANESTHESIOLOGY	0	288	0	4,275	-213,248	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,109	2,491	0	5,872	872,231	54.00
56.00	05600	RADIOISOTOPE	0	49	0	616	85,807	56.00
57.00	05700	CT SCAN	0	377	0	4,973	183,283	57.00
57.01	03630	ULTRA SOUND	0	224	0	2,985	223,614	57.01
58.00	05800	MRI	1,549	0	0	1,957	51,556	58.00
60.00	06000	LABORATORY	40,267	20,441	0	32,273	2,406,691	60.00
65.00	06500	RESPIRATORY THERAPY	7,744	2,708	0	56,131	3,270,487	65.00
66.00	06600	PHYSICAL THERAPY	15,487	1,492	0	15,131	3,156,391	66.00
69.00	06900	ELECTROCARDIOLOGY	0	19	0	2,408	125,536	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,646	799	0	4,249	411,785	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	242,800	0	15,797	2,601,053	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	55,362	0	1,928	623,837	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	60,740	3,258,690	73.00
74.00	07400	RENAL DIALYSIS	0	631	0	4,720	722,228	74.00
76.00	03950	SUBSTANCE ABUSE	0	1,378	0	4,404	1,257,214	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,694	0	5,579	922,085	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	146	0	357	225,355	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	1,549	175	0	1,602	225,452	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	376,345	554,691	0	381,563	69,906,669	118.00
NONREIMBURSABLE COST CENTERS								
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	376,345	554,691	0	381,563	69,906,669	202.00

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE & GENERAL	17,334,315				5.06
6.00	00600	MAINTENANCE & REPAIRS	356,593	1,442,975			6.00
7.00	00700	OPERATION OF PLANT	1,395,688	314,450	5,962,187		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	154,775	36,709	193,938	856,952	8.00
9.00	00900	HOUSEKEEPING	547,139	25,975	137,233	0	2,377,238
10.00	01000	DIETARY	535,636	106,660	563,503	0	237,893
11.00	01100	CAFETERIA	138,126	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	362,256	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	51,703	273,155	0	115,317
15.00	01500	PHARMACY	460,151	29,835	157,625	0	66,544
16.00	01600	MEDICAL RECORDS & LIBRARY	219,478	28,500	150,571	0	63,566
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	116,734	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,753,333	249,306	1,317,125	600,000	556,051
31.00	03100	INTENSIVE CARE UNIT	759,100	28,427	150,185	54,712	63,403
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	765,936	207,220	1,094,779	103,456	462,181
53.00	05300	ANESTHESIOLOGY	0	817	4,317	0	1,823
54.00	05400	RADIOLOGY-DIAGNOSTIC	286,300	55,512	293,277	9,414	123,812
56.00	05600	RADIOISOTOPE	28,165	9,595	50,691	0	21,400
57.00	05700	CT SCAN	60,161	3,780	19,968	6,142	8,430
57.01	03630	ULTRA SOUND	73,399	5,217	27,562	6,497	11,636
58.00	05800	MRI	16,923	0	0	173	0
60.00	06000	LABORATORY	789,970	47,617	251,568	0	106,204
65.00	06500	RESPIRATORY THERAPY	1,073,501	3,882	20,508	646	8,658
66.00	06600	PHYSICAL THERAPY	1,036,051	87,244	460,925	27,485	194,588
69.00	06900	ELECTROCARDIOLOGY	41,206	10,463	55,279	1,101	23,337
70.00	07000	ELECTROENCEPHALOGRAPHY	135,164	22,327	117,959	731	49,798
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	853,767	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	204,768	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,069,629	0	0	0	0
74.00	07400	RENAL DIALYSIS	237,063	2,386	12,605	0	5,322
76.00	03950	SUBSTANCE ABUSE	412,667	65,442	345,742	17,501	145,961
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	302,664	3,480	18,388	25,219	7,763
76.99	07699	LI THOTRI PSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	73,970	25,633	135,421	303	57,170
90.02	09001	WOMENS DIAGNOSTIC CENTER	74,002	20,795	109,863	3,572	46,381
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,334,315	1,442,975	5,962,187	856,952	2,377,238
NONREIMBURSABLE COST CENTERS							
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	17,334,315	1,442,975	5,962,187	856,952	2,377,238

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,075,541					10.00
11.00	01100	CAFETERIA	0	558,935				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	10,240	0	1,476,132		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,227	0	0	417,989	14.00
15.00	01500	PHARMACY	0	14,044	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,227	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,970,225	306,836	0	1,072,217	0	30.00
31.00	03100	INTENSIVE CARE UNIT	105,316	32,375	0	186,524	0	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,429	0	77,201	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,890	0	727	0	54.00
56.00	05600	RADIOISOTOPE	0	443	0	0	0	56.00
57.00	05700	CT SCAN	0	4,297	0	0	0	57.00
57.01	03630	ULTRA SOUND	0	2,198	0	0	0	57.01
58.00	05800	MRI	0	453	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	73,521	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	33,518	0	132	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,025	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,711	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	336,583	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	81,406	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	8,269	0	33,313	0	74.00
76.00	03950	SUBSTANCE ABUSE	0	20,144	0	64,973	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	10,535	0	35,229	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	887	0	5,816	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	1,666	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,075,541	558,935	0	1,476,132	417,989	118.00
NONREIMBURSABLE COST CENTERS								
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,075,541	558,935	0	1,476,132	417,989	202.00

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
				15.00	16.00		17.00
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 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 ADMINISTRATIVE & GENERAL						5.06	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
12.00 01200 MAINTENANCE OF PERSONNEL						12.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY	2,130,076					15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,132,996				16.00	
17.00 01700 SOCIAL SERVICE	0	0	0			17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	472,372		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	366,780	0	472,372	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	33,401	0	0	0	31.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	61,450	0	0	0	50.00	
53.00 05300 ANESTHESIOLOGY	0	12,698	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	17,444	0	0	0	54.00	
56.00 05600 RADIOISOTOPE	0	1,830	0	0	0	56.00	
57.00 05700 CT SCAN	0	14,774	0	0	0	57.00	
57.01 03630 ULTRA SOUND	0	8,867	0	0	0	57.01	
58.00 05800 MRI	0	5,813	0	0	0	58.00	
60.00 06000 LABORATORY	0	95,872	0	0	0	60.00	
65.00 06500 RESPIRATORY THERAPY	0	166,747	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	44,950	0	0	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	0	7,155	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	12,624	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	46,927	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,728	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	2,130,076	180,440	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	14,021	0	0	0	74.00	
76.00 03950 SUBSTANCE ABUSE	0	13,084	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	16,573	0	0	0	76.98	
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	1,060	0	0	0	90.00	
90.02 09001 WOMENS DIAGNOSTIC CENTER	0	4,758	0	0	0	90.02	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00						118.00	
	SUBTOTALS (SUM OF LINES 1-117)						
	2,130,076	1,132,996	0	472,372	0		
NONREIMBURSABLE COST CENTERS							
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers					0	201.00
202.00	TOTAL (sum lines 118-201)					0	202.00
	2,130,076	1,132,996	0	472,372	0		

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00590				5.06
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	27,145,536	-472,372	26,673,164	30.00
31.00	03100	3,726,086	0	3,726,086	31.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	5,124,123	0	5,124,123	50.00
53.00	05300	-193,593	0	-193,593	53.00
54.00	05400	1,667,607	0	1,667,607	54.00
56.00	05600	197,931	0	197,931	56.00
57.00	05700	300,835	0	300,835	57.00
57.01	03630	358,990	0	358,990	57.01
58.00	05800	74,918	0	74,918	58.00
60.00	06000	3,697,922	0	3,697,922	60.00
65.00	06500	4,617,950	0	4,617,950	65.00
66.00	06600	5,041,284	0	5,041,284	66.00
69.00	06900	265,102	0	265,102	69.00
70.00	07000	757,099	0	757,099	70.00
71.00	07100	3,838,330	0	3,838,330	71.00
72.00	07200	915,739	0	915,739	72.00
73.00	07300	6,638,835	0	6,638,835	73.00
74.00	07400	1,035,207	0	1,035,207	74.00
76.00	03950	2,342,728	0	2,342,728	76.00
76.97	07697	0	0	0	76.97
76.98	07698	1,341,936	0	1,341,936	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	525,615	0	525,615	90.00
90.02	09001	486,489	0	486,489	90.02
92.00	09200		0		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
118.00		69,906,669	-472,372	69,434,297	118.00
NONREIMBURSABLE COST CENTERS					
200.00		0	0	0	200.00
201.00		0	0	0	201.00
202.00		69,906,669	-472,372	69,434,297	202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-2011

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

Worksheet Non-CMS Wo
Date/Time Prepared:
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Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	3	NUMBER OF LINES	5.01
5.02	DATA PROCESSING	4	NUMBER OF INSTRUMENT	5.02
5.03	PURCHASING RECEIVING AND STORES	5	COST OF REQUISITIONS	5.03
5.04	ADMITTING	6	INPATIENT REVENUE	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS REVENUE	5.05
5.06	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.06
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	7	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	8	MEALS SERVED	10.00
11.00	CAFETERIA	9	FTES	11.00
12.00	MAINTENANCE OF PERSONNEL	10	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	11	DIRECT NRSNG HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	12	COSTED REQUIS.	14.00
15.00	PHARMACY	13	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS REVENUE	16.00
17.00	SOCIAL SERVICE	14	TIME SPENT	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	17	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	18	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-2011

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 8:03 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01 00540	NONPATIENT TELEPHONES	0	16,841	45,833	62,674	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	46,108	125,485	171,593	5.03
5.04 00570	ADMITTING	0	0	0	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	ADMINISTRATIVE & GENERAL	0	290,078	789,471	1,079,549	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	82,744	225,194	307,938	6.00
7.00 00700	OPERATION OF PLANT	0	314,457	855,815	1,170,272	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	36,709	99,908	136,617	8.00
9.00 00900	HOUSEKEEPING	0	25,976	70,696	96,672	9.00
10.00 01000	DIETARY	0	106,662	290,290	396,952	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	51,704	140,717	192,421	14.00
15.00 01500	PHARMACY	0	29,836	81,201	111,037	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	28,501	77,567	106,068	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	249,312	678,522	927,834	30.00
31.00 03100	INTENSIVE CARE UNIT	0	28,428	77,368	105,796	31.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	207,225	563,978	771,203	50.00
53.00 05300	ANESTHESIOLOGY	0	817	2,224	3,041	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	55,513	151,083	206,596	54.00
56.00 05600	RADIOISOTOPE	0	9,595	26,114	35,709	56.00
57.00 05700	CT SCAN	0	3,780	10,287	14,067	57.00
57.01 03630	ULTRA SOUND	0	5,217	14,199	19,416	57.01
58.00 05800	MRI	0	0	0	0	58.00
60.00 06000	LABORATORY	0	47,618	129,596	177,214	60.00
65.00 06500	RESPIRATORY THERAPY	0	3,882	10,565	14,447	65.00
66.00 06600	PHYSICAL THERAPY	0	87,246	237,447	324,693	66.00
69.00 06900	ELECTROCARDIOLOGY	0	10,463	28,477	38,940	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	22,328	60,767	83,095	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	2,386	6,494	8,880	74.00
76.00 03950	SUBSTANCE ABUSE	0	65,444	178,110	243,554	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	3,481	9,472	12,953	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	25,633	69,763	95,396	90.00
90.02 09001	WOMENS DIAGNOSTIC CENTER	0	20,795	56,596	77,391	90.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,878,779	5,113,239	6,992,018	118.00
NONREIMBURSABLE COST CENTERS						
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,878,779	5,113,239	6,992,018	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-2011

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

Worksheet B
Part II
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	62,674					5.01
5.02	00550	DATA PROCESSING		4,262				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,421	88	173,102			5.03
5.04	00570	ADMINING	0	0	0	0		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,182	386	421	0	3,989	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	11,080	1,292	3,481	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	852	53	5,291	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,193	18	4,143	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	18	2,942	0	0	8.00
9.00	00900	HOUSEKEEPING	455	18	4,446	0	0	9.00
10.00	01000	DIETARY	398	18	21,841	0	0	10.00
11.00	01100	CAFETERIA	568	18	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	114	0	100	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	568	18	839	0	0	14.00
15.00	01500	PHARMACY	1,250	88	785	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,148	386	87	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,624	246	17,185	0	1,236	30.00
31.00	03100	INTENSIVE CARE UNIT	284	0	2,055	0	120	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,000	228	6,170	0	221	50.00
53.00	05300	ANESTHESIOLOGY	398	0	90	0	46	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,830	579	778	0	63	54.00
56.00	05600	RADIOISOTOPE	0	0	15	0	7	56.00
57.00	05700	CT SCAN	0	0	118	0	53	57.00
57.01	03630	ULTRA SOUND	0	0	70	0	32	57.01
58.00	05800	MRI	114	18	0	0	21	58.00
60.00	06000	LABORATORY	3,352	456	6,379	0	344	60.00
65.00	06500	RESPIRATORY THERAPY	1,364	88	845	0	599	65.00
66.00	06600	PHYSICAL THERAPY	1,250	175	466	0	161	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	6	0	26	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	682	53	249	0	45	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	75,767	0	168	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	17,277	0	21	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	648	73.00
74.00	07400	RENAL DIALYSIS	57	0	197	0	50	74.00
76.00	03950	SUBSTANCE ABUSE	0	0	430	0	47	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	114	0	529	0	60	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	46	0	4	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	114	18	54	0	17	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	62,674	4,262	173,102	0	3,989	118.00
NONREIMBURSABLE COST CENTERS								
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	62,674	4,262	173,102	0	3,989	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-2011		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 8:03 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & GENERAL	1,095,402					5.06
6.00	00600	MAINTENANCE & REPAIRS	22,534	336,668				6.00
7.00	00700	OPERATION OF PLANT	88,196	73,365	1,337,187			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,780	8,565	43,496	201,418		8.00
9.00	00900	HOUSEKEEPING	34,575	6,060	30,778	0	173,004	9.00
10.00	01000	DIETARY	33,848	24,885	126,381	0	17,313	10.00
11.00	01100	CAFETERIA	8,728	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	22,892	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,063	61,263	0	8,392	14.00
15.00	01500	PHARMACY	29,078	6,961	35,352	0	4,843	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,869	6,650	33,770	0	4,626	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,377	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	300,387	58,167	295,403	141,024	40,469	30.00
31.00	03100	INTENSIVE CARE UNIT	47,969	6,632	33,683	12,859	4,614	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,401	48,348	245,535	24,316	33,635	50.00
53.00	05300	ANESTHESIOLOGY	0	191	968	0	133	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,092	12,952	65,776	2,213	9,010	54.00
56.00	05600	RADIOISOTOPE	1,780	2,239	11,369	0	1,557	56.00
57.00	05700	CT SCAN	3,802	882	4,478	1,444	613	57.00
57.01	03630	ULTRA SOUND	4,638	1,217	6,182	1,527	847	57.01
58.00	05800	MRI	1,069	0	0	41	0	58.00
60.00	06000	LABORATORY	49,920	11,110	56,421	0	7,729	60.00
65.00	06500	RESPIRATORY THERAPY	67,836	906	4,599	152	630	65.00
66.00	06600	PHYSICAL THERAPY	65,470	20,355	103,375	6,460	14,161	66.00
69.00	06900	ELECTROCARDIOLOGY	2,604	2,441	12,398	259	1,698	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,541	5,209	26,455	172	3,624	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,951	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,940	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,592	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	14,980	557	2,827	0	387	74.00
76.00	03950	SUBSTANCE ABUSE	26,077	15,269	77,542	4,113	10,622	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	19,126	812	4,124	5,928	565	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,674	5,980	30,372	71	4,161	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	4,676	4,852	24,640	839	3,375	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,095,402	336,668	1,337,187	201,418	173,004	118.00
NONREIMBURSABLE COST CENTERS								
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,095,402	336,668	1,337,187	201,418	173,004	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-2011		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 8:03 am	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	621,636					10.00
11.00	01100	0	9,314				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	171	0	23,277		13.00
14.00	01400	0	37	0	0	179,459	14.00
15.00	01500	0	234	0	0	0	15.00
16.00	01600	0	37	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	600,349	5,111	0	16,908	0	30.00
31.00	03100	21,287	539	0	2,941	0	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	307	0	1,217	0	50.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	148	0	11	0	54.00
56.00	05600	0	7	0	0	0	56.00
57.00	05700	0	72	0	0	0	57.00
57.01	03630	0	37	0	0	0	57.01
58.00	05800	0	8	0	0	0	58.00
60.00	06000	0	0	0	0	0	60.00
65.00	06500	0	1,225	0	0	0	65.00
66.00	06600	0	559	0	2	0	66.00
69.00	06900	0	17	0	0	0	69.00
70.00	07000	0	112	0	0	0	70.00
71.00	07100	0	0	0	0	144,508	71.00
72.00	07200	0	0	0	0	34,951	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	138	0	525	0	74.00
76.00	03950	0	336	0	1,025	0	76.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	176	0	556	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	15	0	92	0	90.00
90.02	09001	0	28	0	0	0	90.02
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		621,636	9,314	0	23,277	179,459	118.00
NONREIMBURSABLE COST CENTERS							
200.00							200.00
201.00		0	0	0	0	96,142	201.00
202.00		621,636	9,314	0	23,277	275,601	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-2011

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 8:03 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
				15.00	16.00		17.00
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 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 ADMINISTRATIVE & GENERAL						5.06	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
12.00 01200 MAINTENANCE OF PERSONNEL						12.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY	189,628					15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	169,641				16.00	
17.00 01700 SOCIAL SERVICE	0	0	0			17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	7,377		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	55,004	0			30.00	
31.00 03100 INTENSIVE CARE UNIT	0	4,997	0			31.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	9,194	0			50.00	
53.00 05300 ANESTHESIOLOGY	0	1,900	0			53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	2,610	0			54.00	
56.00 05600 RADIOISOTOPE	0	274	0			56.00	
57.00 05700 CT SCAN	0	2,210	0			57.00	
57.01 03630 ULTRA SOUND	0	1,327	0			57.01	
58.00 05800 MRI	0	870	0			58.00	
60.00 06000 LABORATORY	0	14,344	0			60.00	
65.00 06500 RESPIRATORY THERAPY	0	24,947	0			65.00	
66.00 06600 PHYSICAL THERAPY	0	6,725	0			66.00	
69.00 06900 ELECTROCARDIOLOGY	0	1,070	0			69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,889	0			70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,021	0			71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	857	0			72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	189,628	26,996	0			73.00	
74.00 07400 RENAL DIALYSIS	0	2,098	0			74.00	
76.00 03950 SUBSTANCE ABUSE	0	1,957	0			76.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0			76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	2,480	0			76.98	
76.99 07699 LI THOTRI PSY	0	0	0			76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	159	0			90.00	
90.02 09001 WOMENS DIAGNOSTIC CENTER	0	712	0			90.02	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		189,628	169,641	0	0	118.00
NONREIMBURSABLE COST CENTERS							
200.00	Cross Foot Adjustments				7,377	0	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)		189,628	169,641	0	7,377	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 8:03 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00590				5.06
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	2,474,947	0	2,474,947	30.00
31.00	03100	243,776	0	243,776	31.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,193,775	0	1,193,775	50.00
53.00	05300	6,767	0	6,767	53.00
54.00	05400	323,658	0	323,658	54.00
56.00	05600	52,957	0	52,957	56.00
57.00	05700	27,739	0	27,739	57.00
57.01	03630	35,293	0	35,293	57.01
58.00	05800	2,141	0	2,141	58.00
60.00	06000	327,269	0	327,269	60.00
65.00	06500	117,638	0	117,638	65.00
66.00	06600	543,852	0	543,852	66.00
69.00	06900	59,459	0	59,459	69.00
70.00	07000	130,126	0	130,126	70.00
71.00	07100	281,415	0	281,415	71.00
72.00	07200	66,046	0	66,046	72.00
73.00	07300	284,864	0	284,864	73.00
74.00	07400	30,696	0	30,696	74.00
76.00	03950	380,972	0	380,972	76.00
76.97	07697	0	0	0	76.97
76.98	07698	47,423	0	47,423	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	140,970	0	140,970	90.00
90.02	09001	116,716	0	116,716	90.02
92.00	09200		0		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
118.00		6,888,499	0	6,888,499	118.00
NONREIMBURSABLE COST CENTERS					
200.00		7,377	0	7,377	200.00
201.00		96,142	0	96,142	201.00
202.00		6,992,018	0	6,992,018	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-2011

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF LINES)	DATA PROCESSING (NUMBER OF INSTRUMENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	257,485				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		257,485			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	29,520,366		4.00
5.01 00540	NONPATIENT TELEPHONES	2,308	2,308	0	1,103	5.01
5.02 00550	DATA PROCESSING	0	0	0	75	243 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	6,319	6,319	0	25	5 5.03
5.04 00570	ADMINISTRATIVE	0	0	0	0	0 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	138,185	56	22 5.05
5.06 00590	ADMINISTRATIVE & GENERAL	39,755	39,755	4,180,948	195	74 5.06
6.00 00600	MAINTENANCE & REPAIRS	11,340	11,340	410,211	15	3 6.00
7.00 00700	OPERATION OF PLANT	43,096	43,096	398,466	21	1 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,031	5,031	73,112	0	1 8.00
9.00 00900	HOUSEKEEPING	3,560	3,560	920,739	8	1 9.00
10.00 01000	DIETARY	14,618	14,618	382,415	7	1 10.00
11.00 01100	CAFETERIA	0	0	212,716	10	1 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	0	584,902	2	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,086	7,086	70,177	10	1 14.00
15.00 01500	PHARMACY	4,089	4,089	1,031,917	22	5 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,906	3,906	48,408	73	22 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	297,994	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	34,168	34,168	10,102,807	275	14 30.00
31.00 03100	INTENSIVE CARE UNIT	3,896	3,896	1,625,409	5	0 31.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	28,400	28,400	1,063,538	88	13 50.00
53.00 05300	ANESTHESIOLOGY	112	112	0	7	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,608	7,608	470,093	85	33 54.00
56.00 05600	RADIOISOTOPE	1,315	1,315	40,959	0	0 56.00
57.00 05700	CT SCAN	518	518	136,346	0	0 57.00
57.01 03630	ULTRA SOUND	715	715	162,872	0	0 57.01
58.00 05800	MRI	0	0	34,207	2	1 58.00
60.00 06000	LABORATORY	6,526	6,526	0	59	26 60.00
65.00 06500	RESPIRATORY THERAPY	532	532	2,510,848	24	5 65.00
66.00 06600	PHYSICAL THERAPY	11,957	11,957	2,208,866	22	10 66.00
69.00 06900	ELECTROCARDIOLOGY	1,434	1,434	67,786	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,060	3,060	235,647	12	3 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	327	327	503,043	1	0 74.00
76.00 03950	SUBSTANCE ABUSE	8,969	8,969	775,403	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	477	477	657,979	2	0 76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,513	3,513	65,555	0	0 90.00
90.02 09001	WOMENS DIAGNOSTIC CENTER	2,850	2,850	108,818	2	1 90.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	257,485	257,485	29,520,366	1,103	243 118.00
NONREIMBURSABLE COST CENTERS						
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	1,878,779	5,113,239	131,440	281,243	376,345 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.296654	19.858396	0.004453	254.980054	1,548.744856 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0	62,674	4,262 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000	56.821396	17.539095 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-2011

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 (COST OF REQUISITIONS)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	4,679,241				5.03
5.04	00570	ADMITTING	0	0			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	11,382	0	339,064,529		5.05
5.06	00590	ADMINISTRATIVE & GENERAL	94,090	0	0	-17,334,315	52,810,015
6.00	00600	MAINTENANCE & REPAIRS	143,021	0	0	0	1,086,382
7.00	00700	OPERATION OF PLANT	111,993	0	0	0	4,252,049
8.00	00800	LAUNDRY & LINEN SERVICE	79,515	0	0	0	471,530
9.00	00900	HOUSEKEEPING	120,180	0	0	0	1,666,891
10.00	01000	DIETARY	590,388	0	0	0	1,631,849
11.00	01100	CAFETERIA	0	0	0	0	420,809
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,706	0	0	0	1,103,636
14.00	01400	CENTRAL SERVICES & SUPPLY	22,668	0	0	24,413	0
15.00	01500	PHARMACY	21,220	0	0	0	1,401,877
16.00	01600	MEDICAL RECORDS & LIBRARY	2,365	0	0	0	668,654
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	355,638
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	464,542	0	109,795,421	0	14,481,291
31.00	03100	INTENSIVE CARE UNIT	55,551	0	9,994,408	0	2,312,643
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	166,775	0	18,387,316	0	2,333,471
53.00	05300	ANESTHESIOLOGY	2,433	0	3,799,650	213,248	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,017	0	5,219,677	0	872,231
56.00	05600	RADIOISOTOPE	416	0	547,713	0	85,807
57.00	05700	CT SCAN	3,178	0	4,420,802	0	183,283
57.01	03630	ULTRA SOUND	1,893	0	2,653,107	0	223,614
58.00	05800	MRI	0	0	1,739,485	0	51,556
60.00	06000	LABORATORY	172,437	0	28,687,119	0	2,406,691
65.00	06500	RESPIRATORY THERAPY	22,846	0	49,894,491	0	3,270,487
66.00	06600	PHYSICAL THERAPY	12,585	0	13,449,999	0	3,156,391
69.00	06900	ELECTROCARDIOLOGY	162	0	2,140,787	0	125,536
70.00	07000	ELECTROENCEPHALOGRAPHY	6,741	0	3,777,318	0	411,785
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,048,168	0	14,041,544	0	2,601,053
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	467,023	0	1,713,966	0	623,837
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	53,991,544	0	3,258,690
74.00	07400	RENAL DIALYSIS	5,324	0	4,195,320	0	722,228
76.00	03950	SUBSTANCE ABUSE	11,622	0	3,914,985	0	1,257,214
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	14,294	0	4,959,032	0	922,085
76.99	07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,233	0	317,260	0	225,355
90.02	09001	WOMENS DIAGNOSTIC CENTER	1,473	0	1,423,585	0	225,452
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,679,241	0	339,064,529	-17,096,654	52,810,015
NONREIMBURSABLE COST CENTERS							
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	554,691	0	381,563		17,334,315
203.00		Unit cost multiplier (Wkst. B, Part I)	0.118543	0.000000	0.001125		0.328239
204.00		Cost to be allocated (per Wkst. B, Part II)	173,102	0	3,989		1,095,402
205.00		Unit cost multiplier (Wkst. B, Part II)	0.036994	0.000000	0.000012		0.020742

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-2011

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	197,763					6.00
7.00	00700	43,096	154,667				7.00
8.00	00800	5,031	5,031	435,010			8.00
9.00	00900	3,560	3,560	0	146,076		9.00
10.00	01000	14,618	14,618	0	14,618	90,675	10.00
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	7,086	7,086	0	7,086	0	14.00
15.00	01500	4,089	4,089	0	4,089	0	15.00
16.00	01600	3,906	3,906	0	3,906	0	16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	34,168	34,168	304,574	34,168	87,570	30.00
31.00	03100	3,896	3,896	27,773	3,896	3,105	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,400	28,400	52,517	28,400	0	50.00
53.00	05300	112	112	0	112	0	53.00
54.00	05400	7,608	7,608	4,779	7,608	0	54.00
56.00	05600	1,315	1,315	0	1,315	0	56.00
57.00	05700	518	518	3,118	518	0	57.00
57.01	03630	715	715	3,298	715	0	57.01
58.00	05800	0	0	88	0	0	58.00
60.00	06000	6,526	6,526	0	6,526	0	60.00
65.00	06500	532	532	328	532	0	65.00
66.00	06600	11,957	11,957	13,952	11,957	0	66.00
69.00	06900	1,434	1,434	559	1,434	0	69.00
70.00	07000	3,060	3,060	371	3,060	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	327	327	0	327	0	74.00
76.00	03950	8,969	8,969	8,884	8,969	0	76.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	477	477	12,802	477	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	3,513	3,513	154	3,513	0	90.00
90.02	09001	2,850	2,850	1,813	2,850	0	90.02
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		197,763	154,667	435,010	146,076	90,675	118.00
NONREIMBURSABLE COST CENTERS							
200.00							200.00
201.00							201.00
202.00		1,442,975	5,962,187	856,952	2,377,238	3,075,541	202.00
203.00		7.296486	38.548540	1.969959	16.273981	33.918291	203.00
204.00		336,668	1,337,187	201,418	173,004	621,636	204.00
205.00		1.702381	8.645587	0.463019	1.184342	6.855649	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-2011

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

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Date/Time Prepared:
5/24/2017 8:03 am

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	56,714					11.00
12.00	01200	0	0				12.00
13.00	01300	1,039	0	22,333			13.00
14.00	01400	226	0	0	2,909,003		14.00
15.00	01500	1,425	0	0	0	3,197,950	15.00
16.00	01600	226	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	31,134	0	16,222	0	0	30.00
31.00	03100	3,285	0	2,822	0	0	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,870	0	1,168	0	0	50.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	902	0	11	0	0	54.00
56.00	05600	45	0	0	0	0	56.00
57.00	05700	436	0	0	0	0	57.00
57.01	03630	223	0	0	0	0	57.01
58.00	05800	46	0	0	0	0	58.00
60.00	06000	0	0	0	0	0	60.00
65.00	06500	7,460	0	0	0	0	65.00
66.00	06600	3,401	0	2	0	0	66.00
69.00	06900	104	0	0	0	0	69.00
70.00	07000	681	0	0	0	0	70.00
71.00	07100	0	0	0	2,342,456	0	71.00
72.00	07200	0	0	0	566,547	0	72.00
73.00	07300	0	0	0	0	3,197,950	73.00
74.00	07400	839	0	504	0	0	74.00
76.00	03950	2,044	0	983	0	0	76.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	1,069	0	533	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	90	0	88	0	0	90.00
90.02	09001	169	0	0	0	0	90.02
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		56,714	0	22,333	2,909,003	3,197,950	118.00
NONREIMBURSABLE COST CENTERS							
200.00							200.00
201.00							201.00
202.00		558,935	0	1,476,132	417,989	2,130,076	202.00
203.00		9.855327	0.000000	66.096449	0.143688	0.666075	203.00
204.00		9,314	0	23,277	275,601	189,628	204.00
205.00		0.164228	0.000000	1.042269	0.061691	0.059297	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-2011

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 8:03 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS			
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 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	ADMINISTRATIVE & GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	339,064,529				16.00
17.00 01700	SOCIAL SERVICE	0	0			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0		100		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	109,795,421	0	100	0	30.00
31.00 03100	INTENSIVE CARE UNIT	9,994,408	0	0	0	31.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	18,387,316	0	0	0	50.00
53.00 05300	ANESTHESIOLOGY	3,799,650	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,219,677	0	0	0	54.00
56.00 05600	RADIOISOTOPE	547,713	0	0	0	56.00
57.00 05700	CT SCAN	4,420,802	0	0	0	57.00
57.01 03630	ULTRA SOUND	2,653,107	0	0	0	57.01
58.00 05800	MRI	1,739,485	0	0	0	58.00
60.00 06000	LABORATORY	28,687,119	0	0	0	60.00
65.00 06500	RESPIRATORY THERAPY	49,894,491	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	13,449,999	0	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	2,140,787	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,777,318	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,041,544	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,713,966	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	53,991,544	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	4,195,320	0	0	0	74.00
76.00 03950	SUBSTANCE ABUSE	3,914,985	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	4,959,032	0	0	0	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	317,260	0	0	0	90.00
90.02 09001	WOMENS DIAGNOSTIC CENTER	1,423,585	0	0	0	90.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	339,064,529	0	100	0	118.00
NONREIMBURSABLE COST CENTERS						
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)	1,132,996	0	472,372	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003342	0.000000	4,723.720000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	169,641	0	7,377	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000500	0.000000	73.770000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-2011

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 8:03 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	26,673,164		26,673,164	0	26,673,164	30.00
31.00	03100 INTENSIVE CARE UNIT	3,726,086		3,726,086	0	3,726,086	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,124,123		5,124,123	0	5,124,123	50.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,667,607		1,667,607	0	1,667,607	54.00
56.00	05600 RADIOISOTOPE	197,931		197,931	0	197,931	56.00
57.00	05700 CT SCAN	300,835		300,835	0	300,835	57.00
57.01	03630 ULTRA SOUND	358,990		358,990	0	358,990	57.01
58.00	05800 MRI	74,918		74,918	0	74,918	58.00
60.00	06000 LABORATORY	3,697,922		3,697,922	0	3,697,922	60.00
65.00	06500 RESPIRATORY THERAPY	4,617,950	0	4,617,950	0	4,617,950	65.00
66.00	06600 PHYSICAL THERAPY	5,041,284	0	5,041,284	0	5,041,284	66.00
69.00	06900 ELECTROCARDIOLOGY	265,102		265,102	0	265,102	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	757,099		757,099	0	757,099	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,838,330		3,838,330	0	3,838,330	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	915,739		915,739	0	915,739	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,638,835		6,638,835	0	6,638,835	73.00
74.00	07400 RENAL DIALYSIS	1,035,207		1,035,207	0	1,035,207	74.00
76.00	03950 SUBSTANCE ABUSE	2,342,728		2,342,728	0	2,342,728	76.00
76.97	07697 CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,341,936		1,341,936	0	1,341,936	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	525,615		525,615	0	525,615	90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	486,489		486,489	0	486,489	90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	69,627,890	0	69,627,890	0	69,627,890	200.00
201.00	Less Observation Beds	0		0	0	0	201.00
202.00	Total (see instructions)	69,627,890	0	69,627,890	0	69,627,890	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-2011

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 8:03 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
		Hospital			PPS		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	109,795,421		109,795,421		30.00
31.00	03100	INTENSIVE CARE UNIT	9,994,408		9,994,408		31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,006,645	16,380,671	18,387,316	0.278677	50.00
53.00	05300	ANESTHESIOLOGY	432,453	3,367,197	3,799,650	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,903,863	1,315,814	5,219,677	0.319485	54.00
56.00	05600	RADIOISOTOPE	124,933	422,780	547,713	0.361377	56.00
57.00	05700	CT SCAN	2,971,059	1,449,743	4,420,802	0.068050	57.00
57.01	03630	ULTRASOUND	588,692	2,064,415	2,653,107	0.135309	57.01
58.00	05800	MRI	0	1,739,485	1,739,485	0.043069	58.00
60.00	06000	LABORATORY	22,883,653	5,803,466	28,687,119	0.128905	60.00
65.00	06500	RESPIRATORY THERAPY	49,887,467	7,024	49,894,491	0.092554	65.00
66.00	06600	PHYSICAL THERAPY	10,878,329	2,571,670	13,449,999	0.374817	66.00
69.00	06900	ELECTROCARDIOLOGY	1,203,821	936,966	2,140,787	0.123834	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	99,468	3,677,850	3,777,318	0.200433	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,747,788	1,293,756	14,041,544	0.273355	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	336,592	1,377,374	1,713,966	0.534281	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,710,682	4,280,862	53,991,544	0.122961	73.00
74.00	07400	RENAL DIALYSIS	4,195,320	0	4,195,320	0.246753	74.00
76.00	03950	SUBSTANCE ABUSE	0	3,914,985	3,914,985	0.598400	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	69,878	4,889,154	4,959,032	0.270604	76.98
76.99	07699	LITHIOTHERAPY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,143	313,117	317,260	1.656733	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	1,423,585	1,423,585	0.341735	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	281,834,615	57,229,914	339,064,529		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	281,834,615	57,229,914	339,064,529		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 8:03 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
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.278677		50.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.319485		54.00
56.00	05600 RADIOISOTOPE	0.361377		56.00
57.00	05700 CT SCAN	0.068050		57.00
57.01	03630 ULTRA SOUND	0.135309		57.01
58.00	05800 MRI	0.043069		58.00
60.00	06000 LABORATORY	0.128905		60.00
65.00	06500 RESPIRATORY THERAPY	0.092554		65.00
66.00	06600 PHYSICAL THERAPY	0.374817		66.00
69.00	06900 ELECTROCARDIOLOGY	0.123834		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.200433		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.273355		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.534281		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.122961		73.00
74.00	07400 RENAL DIALYSIS	0.246753		74.00
76.00	03950 SUBSTANCE ABUSE	0.598400		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.270604		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	1.656733		90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	0.341735		90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-2011

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 8:03 am

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00		4.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	26,673,164		26,673,164	0	26,673,164	30.00
31.00	03100 INTENSIVE CARE UNIT	3,726,086		3,726,086	0	3,726,086	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,124,123		5,124,123	0	5,124,123	50.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,667,607		1,667,607	0	1,667,607	54.00
56.00	05600 RADIOISOTOPE	197,931		197,931	0	197,931	56.00
57.00	05700 CT SCAN	300,835		300,835	0	300,835	57.00
57.01	03630 ULTRA SOUND	358,990		358,990	0	358,990	57.01
58.00	05800 MRI	74,918		74,918	0	74,918	58.00
60.00	06000 LABORATORY	3,697,922		3,697,922	0	3,697,922	60.00
65.00	06500 RESPIRATORY THERAPY	4,617,950	0	4,617,950	0	4,617,950	65.00
66.00	06600 PHYSICAL THERAPY	5,041,284	0	5,041,284	0	5,041,284	66.00
69.00	06900 ELECTROCARDIOLOGY	265,102		265,102	0	265,102	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	757,099		757,099	0	757,099	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,838,330		3,838,330	0	3,838,330	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	915,739		915,739	0	915,739	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,638,835		6,638,835	0	6,638,835	73.00
74.00	07400 RENAL DIALYSIS	1,035,207		1,035,207	0	1,035,207	74.00
76.00	03950 SUBSTANCE ABUSE	2,342,728		2,342,728	0	2,342,728	76.00
76.97	07697 CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,341,936		1,341,936	0	1,341,936	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	525,615		525,615	0	525,615	90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	486,489		486,489	0	486,489	90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	69,627,890	0	69,627,890	0	69,627,890	200.00
201.00	Less Observation Beds	0		0		0	201.00
202.00	Total (see instructions)	69,627,890	0	69,627,890	0	69,627,890	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-2011

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 8:03 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XIX		Hospital			PPS		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	109,795,421		109,795,421		30.00
31.00	03100	INTENSIVE CARE UNIT	9,994,408		9,994,408		31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,006,645	16,380,671	18,387,316	0.278677	50.00
53.00	05300	ANESTHESIOLOGY	432,453	3,367,197	3,799,650	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,903,863	1,315,814	5,219,677	0.319485	54.00
56.00	05600	RADIOISOTOPE	124,933	422,780	547,713	0.361377	56.00
57.00	05700	CT SCAN	2,971,059	1,449,743	4,420,802	0.068050	57.00
57.01	03630	ULTRA SOUND	588,692	2,064,415	2,653,107	0.135309	57.01
58.00	05800	MRI	0	1,739,485	1,739,485	0.043069	58.00
60.00	06000	LABORATORY	22,883,653	5,803,466	28,687,119	0.128905	60.00
65.00	06500	RESPIRATORY THERAPY	49,887,467	7,024	49,894,491	0.092554	65.00
66.00	06600	PHYSICAL THERAPY	10,878,329	2,571,670	13,449,999	0.374817	66.00
69.00	06900	ELECTROCARDIOLOGY	1,203,821	936,966	2,140,787	0.123834	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	99,468	3,677,850	3,777,318	0.200433	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,747,788	1,293,756	14,041,544	0.273355	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	336,592	1,377,374	1,713,966	0.534281	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,710,682	4,280,862	53,991,544	0.122961	73.00
74.00	07400	RENAL DIALYSIS	4,195,320	0	4,195,320	0.246753	74.00
76.00	03950	SUBSTANCE ABUSE	0	3,914,985	3,914,985	0.598400	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	69,878	4,889,154	4,959,032	0.270604	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,143	313,117	317,260	1.656733	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	1,423,585	1,423,585	0.341735	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	281,834,615	57,229,914	339,064,529		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	281,834,615	57,229,914	339,064,529		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 8:03 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.278677		50.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.319485		54.00
56.00	05600 RADIOISOTOPE	0.361377		56.00
57.00	05700 CT SCAN	0.068050		57.00
57.01	03630 ULTRA SOUND	0.135309		57.01
58.00	05800 MRI	0.043069		58.00
60.00	06000 LABORATORY	0.128905		60.00
65.00	06500 RESPIRATORY THERAPY	0.092554		65.00
66.00	06600 PHYSICAL THERAPY	0.374817		66.00
69.00	06900 ELECTROCARDIOLOGY	0.123834		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.200433		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.273355		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.534281		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.122961		73.00
74.00	07400 RENAL DIALYSIS	0.246753		74.00
76.00	03950 SUBSTANCE ABUSE	0.598400		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.270604		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1.656733		90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	0.341735		90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 14-2011

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

Worksheet C Part II Date/Time Prepared: 5/24/2017 8:03 am

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,124,123	1,193,775	3,930,348	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	6,767	-6,767	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,667,607	323,658	1,343,949	0	0	54.00
56.00	05600	RADIOISOTOPE	197,931	52,957	144,974	0	0	56.00
57.00	05700	CT SCAN	300,835	27,739	273,096	0	0	57.00
57.01	03630	ULTRASOUND	358,990	35,293	323,697	0	0	57.01
58.00	05800	MRI	74,918	2,141	72,777	0	0	58.00
60.00	06000	LABORATORY	3,697,922	327,269	3,370,653	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	4,617,950	117,638	4,500,312	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,041,284	543,852	4,497,432	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	265,102	59,459	205,643	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	757,099	130,126	626,973	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,838,330	281,415	3,556,915	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	915,739	66,046	849,693	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,638,835	284,864	6,353,971	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,035,207	30,696	1,004,511	0	0	74.00
76.00	03950	SUBSTANCE ABUSE	2,342,728	380,972	1,961,756	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,341,936	47,423	1,294,513	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	525,615	140,970	384,645	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	486,489	116,716	369,773	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	39,228,640	4,169,776	35,058,864	0	0	200.00
201.00		Less Observation Beds	0	0	0	0	0	201.00
202.00		Total (line 200 minus line 201)	39,228,640	4,169,776	35,058,864	0	0	202.00

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

Provider CCN: 14-2011

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

Worksheet C Part II Date/Time Prepared: 5/24/2017 8:03 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	5,124,123	18,387,316	0.278677		50.00
53.00	05300 ANESTHESIOLOGY	0	3,799,650	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,667,607	5,219,677	0.319485		54.00
56.00	05600 RADIOISOTOPE	197,931	547,713	0.361377		56.00
57.00	05700 CT SCAN	300,835	4,420,802	0.068050		57.00
57.01	03630 ULTRASOUND	358,990	2,653,107	0.135309		57.01
58.00	05800 MRI	74,918	1,739,485	0.043069		58.00
60.00	06000 LABORATORY	3,697,922	28,687,119	0.128905		60.00
65.00	06500 RESPIRATORY THERAPY	4,617,950	49,894,491	0.092554		65.00
66.00	06600 PHYSICAL THERAPY	5,041,284	13,449,999	0.374817		66.00
69.00	06900 ELECTROCARDIOLOGY	265,102	2,140,787	0.123834		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	757,099	3,777,318	0.200433		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,838,330	14,041,544	0.273355		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	915,739	1,713,966	0.534281		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,638,835	53,991,544	0.122961		73.00
74.00	07400 RENAL DIALYSIS	1,035,207	4,195,320	0.246753		74.00
76.00	03950 SUBSTANCE ABUSE	2,342,728	3,914,985	0.598400		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,341,936	4,959,032	0.270604		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	525,615	317,260	1.656733		90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	486,489	1,423,585	0.341735		90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	39,228,640	219,274,700			200.00
201.00	Less Observation Beds	0	0			201.00
202.00	Total (line 200 minus line 201)	39,228,640	219,274,700			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-2011		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part I Date/Time Prepared: 5/24/2017 8:03 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,474,947	0	2,474,947	29,190	84.79	30.00
31.00	INTENSIVE CARE UNIT	243,776		243,776	2,070	117.77	31.00
200.00	Total (Lines 30-199)	2,718,723		2,718,723	31,260		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	12,769	1,082,684				
31.00	INTENSIVE CARE UNIT	663	78,082				
200.00	Total (Lines 30-199)	13,432	1,160,766				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 8:03 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,193,775	18,387,316	0.064924	680,306	44,168	50.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	323,658	5,219,677	0.062007	2,317,464	143,699	54.00
56.00	05600 RADIOISOTOPE	52,957	547,713	0.096687	0	0	56.00
57.00	05700 CT SCAN	27,739	4,420,802	0.006275	1,352,651	8,488	57.00
57.01	03630 ULTRA SOUND	35,293	2,653,107	0.013303	0	0	57.01
58.00	05800 MRI	2,141	1,739,485	0.001231	0	0	58.00
60.00	06000 LABORATORY	327,269	28,687,119	0.011408	10,462,178	119,353	60.00
65.00	06500 RESPIRATORY THERAPY	117,638	49,894,491	0.002358	22,607,699	53,309	65.00
66.00	06600 PHYSICAL THERAPY	543,852	13,449,999	0.040435	4,860,244	196,524	66.00
69.00	06900 ELECTROCARDIOLOGY	59,459	2,140,787	0.027774	570,411	15,843	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	130,126	3,777,318	0.034449	46,050	1,586	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	281,415	14,041,544	0.020042	6,342,292	127,112	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	66,046	1,713,966	0.038534	110,608	4,262	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	284,864	53,991,544	0.005276	22,573,219	119,096	73.00
74.00	07400 RENAL DIALYSIS	30,696	4,195,320	0.007317	2,034,605	14,887	74.00
76.00	03950 SUBSTANCE ABUSE	380,972	3,914,985	0.097311	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	47,423	4,959,032	0.009563	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	140,970	317,260	0.444336	3,171	1,409	90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	116,716	1,423,585	0.081987	0	0	90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
200.00	Total (lines 50-199)	4,163,009	215,475,050		73,960,898	849,736	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-2011		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/24/2017 8:03 am	
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	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,190	0.00	12,769	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,070	0.00	663	0	0	31.00
200.00		Total (lines 30-199)	31,260		13,432	0	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-2011

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2017 8:03 am

Cost Center Description		Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	03630	ULTRA SOUND	0	0	0	0	0	57.01
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	SUBSTANCE ABUSE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	0	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 8:03 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,387,316	0.000000	0.000000	680,306	50.00
53.00	05300	ANESTHESIOLOGY	0	3,799,650	0.000000	0.000000	135,466	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,219,677	0.000000	0.000000	2,317,464	54.00
56.00	05600	RADIOISOTOPE	0	547,713	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	4,420,802	0.000000	0.000000	1,352,651	57.00
57.01	03630	ULTRA SOUND	0	2,653,107	0.000000	0.000000	0	57.01
58.00	05800	MRI	0	1,739,485	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	28,687,119	0.000000	0.000000	10,462,178	60.00
65.00	06500	RESPIRATORY THERAPY	0	49,894,491	0.000000	0.000000	22,607,699	65.00
66.00	06600	PHYSICAL THERAPY	0	13,449,999	0.000000	0.000000	4,860,244	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,140,787	0.000000	0.000000	570,411	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,777,318	0.000000	0.000000	46,050	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,041,544	0.000000	0.000000	6,342,292	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,713,966	0.000000	0.000000	110,608	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	53,991,544	0.000000	0.000000	22,573,219	73.00
74.00	07400	RENAL DIALYSIS	0	4,195,320	0.000000	0.000000	2,034,605	74.00
76.00	03950	SUBSTANCE ABUSE	0	3,914,985	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4,959,032	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	317,260	0.000000	0.000000	3,171	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	1,423,585	0.000000	0.000000	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	219,274,700			74,096,364	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 8:03 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	4,395,668	0	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0	962,406	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,638,594	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	637,493	0	0	0	57.00
57.01	03630 ULTRA SOUND	0	0	0	0	0	57.01
58.00	05800 MRI	0	414,070	0	0	0	58.00
60.00	06000 LABORATORY	0	767,288	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	417,077	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	409,007	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,162,934	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	540,180	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	494,959	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,343,978	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950 SUBSTANCE ABUSE	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	468,634	0	0	0	90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	0	0	0	0	0	90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	229,184	0	0	0	92.00
200.00	Total (lines 50-199)	0	14,881,472	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 8:03 am
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
56.00	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
57.01	03630 ULTRASOUND	0	0			57.01
58.00	05800 MRI	0	0			58.00
60.00	06000 LABORATORY	0	0			60.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03950 SUBSTANCE ABUSE	0	0			76.00
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
76.99	07699 LI THOTRI PSY	0	0			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	0	0			90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 8:03 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	0.278677	4,395,668	0	297	1,224,972 50.00
53.00	05300 ANESTHESIOLOGY	0.000000	962,406	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.319485	1,638,594	0	14	523,506 54.00
56.00	05600 RADIOISOTOPE	0.361377	0	0	0	0 56.00
57.00	05700 CT SCAN	0.068050	637,493	0	207	43,381 57.00
57.01	03630 ULTRASOUND	0.135309	0	0	0	0 57.01
58.00	05800 MRI	0.043069	414,070	0	45	17,834 58.00
60.00	06000 LABORATORY	0.128905	767,288	206	0	98,907 60.00
65.00	06500 RESPIRATORY THERAPY	0.092554	417,077	0	0	38,602 65.00
66.00	06600 PHYSICAL THERAPY	0.374817	0	0	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0.123834	409,007	0	1	50,649 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.200433	1,162,934	0	0	233,090 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.273355	540,180	0	0	147,661 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.534281	494,959	0	0	264,447 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.122961	2,343,978	0	20,876	288,218 73.00
74.00	07400 RENAL DIALYSIS	0.246753	0	0	0	0 74.00
76.00	03950 SUBSTANCE ABUSE	0.598400	0	0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.270604	0	0	0	0 76.98
76.99	07699 LI THOTRIPTY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1.656733	468,634	0	11	776,401 90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	0.341735	0	0	0	0 90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	229,184	1	0	0 92.00
200.00	Subtotal (see instructions)		14,881,472	207	21,451	3,707,668 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		14,881,472	207	21,451	3,707,668 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 8:03 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	83	50.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	14	57.00
57.01	03630 ULTRASOUND	0	0	57.01
58.00	05800 MRI	0	2	58.00
60.00	06000 LABORATORY	27	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,567	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03950 SUBSTANCE ABUSE	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	18	90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	0	0	90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	27	2,688	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	27	2,688	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-2011		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part I Date/Time Prepared: 5/24/2017 8:03 am	
Cost Center Description		Title XIX		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	2,474,947	0	2,474,947	29,190	84.79	30.00
31.00	INTENSIVE CARE UNIT	243,776		243,776	2,070	117.77	31.00
200.00	Total (Lines 30-199)	2,718,723		2,718,723	31,260		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	1,535	130,153				
31.00	INTENSIVE CARE UNIT	132	15,546				
200.00	Total (Lines 30-199)	1,667	145,699				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 8:03 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,193,775	18,387,316	0.064924	45,784	2,972	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	323,658	5,219,677	0.062007	134,446	8,337	54.00
56.00	05600	RADIOISOTOPE	52,957	547,713	0.096687	5,446	527	56.00
57.00	05700	CT SCAN	27,739	4,420,802	0.006275	205,225	1,288	57.00
57.01	03630	ULTRA SOUND	35,293	2,653,107	0.013303	70,196	934	57.01
58.00	05800	MRI	2,141	1,739,485	0.001231	0	0	58.00
60.00	06000	LABORATORY	327,269	28,687,119	0.011408	1,233,992	14,077	60.00
65.00	06500	RESPIRATORY THERAPY	117,638	49,894,491	0.002358	1,977,157	4,662	65.00
66.00	06600	PHYSICAL THERAPY	543,852	13,449,999	0.040435	666,476	26,949	66.00
69.00	06900	ELECTROCARDIOLOGY	59,459	2,140,787	0.027774	87,107	2,419	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	130,126	3,777,318	0.034449	5,777	199	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	281,415	14,041,544	0.020042	1,052,041	21,085	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,046	1,713,966	0.038534	6,902	266	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	284,864	53,991,544	0.005276	4,311,442	22,747	73.00
74.00	07400	RENAL DIALYSIS	30,696	4,195,320	0.007317	70,782	518	74.00
76.00	03950	SUBSTANCE ABUSE	380,972	3,914,985	0.097311	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	47,423	4,959,032	0.009563	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	140,970	317,260	0.444336	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	116,716	1,423,585	0.081987	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
200.00		Total (lines 50-199)	4,163,009	215,475,050		9,872,773	106,980	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-2011		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/24/2017 8:03 am	
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	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,190	0.00	1,535	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,070	0.00	132	0	0	31.00
200.00		Total (lines 30-199)	31,260		1,667	0	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				
31.00	03100	INTENSIVE CARE UNIT	0	0				
200.00		Total (lines 30-199)	0	0				

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-2011

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

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Cost Center Description		Title XIX			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	03630	ULTRA SOUND	0	0	0	0	0	57.01
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	SUBSTANCE ABUSE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	0	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 8:03 am
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Cost Center Description		Title XIX			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,387,316	0.000000	0.000000	45,784	50.00
53.00	05300	ANESTHESIOLOGY	0	3,799,650	0.000000	0.000000	11,183	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,219,677	0.000000	0.000000	134,446	54.00
56.00	05600	RADIOISOTOPE	0	547,713	0.000000	0.000000	5,446	56.00
57.00	05700	CT SCAN	0	4,420,802	0.000000	0.000000	205,225	57.00
57.01	03630	ULTRA SOUND	0	2,653,107	0.000000	0.000000	70,196	57.01
58.00	05800	MRI	0	1,739,485	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	28,687,119	0.000000	0.000000	1,233,992	60.00
65.00	06500	RESPIRATORY THERAPY	0	49,894,491	0.000000	0.000000	1,977,157	65.00
66.00	06600	PHYSICAL THERAPY	0	13,449,999	0.000000	0.000000	666,476	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,140,787	0.000000	0.000000	87,107	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,777,318	0.000000	0.000000	5,777	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,041,544	0.000000	0.000000	1,052,041	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,713,966	0.000000	0.000000	6,902	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	53,991,544	0.000000	0.000000	4,311,442	73.00
74.00	07400	RENAL DIALYSIS	0	4,195,320	0.000000	0.000000	70,782	74.00
76.00	03950	SUBSTANCE ABUSE	0	3,914,985	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4,959,032	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	317,260	0.000000	0.000000	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	1,423,585	0.000000	0.000000	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	219,274,700			9,883,956	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 8:03 am
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Cost Center Description		Title XIX			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
57.01	03630 ULTRA SOUND	0	0	0	0	0	57.01
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950 SUBSTANCE ABUSE	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	0	0	0	0	0	90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 8:03 am
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XIX	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
56.00	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
57.01	03630 ULTRASOUND	0	0			57.01
58.00	05800 MRI	0	0			58.00
60.00	06000 LABORATORY	0	0			60.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03950 SUBSTANCE ABUSE	0	0			76.00
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
76.99	07699 LI THOTRI PSY	0	0			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	0	0			90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
200.00	Total (lines 50-199)	0	0			200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 8:03 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,190	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,190	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)		29,190	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)		12,769	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)		26,673,164	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)		26,673,164	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)		27,266,731	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)		913.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,668,057	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)		11,668,057	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 8:03 am	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	3,726,086	2,070	1,800.04	663	1,193,427	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)					11,440,375	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,301,859	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,160,766	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					849,736	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,010,502	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,291,357	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-2011		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 8:03 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	2,474,947	26,673,164	0.092788	0	0	90.00
91.00	Nursing School cost	0	26,673,164	0.000000	0	0	91.00
92.00	Allied health cost	0	26,673,164	0.000000	0	0	92.00
93.00	All other Medical Education	0	26,673,164	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 8:03 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,190	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,190	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)		29,190	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)		1,535	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)		26,673,164	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)		26,673,164	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)		27,266,731	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)		913.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,402,652	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)		1,402,652	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 8:03 am		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	3,726,086	2,070	1,800.04	132	237,605	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)					1,523,832	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,164,089	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)					145,699	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					106,980	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					252,679	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,911,410	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-2011		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 8:03 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	2,474,947	26,673,164	0.092788	0	0	90.00
91.00	Nursing School cost	0	26,673,164	0.000000	0	0	91.00
92.00	Allied health cost	0	26,673,164	0.000000	0	0	92.00
93.00	All other Medical Education	0	26,673,164	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 8:03 am
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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		48,409,006		30.00
31.00	03100 INTENSIVE CARE UNIT		4,193,356		31.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.278677	680,306	189,586	50.00
53.00	05300 ANESTHESIOLOGY	0.000000	135,466	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.319485	2,317,464	740,395	54.00
56.00	05600 RADIOISOTOPE	0.361377	0	0	56.00
57.00	05700 CT SCAN	0.068050	1,352,651	92,048	57.00
57.01	03630 ULTRA SOUND	0.135309	0	0	57.01
58.00	05800 MRI	0.043069	0	0	58.00
60.00	06000 LABORATORY	0.128905	10,462,178	1,348,627	60.00
65.00	06500 RESPIRATORY THERAPY	0.092554	22,607,699	2,092,433	65.00
66.00	06600 PHYSICAL THERAPY	0.374817	4,860,244	1,821,702	66.00
69.00	06900 ELECTROCARDIOLOGY	0.123834	570,411	70,636	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.200433	46,050	9,230	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.273355	6,342,292	1,733,697	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.534281	110,608	59,096	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.122961	22,573,219	2,775,626	73.00
74.00	07400 RENAL DIALYSIS	0.246753	2,034,605	502,045	74.00
76.00	03950 SUBSTANCE ABUSE	0.598400	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.270604	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.656733	3,171	5,254	90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	0.341735	0	0	90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		74,096,364	11,440,375	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)		74,096,364		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 8:03 am
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		7,441,237		30.00
31.00	03100 INTENSIVE CARE UNIT		230,470		31.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.278677	45,784	12,759	50.00
53.00	05300 ANESTHESIOLOGY	0.000000	11,183	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.319485	134,446	42,953	54.00
56.00	05600 RADIOISOTOPE	0.361377	5,446	1,968	56.00
57.00	05700 CT SCAN	0.068050	205,225	13,966	57.00
57.01	03630 ULTRA SOUND	0.135309	70,196	9,498	57.01
58.00	05800 MRI	0.043069	0	0	58.00
60.00	06000 LABORATORY	0.128905	1,233,992	159,068	60.00
65.00	06500 RESPIRATORY THERAPY	0.092554	1,977,157	182,994	65.00
66.00	06600 PHYSICAL THERAPY	0.374817	666,476	249,807	66.00
69.00	06900 ELECTROCARDIOLOGY	0.123834	87,107	10,787	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.200433	5,777	1,158	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.273355	1,052,041	287,581	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.534281	6,902	3,688	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.122961	4,311,442	530,139	73.00
74.00	07400 RENAL DIALYSIS	0.246753	70,782	17,466	74.00
76.00	03950 SUBSTANCE ABUSE	0.598400	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.270604	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.656733	0	0	90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	0.341735	0	0	90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		9,883,956	1,523,832	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)		9,883,956		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 8:03 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,715	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,707,668	2.00
3.00	PPS payments		1,988,364	3.00
4.00	Outlier payment (see instructions)		23,134	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,715	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		21,658	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)		21,658	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)		21,658	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		18,943	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)		2,715	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)		2,011,498	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		401,111	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)		1,613,102	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		280	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)		1,613,382	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,613,382	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)		39,255	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		25,516	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		38,193	36.00
37.00	Subtotal (see instructions)		1,638,898	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)		1,638,898	40.00
40.01	Sequestration adjustment (see instructions)		32,778	40.01
41.00	Interim payments		1,578,538	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		27,582	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
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-2011

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2017 8:03 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		20,921,514		1,578,538	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)		20,921,514		1,578,538	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		192,419		27,582	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		21,113,933		1,606,120	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: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/24/2017 8:03 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		1,461	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		13,432	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		0	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		31,260	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		339,064,529	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		0	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
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part IV Date/Time Prepared: 5/24/2017 8:03 am
		Title XVIII	Hospital	PPS
		1.00		
PART IV - MEDICARE PART A SERVICES - LTCH PPS				
1.00	Net Federal PPS Payments (see instructions)		20,534,808	1.00
1.01	Full standard payment amount		17,478,070	1.01
1.02	Short stay outlier standard payment amount		2,692,243	1.02
1.03	Site neutral payment amount - Cost		41,013	1.03
1.04	Site neutral payment amount - IPPS comparable		323,482	1.04
2.00	Outlier Payments		2,849,799	2.00
3.00	Total PPS Payments (sum of lines 1 and 2)		23,384,607	3.00
4.00	Nursing and Allied Health Managed Care payments (see instructions)		0	4.00
5.00	Organ acquisition (DO NOT USE THIS LINE)		0	5.00
6.00	Cost of physicians' services in a teaching hospital (see instructions)		0	6.00
7.00	Subtotal (see instructions)		23,384,607	7.00
8.00	Primary payer payments		0	8.00
9.00	Subtotal (line 7 less line 8).		23,384,607	9.00
10.00	Deductibles		53,956	10.00
11.00	Subtotal (line 9 minus line 10)		23,330,651	11.00
12.00	Coinsurance		1,982,162	12.00
13.00	Subtotal (line 11 minus line 12)		21,348,489	13.00
14.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		299,243	14.00
15.00	Adjusted reimbursable bad debts (see instructions)		194,508	15.00
16.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		296,606	16.00
17.00	Subtotal (sum of lines 13 and 15)		21,542,997	17.00
18.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		1,833	18.00
19.00	Other pass through costs (see instructions)		0	19.00
20.00	Outlier payments reconciliation		0	20.00
21.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	21.00
21.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	21.50
21.99	Recovery of Accelerated Depreciation		0	21.99
22.00	Total amount payable to the provider (see instructions)		21,544,830	22.00
22.01	Sequestration adjustment (see instructions)		430,897	22.01
23.00	Interim payments		20,921,514	23.00
24.00	Tentative settlement (for contractor use only)		0	24.00
25.00	Balance due provider/program (line 22 minus lines 22.01, 23 and 24)		192,419	25.00
26.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	26.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt IV, line 3 (see instructions)		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money (see instructions)		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2017 8:03 am	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		7,441,237		8.00
9.00	Ancillary service charges		9,883,956	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		17,325,193	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		17,325,193	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		17,325,193	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00
VERRIES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/24/2017 8:03 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			2.57	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			1.19	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-1.30	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.08	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.07	6.00
7.00	Enter the lesser of line 5 or line 6			0.07	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.03	0.03	0.06	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.03	0.03	0.06	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.03	0.03		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.02	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.08	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.04	0.01		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.04	0.01		17.00
18.00	Per resident amount	97,974.27	99,758.16		18.00
19.00	Approved amount for resident costs	3,919	998	4,917	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,917	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	13,432	0		26.00
27.00	Total Inpatient Days (see instructions)	31,260	31,260		27.00
28.00	Ratio of inpatient days to total inpatient days	0.429687	0.000000		28.00
29.00	Program direct GME amount	2,113	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			2,113	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-2011	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/24/2017 8:03 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			4,195,320 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			24,301,859 37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0 38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0 39.00
40.00	Primary payer payments (see instructions)			0 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			24,301,859 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			3,710,383 42.00
43.00	Primary payer payments (see instructions)			0 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			3,710,383 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			28,012,242 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.867544 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.132456 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			2,113 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,833 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			280 50.00

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

Provider CCN: 14-2011

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

Worksheet G

Date/Time Prepared:
5/24/2017 8:03 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	-41,900	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	83,984,626	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-61,571,759	0	0	0	6.00
7.00	Inventory	1,142,762	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	443,942	0	0	0	9.00
10.00	Due from other funds	-12,129,751	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	11,827,920	0	0	0	11.00
FIXED ASSETS						
12.00	Land	342,000	0	0	0	12.00
13.00	Land improvements	386,567	0	0	0	13.00
14.00	Accumulated depreciation	-262,183	0	0	0	14.00
15.00	Buildings	91,925,267	0	0	0	15.00
16.00	Accumulated depreciation	-80,150,983	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	19,720,143	0	0	0	19.00
20.00	Accumulated depreciation	-17,117,545	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	12,172,966	0	0	0	23.00
24.00	Accumulated depreciation	-6,582,759	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)	20,433,473	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	32,261,393	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	233,195	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	47,958,596	0	0	0	43.00
44.00	Other current liabilities	7,402,787	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	55,594,578	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	55,594,578	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-23,333,185	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)	-23,333,185	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	32,261,393	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-2011

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

Worksheet G-1

Date/Time Prepared:
5/24/2017 8:03 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		-19,304,228		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-4,028,957			2.00
3.00	Total (sum of line 1 and line 2)		-23,333,185		0	3.00
4.00	RECONCILING ITEM	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)		-23,333,185		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)		-23,333,185		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	RECONCILING ITEM		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: 14-2011

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2017 8:03 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	109,795,421		109,795,421	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	109,795,421		109,795,421	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,994,408		9,994,408	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)	9,994,408		9,994,408	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	119,789,829		119,789,829	17.00
18.00	Ancillary services	162,044,787	55,493,213	217,538,000	18.00
19.00	Outpatient services	0	1,736,702	1,736,702	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	CLINIC OP REVENUE	0	-209	-209	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	281,834,616	57,229,706	339,064,322	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		72,699,473		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)		72,699,473		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-2011

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

Worksheet G-3

Date/Time Prepared:
5/24/2017 8:03 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	339,064,322	1.00
2.00	Less contractual allowances and discounts on patients' accounts	272,620,988	2.00
3.00	Net patient revenues (line 1 minus line 2)	66,443,334	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	72,699,473	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-6,256,139	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,675	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	249,955	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	2,403	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	INTERCOMPANY RENTAL	710,362	24.00
24.01	NET ASSETS RELEASED	29,305	24.01
24.02	OTHER REVENUE	1,233,482	24.02
25.00	Total other income (sum of lines 6-24)	2,227,182	25.00
26.00	Total (line 5 plus line 25)	-4,028,957	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-4,028,957	29.00

ALL INCLUSIVE RATE DATA - METHOD E

Provider CCN: 14-2011

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

Worksheet AIR
Not a CMS Worksheet
Date/Time Prepared:
5/24/2017 8:03 am

		1.00	
1.00	Total general inpatient routine service cost.	26,673,164	1.00
2.00	Total inpatient days.	31,260	2.00
3.00	Cost per day.	853.27	3.00
4.00	Percentage (93% = Short Term; 98% = Long Term).	0	4.00
5.00	Reduced cost per day.	0.00	5.00
6.00	Ancillary percentage.	0	6.00
7.00	Ancillary cost per day.	0.00	7.00
8.00	Inpatient Part B days.	0	8.00
9.00	Total Part B ancillary cost.	0	9.00